

## THE MEDIATING ROLE OF STRESS PERCEPTION IN THE RELATIONSHIP BETWEEN EMOTIONAL INTELLIGENCE AND MENTAL HEALTH AMONG PSYCHOLOGY AND MEDICAL STUDENTS

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### Abstract

The students enrolled at any university having intensive professional courses like medicine, psychology have high risk of mental health problems because of high exposure of psychological distress and academic stress. Emotional intelligence (EI) is one of the psychological resources that has been identified as playing a pivotal role in supporting adaptive coping and regulating emotions. Some evidence is available based on empirical studies and there is still limited evidence regarding the effect of EI on mental health in terms of stress perception among the students of these two groups in Pakistan. For the present study, a total of 300 subjects (students of medical and psychology) of age 19-30 years were selected from different universities of Rawalpindi and Islamabad. There were 3 validated instruments which were Brief Emotional Intelligence Scale-10 (BEIS-10), Perceived Stress Scale-10 (PSS-10) and Mental Health Inventory-5 (MHI-5). The results of the correlation analysis indicated that perceived stress had an inverse relationship with mental health measures of both groups, whereas EI showed a positive correlation with mental health measures. In particular, medical students' perceptions of the inverse relationship of EI to perceived stress and psychology students' perceived positive relationship of EI with psychological well-being were deeper. Using PROCESS Macro v4.2 for mediation analysis, the results indicate that EI has a direct effect on mental health, and that perceived stress is partially mediated between EI and mental health. The findings offer implications for understanding the psychological processes underlying the link between emotional competence and well-being and suggested avenues for emotion-focused training programs for universities and interventions that focus on emotions.

**Keywords:** Emotional Intelligence, Stress perception, Mental health, Psychology students, Medical students.

## INTRODUCTION

Mental health is a growing issue in society and the school as well. Because mental health disorders are becoming more common, psychological well-being has become one of the most significant public health concerns in our society today (Søvold et al., 2021). The university students are a greatly vulnerable population who face significant academic, social and emotional demands during a sensitive time of their life when they are on their way to find their own identity (WHO, 2020). Mental health status of university students is estimated to be overall poorer compared to their peers who are not studying in university and there are factors that exacerbate the issues, such as academic pressure, limited occupational opportunities, and social expectations (Teo et al., 2025).

Mental health issues in higher education is a growing area of interest in Pakistan as a result of the combination of academic stress, financial pressures, family pressures and inadequate psychological support systems (Khalily, 2011). Pupils in challenging careers, like health and psychology, may be particularly at risk as they often experience high workloads, may be emotionally involved in professional training, and are likely to be expected to perform well (Dyrbye & Shanafelt, 2016). Medical students have been surrounded by a lot of studying, clinical work and competition while psychology students deal with emotional content in their lessons, which can influence their emotional awareness and coping strategies in a different way (Pickren et al., 2012). A person in a condition of mental health is able to carry out their responsibilities and contribute positively to society and daily life., optimizing their potential and coping well with normal life stresses (WHO, 2010). Veit & Ware, 1983) have defined mental health as having two aspects: psychological well-being and psychological distress. Good mental health is linked to emotional stability, healthy social functioning and productivity while poor mental health is linked to anxiety, depression, low motivation and poor academic performance (Bibi et al., 2025).

Increasingly, emotional intelligence (EI) has been a topic of interest as a psychological resource that can help buffer students from these challenges (Humphrey et al., 2007). EI has been connected to psychological adaptability, interpersonal functioning, and well-being (Goleman, 2005). It is described as the capacity to recognize, comprehend, control, and utilise emotions in oneself and others (Salovey & Mayer, 1990). Higher EI is associated with more adaptive coping with emotional problems and dealing with stress (Zeidner et al., 2013). There are strong research connections between increased EI and increases in psychological wellbeing, decreases in anxiety and depression, and increases in life satisfaction (Brackett et al., 2011; Mayer et al., 2008). Another important psychological factor in the mind of students that influences their mental health is the perception of stress. Perceived stress is a self-perceived evaluation of life events as stressful, unpredictable and uncontrollable (Cohen et al., 1983) and is dependent on how a person perceives the event, his/her coping resources and/or his/her degree of resilience (Lazarus, 1984). Higher levels of perceived stress are consistently associated with worse mental health outcomes, including anxiety, sadness, emotional weariness, and lower academic performance (Li et al., 2021). Due to their academic backgrounds and coping strategies, medical and psychology students may experience different levels of emotional strain from university-specific stressors (such as exam pressure, family expectations, and career uncertainty) that lead to ongoing emotional strain (Sreeramareddy et al., 2007; Bedewy & Gabriel, 2015).

According to earlier research, emotional intelligence (EI) might mitigate the detrimental effects of stress on coping mechanisms and emotional regulation (Enns et al., 2018). Students who score high in

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*EI tend to evaluate the stressful situation as controllable and use positive coping strategies, which are not negative emotional responses (Gohm et al., 2005; Montes & Augusto, 2007). Based on this theoretical reasoning, stress perception is considered a potential mediator between EI and mental health (Ciarrochi et al., 2002). In health-related careers, EI is especially important and is as much an essential requirement for success as is academic ability, because these skills involve emotional awareness, empathy, and stress management (Cadman & Brewer, 2001; Cespedes-Londono et al., 2026). Psychology and medical students study emotionally challenging material – just in different ways.*

*Although there exists a vast amount of literature on this topic internationally, empirical studies on the mediating role of stress perception between EI mental health relationship in Pakistani medical and psychology students are limited (Yusoff et al., 2021). This study builds on previous comparative studies on mental health outcomes between the EI and mental health groups among these two student populations (Habib et al., 2026) by explicitly testing the psychological mechanism of stress perception as a mediator between EI and mental health outcomes. It brings together the three elements of EI, stress perception and mental health under one umbrella of mediation in a single framework, presenting a theoretically grounded and empirically novel contribution in the context of a Pakistani university (Zhang et al., 2024).*

*Higher EI scores are consistently associated with better mental health (Brackett et al., 2011; Mayer et al., 2008), including improved emotional regulation and adaptive coping, and with negative prediction of perception of stress (Gohm et al., 2005; Montes-Berges & Augusto, 2007) as people with higher EI scores were more likely to appraise demands as manageable. Perceived stress, in turn, is strongly associated with poor psychological functioning, such as sleep disturbances, lack of concentration, and psychological fatigue (Cohen et al., 1983; Li et al., 2021). Theories (Malinauskas and Malinauskienė, 2020; Ruiz-Aranda et al., 2014) and studies have also shown that emotional competence increases well-being, partly through its effect on reducing perceived stress, which is the mediator tested in the present study. The following theories were established based on this literature:*

*H1. Higher levels of emotional intelligence will be associated with better mental health and lower stress perception among psychology and medical students.*

*H2. Higher levels of stress perception will be associated with poorer mental health among psychology and medical students.*

*H3. Stress perception will partially mediate the relationship between emotional intelligence and mental health among psychology and medical students.*

## **2. Materials and Methods**

### **2.1. Participants**

*300 university students, 150 of whom were psychology students and 150 of whom were medical students from different Rawalpindi and Islamabad universities, were chosen via purposeful Sampling. To improve representativeness across academic stages, participants were chosen from both undergraduate and graduate levels, and their ages ranged from 19 to 30. The whole sample consisted of 194 females and 106 males. The majority of them had a moderate socioeconomic class (90.7%), were single (89%), and lived in nuclear families (69%). They have to be enrolled in a recognized medical or psychological program at the time of inclusion. Individuals with physical or learning*

problems, non-enrolled workers, students from other disciplines, and persons beyond the 19–30 age range were excluded. The Department of Psychology at Riphah International University in Islamabad provided ethical approval, and the collaborating universities granted institutional authorization. The goals of the research, the confidentiality of the data they submitted, their right to stop participating at any time without repercussions, etc. were all properly disclosed to the participants.

## **2.2. Measures**

### **2.2.1. Demographic Sheet**

A demographic information form was used to gather data on age, gender, academic year, degree program, marital status, family type, and socioeconomic position. In order to characterize the sample and look into potential demographic implications of the study's variables, the following variables were introduced.

### **2.2.2. Brief Emotional Intelligence Scale-10 (BEIS-10)**

The BEIS-10 (Davies et al., 2010), a brief 10-item measure based on the longer-term Emotional Intelligence Scale (Austin et al., 2004), which is based on the ability model put forward by Salovey and Mayer (1990), was used to measure emotional intelligence. Higher scores indicated greater emotional intelligence. The responses were recorded on a five-point Likert scale (1 = strongly disagree, 5 = strongly agree). The scores ranged from 10 to a maximum of 50. Reliability coefficients between .83 and .84 have been shown to be good in earlier studies. This sample's internal consistency was adequate, with a Cronbach's alpha of .79.

### **2.2.3. Perceived Stress Scale-10 (PSS-10)**

The PSS-10 (Cohen et al., 1983), a ten-item questionnaire based on a five-point Likert-type scale ranging from 0 (never) to 4 (very frequently) with a range of scores from 0 to 40, was used to evaluate perceived stress. Higher scores are indicative of more stress. The following elements are totaled after being reverse-scored. According to recognized research, this measure has strong reliability ( $\alpha = .78$ ). The study's low Cronbach's alpha (.61) is considered acceptable given the scale's shortness.

### **2.2.4. Mental Health Inventory-5 (MHI-5)**

Psychological well-being was evaluated using the MHI-5 (Berwick et al., 1991), a condensed version of the original Mental Health Inventory (Veit & Ware, 1983). It consists of five items with ratings ranging from 1 to 6 on a 6-point Likert scale, totaling a score between 5 and 30. Better mental health is indicated by higher scores. In earlier research, the MHI-5 has demonstrated strong psychometric qualities. The dependability of the current study was extremely excellent (Cronbach's alpha values were .80).

## **2.3. Research Procedure**

Data collection was carried out at many universities in Rawalpindi and Islamabad after institutional and ethical permissions. The academic school's departments contacted the participants. Each responder received a packet that included three study questions, an informed consent form, and a demographic information sheet. The goal of the research, its voluntary nature, and the assurance that their answers would be kept private and that they might withdraw at any moment without facing repercussions were all explained to the participants. In order to minimize socially desired responses, the surveys were sent anonymously. If there were any questions concerning the instruments, the researcher was available to clarify them.

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## 2.4. Data Analysis

SPSS version 27 was used to analyze the data. For every research variable, descriptive statistics including frequencies, percentages, means, standard deviations, skewness, kurtosis, and reliability coefficients were computed. Two Pearson correlation matrices were made for the medical and psychology student groups in order to investigate the connection between emotional intelligence, perceived stress, and mental health. The predictive usefulness of EI for mental health outcomes was then assessed using linear regression. The PROCESS Macro version 4.2 (Hayes, 2017) was used for mediation analysis, and bootstrapping was employed to determine the indirect pathway from EI to mental health via perceived stress. Group-based and gender-based comparisons were conducted using independent samples t-tests.

## 3. Results

### 3.1. Bivariate Correlation Analysis (Hypotheses 1–2)

**Table 1**

*Inter-correlations for Study Variables Disaggregated by Degree Program (N=300)*

| Variables              | 1      | 2      | 3     |
|------------------------|--------|--------|-------|
| Emotional Intelligence | —      | -.29** | .19*  |
| Stress Perception      | -.22** | —      | -.13* |
| Mental Health          | .22**  | -.38** | —     |

\* $p < 0.05$ , \*\* $p < 0.01$ , \*\*\* $p < 0.001$ ; **Note:** Medical students' results are above the diagonal and psychology students' results are below the diagonal. Emotional Intelligence = EI, Stress Perception = SP, Mental Health = MH.

Pearson product-moment correlation analyses were used to investigate relationships between emotional intelligence, perceived stress and mental health within each group of students. The results are displayed in the split format with medical students ( $n = 150$ ) above the diagonal and psychology students ( $n = 150$ ) below the diagonal in table 1. In medical students, perceived stress was negatively correlated with EI ( $r = -.29$ ) and mental health was positively correlated with EI ( $r = .19$ ) and also significantly negatively correlated with perceived stress ( $r = -.13$ ). A similar pattern was observed within the psychology student group: EI negatively related to perceived stress ( $r = -.22$ ) and positively to mental health ( $r = .22$ ); and mental health negatively related to perceived stress ( $r = -.38$ ). Overall, these findings provided evidence for Hypothesis 1, which posited that increased emotional intelligence is associated with decreases in the stress perception and better mental health outcomes in both groups. Hypothesis 2 is also supported as there was a consistent inverse relationship between increased perceived stress and decreased mental health, both in medical and psychology students.

### 3.2. Linear Regression Analysis

**Table 2**

*Linear Regression showing Emotional Intelligence as Predictor of Mental Health (N=300)*

| Predictors | Dependent | B | SE | $\beta$ | p | LL | UL |
|------------|-----------|---|----|---------|---|----|----|
|------------|-----------|---|----|---------|---|----|----|

| <b>Variable</b> |               |      |     |      |       |      |  |
|-----------------|---------------|------|-----|------|-------|------|--|
|                 | Mental Health |      |     |      | 95%CI |      |  |
| Constant        | 12.9          | 1.83 | 1   | .000 | 9.31  | 16.5 |  |
| EI              | .17           | .04  | .19 | .001 | .07   | .27  |  |
| R <sup>2</sup>  | .03           |      |     |      |       |      |  |

\* $p < 0.05$ , \*\* $p < 0.01$ , \*\*\* $p < 0.001$ ; **Note:** B= Unstandardized Coefficient; SE= Standard Error;  $\beta$  = Standardized Coefficient; LL= Lower Limit; UL= Upper Limit; EI= Emotional Intelligence.

The level of contribution of emotional intelligence to mental health outcomes was assessed using linear regression analysis for the study sample. A significant positive correlation was found between EI and mental health as shown in Table 2. The R<sup>2</sup> value from the obtained scores explained about 3% of the total variance of mental health scores. Even though small, this predictive relationship remained statistically significant, thus also supporting Hypothesis 1 and establishing the emotional intelligence as a valid predictor of mental health for medical students as well as psychology students.

### 3.3. Mediation Analysis (Hypothesis 3)

Mediation analysis was performed using PROCESS Macro v4.2 (Andrew F. Hayes) to measure the impact of stress perception as a mediator between emotional intelligence and mental health.

**Table 3**

The mediating effect of Stress Perception in the relationship between Emotional Intelligence and Mental Health (N=300)

| Variable                       | B     | SE   | t    | p    | R <sup>2</sup> | LL   | UL   |
|--------------------------------|-------|------|------|------|----------------|------|------|
| 95%CI                          |       |      |      |      |                |      |      |
| <b>Model 1</b>                 |       |      |      |      |                |      |      |
| Constant                       | 12.91 | 1.83 | 7.04 | .000 |                | 9.31 | 16.5 |
| Emotional Intelligence         | .17   | .04  | 3.49 | .000 | .03            | .07  | .27  |
| <b>Model 2</b>                 |       |      |      |      |                |      |      |
| Constant                       | 18.47 | 1.96 | 9.39 | .000 |                | 14.6 | 22.3 |
| Stress Perception              | -.37  | .06  | 5.98 | .000 | .14            | -.49 | -.25 |
| Emotional Intelligence         | .25   | .05  | 5.18 | .000 |                | .15  | .34  |
| Direct effect of X on Y        | .25   |      |      |      |                | .15  | .34  |
| Indirect effect of X on M on Y | .07   |      |      |      |                | .03  | .15  |
| Total effect                   | .32   |      |      |      |                | .17  | .47  |

\* $p < 0.05$ , \*\* $p < 0.01$ , \*\*\* $p < 0.001$ ; **Note:** B = Unstandardized Coefficient; SE = Standard Error;

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LL = Lower Limit; UL = Upper Limit; X = Emotional Intelligence; Y = Mental Health; M = Stress Perception. Bootstrap confidence intervals based on 5,000 samples.

Perceived Stress (PS) was found to mediate the link between emotional intelligence (EI) and mental health across two different groups (psychology and medical students) and is presented in Table 3. Results from Model 1 indicated that only 3% of the variance in mental health was explained ( $R^2 = .03$ ), supporting the fact that EI is a significant positive predictor of mental health. Both EI and perceived stress were used together in model 2 which accounted for a significantly higher proportion of variance in mental health ( $R^2 = .14$ ). In this model, perceived stress was found to be an important negative predictor of mental health while EI remained an important positive predictor. After controlling for perceived stress, the direct effect of EI on mental health was still statistically significant ( $B = .25$ ,  $p < .001$ , 95% CI [.15, .34]). The same indirect pathway was found between EI and mental health through perceived stress with a  $B = .07$  (95% CI [.03, .15]) that did not cross the threshold of zero, indicating mediation. All these results are consistent with Hypothesis 3, which suggests that the relationship between emotional intelligence and mental health partially mediated by perceived stress, such that, greater EI leads to less perceived stress, which consequently leads to better mental health outcomes.

**Figure 1 Simple Mediation Model**

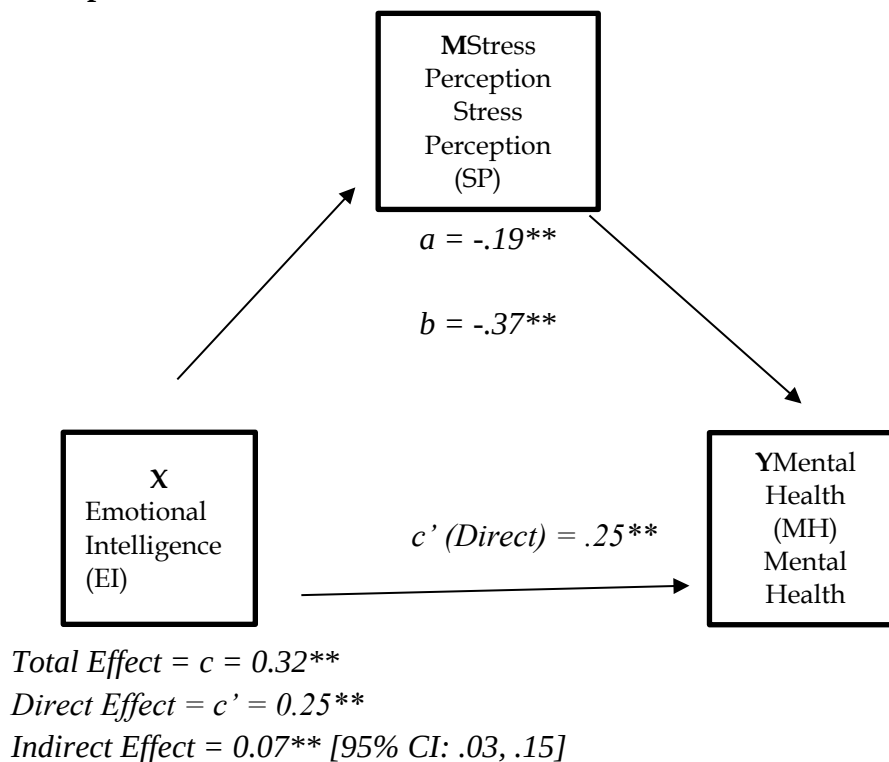


Figure 1: Simple mediation model of the direct and indirect effects of Emotional Intelligence on Mental Health, as mediated by Stress Perception among psychology and medical students.

## 4. Discussion

This study aimed to explore emotional intelligence, stress perception, and mental health in psychology and medical students in Pakistan, while also exploring the mediation of stress perception. The study provides a deeper understanding of the psychological processes that contribute to mental

well-being in Pakistani higher education by exploring these variables within an integrated framework across two academically challenging student groups.

As hypothesized in hypothesis 1, the results corroborated that the EI was positively related to mental health and negatively related to perceived stress for both groups. The students showed better psychological health and less stress perception in higher EI grades. The results of this study are consistent with a large body of evidence on EI as a potential protective factor for mental health, particularly with regard to its relation to emotional control, adaptive interpersonal functioning and effective coping (Brackett et al., 2011; Mayer et al., 2008; Shaheen & Shaheen, 2016). The findings are significant at the Pakistani university context where students are exposed to multiple stressors like examination pressure, career insecurity, family expectations, and economic burden (Khalily, 2011).

Examining the correlation patterns for the two groups separately provides additional nuance. The EI–stress perception relationship was somewhat stronger among medical student compared to psychology students, indicating that EI may be particularly important in buffering perceived stress in the high stress environment of medical training characterized by clinical responsibilities, competitive evaluation and heavy study loads (Dyrbye & Shanafelt, 2016). In contrast, the association between stress perception and mental health was significantly greater for psychology students than for medical students, and this difference could be attributed to the increased awareness of emotional and psychological experiences in psychology students, perhaps given the heightened training and experience of psychologists. The differences in the group levels indicate that EI and stress perception are connected constructs across both populations, but the nature and magnitude of these connections is different in each academic context.

As predicted by Hypothesis 2, both groups had poorer mental health outcomes as stress perception increased. Students who felt that their surroundings were more stressful and less controllable experienced higher psychological stress and lower levels of wellbeing. This is in line with extensive research that reveals a relationship between perceived stress and anxiety, depression, burnout, and academic underperformance (Cohen et al., 1983; Li et al., 2021). Medical students may be especially vulnerable to mental health declines due to the stresses of clinical training and competitive work (Dyrbye & Shanafelt, 2016), while psychology students may be at risk of experiencing emotional distress from the constant exposure to behaviour and emotion (Deasy et al., 2014).

Hypothesis 3 was also confirmed: stress perception significantly and partially mediated the EI–mental health relationship. This means that EI helps improve mental health directly, for example, by developing self-awareness, empathy and emotional self-regulation, and indirectly, by decreasing the sense of stress. Higher-EI students evaluate stressors as more controllable and exhibit adaptive, as opposed to maladaptive, coping strategies, which in turn lessens subjective stress burden and therefore, protects their psychological health (Enns et al., 2018; Gohm et al., 2005; Ruiz-Aranda et al., 2014). The partiality of mediation substantiates the multidimensionality of the impact of EI on mental health; the perception of stress is one pathway but others exist in addition.

The results have important practical implications for teachers, counsellors, and policy makers. Medical and psychology schools must look at adding a well-structured training on emotional intelligence, stress management courses, and proven counselling services into their support systems for students. Specifically, students can be taught the necessary skills to approach academic and



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professional demands in a way that does not feel threatening or overwhelming, but is rather manageable, through resilience building, cognitive reappraisal, and emotional regulation programmes, this helps to reduce student perceived stress and boost his or her psychological well-being (Houghton et al., 2012). In Pakistan, formal mental health services at the institutions are limited, and investment at the institutional level in psychological support is especially needed.

Some caveats are to be noted. First of all, the study was conducted in universities of Rawalpindi and Islamabad; generalization of these findings to other parts of Pakistan might be limited. Second, because of the nature of the cross-sectional design the model does not allow for causal inference, but rather a temporal and/or statistical order of events. Longitudinal or experimental studies in the future would lend credence to causal inferences. Third, self-report measures may have response and social desirability bias. Multi method evaluations could be added in the future. Fourth, the  $R^2$  values of the studied variables varied between 3–14%, showing that only a small percentage of variance in mental health is explained by these variables, thus highlighting the complex nature of psychological well-being and the relevance of studying other variables, including resilience, social support, academic burnout and coping mechanisms.

### 5. Conclusion

The present study shows that emotional intelligence, perception of stress and mental health are significantly related with each other parameters amongst psychology and medical students in Pakistan. In both groups, higher experienced stress was substantially adversely connected with mental health, whereas higher EI was favorably correlated with mental health and negatively correlated with perceived stress. The results of the mediation study suggested the psychological mechanism by which emotional competence influences mental health outcomes by demonstrating that stress perception partially mediated the relationship between EI and mental health. The strength of these correlations varies among groups, suggesting that there may be differences in the link between EI and perceived stress among academic fields and that more research is necessary. These findings together emphasize the significance of developing emotional intelligence and reducing perceived stress as complimentary strategies to promote students' mental wellbeing. In order to create psychologically supportive learning and teaching environments, higher education institutions are encouraged to incorporate emotional intelligence development, stress management interventions, counselling, and resilience building programs into their curricula, particularly for students in high-demand professions.



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