

Emotional Intelligence and Perceived Stress as Predictors of Academic Performance and Burnout in Undergraduate Medical Students – Correlational Analytical Approach

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ABSTRACT

Background: Emotional intelligence (EI), perceived stress, academic burnout, and academic self-efficacy are key determinants of medical students' psychological well-being and performance, yet their interrelationships remain underexplored in South India. The study examines the relationships among EI, perceived stress, academic burnout, and academic self-efficacy, and to identify predictors of burnout and self-efficacy among undergraduate medical students in Tamil Nadu, South India.

Methods: A cross-sectional, correlational study was conducted among 478 MBBS students (Years 1–4) in a medical college in Tamil Nadu during the 2024–2025 academic year. Data were collected using a structured questionnaire capturing sociodemographic variables and a 48-item composite instrument comprising EI (20 items), perceived stress (10 items), academic burnout (10 items), and academic self-efficacy (8 items), all rated on 4-point scales. Descriptive statistics, Cronbach's alpha, t tests, ANOVA, Pearson correlations, and multiple linear regression (two models predicting burnout and self-efficacy) were performed with significance set at $p < 0.05$.

Results: Participants reported moderate EI, perceived stress, and burnout levels. EI showed strong positive correlations with academic burnout, academic self-efficacy, and perceived stress. EI emerged as the strongest predictor of both academic burnout ($R^2 = 0.606$) and academic self-efficacy ($R^2 = 0.553$), even after adjusting for sociodemographic variables. Male students reported higher burnout than females, and all psychological constructs varied significantly by year of study, with Year 3 students scoring highest and Year 4 students lowest.

Conclusion: EI is a pivotal construct in the psychological functioning of Tamil Nadu medical students and a major predictor of both burnout and academic self-efficacy. Targeted, stage-specific and gender-sensitive interventions that integrate EI development, stress management, and burnout prevention into the medical curriculum are warranted.

Keywords: Emotional intelligence, stress, burnout, Academic pressure, medical professionals

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BACKGROUND

It is well recognised that medical education is a highly stressful academic endeavour that requires students to absorb, integrate and synthesise large volumes of information while developing clinical skills and navigating interpersonal dynamics.^{1,2} Undergraduate medical

students, especially in developing nations like India, are exposed to a unique set of stressors including academic stress, high-stakes examinations, patient encounters, sleep deprivation and the emotional toll of clinical practice.^{2,3} These stressors have recently been recognised as having

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psychological morbidity, burnout, and impaired academic functioning among medical students worldwide.^{1,4}

Emotional intelligence (EI), coined by Salovey and Mayer in 1990, is "the ability to monitor one's own and others' feelings and emotions, to discriminate among them, and to use this information to guide one's thinking and actions".⁵ In medical education, EI is a key predictor of both professional competency and physician-patient communication, as well as clinical decision-making.^{6,7} Perceived stress, defined by Lazarus and Folkman as the extent to which situations are viewed as stressful, is a cognitive appraisal rather than a measure of objective stress in the environment.⁸ In medical students, perceived stress has been shown to be associated with poor psychological outcomes such as anxiety, depression and poor academic performance.^{9,10,11}

According to the World Health Organization's International Classification of Diseases (ICD-11), burnout is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed, and is characterised by feelings of energy depletion or exhaustion, increased mental distance from one's job, or feelings of negativity or cynicism related to one's job, and reduced professional efficacy.¹² Prevalence of burnout ranges from 30% to 70% according to the population studied and measurement instrument used.^{4,13,14}

Across multiple settings, studies consistently report a negative relationship between emotional intelligence (EI) and burnout among medical students, indicating that EI provides a buffer against the effects of emotional exhaustion and depersonalization.^{15,16,17} In Malaysia, Iran and Mexico, self-regulation and emotional repair have been shown to play an important protective role in preventing burnout.^{15,16,17} In contrast, Schumann et al. found a positive association between EI and emotional exhaustion among Egyptian students.⁹ In summary, EI seems to mitigate the effects of ongoing academic stress through effective coping strategies and emotional resilience.

The relationship between EI and academic achievement is more ambiguous. While some Indian studies have shown a positive association between EI and academic performance, others have not.¹⁸⁻²¹ These inconsistent findings indicate that EI may not have a direct effect on cognitive performance but may indirectly affect academic performance by decreasing perceived stress, improving motivation, and promoting effective learning strategies.

While there is increasing evidence from around the world, little is known in South India about the combined impact of EI, stress and burnout on academic performance. In Tamil Nadu, given the competitive entrance to the medical course, rigorous training in clinical skills and high societal demands, such a study is needed. This study, therefore, aims to explore the relationships between emotional intelligence, perceived stress, academic burnout and academic self-efficacy using a multi-instrument approach with a view to provide culturally sensitive information to

inform the well-being and academic achievement of medical students.

METHODOLOGY

The present study used a cross-sectional, correlational design. The target population was first to fourth year medical (MBBS) undergraduate students from a medical college in Tamil Nadu, South India. The students were selected using convenience sampling. Students who were available on the day of data collection and provided their written informed consent were included, while student who refused to participate or with incomplete responses were excluded. In the academic year 2024-2025, 478 students were included.

A review of the literature revealed that the sample sizes of previous studies have ranged from 110 to 400 for cross-sectional studies.¹⁷⁻²⁴ The sample size in this study (478 participants) was deemed sufficient to provide adequate power for the planned correlation, ANOVA and multiple regression analyses.

A structured, self-report questionnaire with two parts was used to gather information. Section 1 gathered sociodemographic information such as age, gender, grade of study, parents' occupation, educational status of the head of the family, family monthly income, number of siblings, type of family (nuclear/extended) and hosteller or day scholar. Socioeconomic status was measured using the Kuppuswamy Modified Scale.

The second part was a 48-item Composite Psychometric Instrument containing four subscales. The **Perceived Stress Subscale** (10 items), derived from Cohen et al.'s Perceived Stress Scale (PSS-10)⁶ measured the extent to which students felt that they were unable to cope with life's demands. The **Emotional Intelligence Subscale** (20 items), derived from the theories of Salovey and Mayer¹ and Goleman,² assessed self-awareness, self-regulation, motivation, empathy and social skills. The **Academic Burnout Subscale** (10 items), based on existing instruments,⁷ evaluated students' emotional exhaustion, cynicism and efficacy in an academic environment. The **Academic Self-Efficacy Subscale** (8 items), based on Bandura's self-efficacy model,¹⁵ assessed students' beliefs about their abilities and achievement of their academic goals. Items were scored on a 4-point scale (0-3), with higher scores indicating higher levels of the construct. A composite score (0-144) was derived, and students were divided into low (0-48), medium (49-96) and high (97-144) scoring groups.

The study was conducted with the approval from the Institutional Ethics Committee (776/04/2026/PG/SRB/SMCH). The purpose of the study was explained to participants, and they were assured of confidentiality and told that their participation was voluntary. After obtaining informed consent, questionnaires were distributed in the classroom and returned promptly. The process lasted 20-25 minutes per participant. The study was conducted in accordance with the Declaration of Helsinki.

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Data analysis was performed in Microsoft Excel and Python. A two-tailed significance level of $p < 0.05$ was used. Demographic and study variables were described in terms of mean and standard deviation. Cronbach's alpha was used to examine the reliability of the sub-scales. Shapiro-Wilk test was used to check for normality. Correlations between variables were quantified using Pearson correlation coefficients. Multivariate linear regression models were developed to predict academic burnout (Model A) and academic self-efficacy (Model B) with the predictor variables of emotional intelligence, perceived stress, and other sociodemographic variables.

RESULTS

Sociodemographic Characteristics of Participants

This was a cross-sectional study of 478 undergraduate medical students from South India. Participants' average

age was 20.21 years (SD = 1.87). Most students were in the age range of 20-22 years (45.8%) with a slightly higher proportion of males (54.0%) and were equally spread across the fourth years of medical study: Year 1 (25.5%), Year 2 (n = 120, 25.1%), Year 3 (n = 118, 24.7%) and Year 4 (n = 118, 24.7%).

In terms of socioeconomic status, most participants' fathers and mothers were professionals (72.0%) and (31.0%) respectively and had educational qualifications of professional degrees (56.1%). Most families had a monthly household income of ₹50,000 or more (70.3%). Most participants had one sibling (56.9%), came from nuclear families (58.2%) and were hostellers (53.6%). The sociodemographic profile of the study participants is shown in Table 1.

Table 1. Sociodemographic Characteristics of Participants (N = 478)

Variable	Category	n (%)
Age (years)	17–19	182 (38.1)
	20–22	219 (45.8)
	23–24	77 (16.1)
Sex	Male	258 (54.0)
	Female	220 (46.0)
Year of Study	Year 1	122 (25.5)
	Year 2	120 (25.1)
	Year 3	118 (24.7)
	Year 4	118 (24.7)
Father's Occupation	Professional	344 (72.0)
	Semi-professional	86 (18.0)
	Clerk/Shop/Farm	38 (7.9)
	Skilled	10 (2.1)
Mother's Occupation	Professional	148 (31.0)
	Semi-professional	56 (11.7)
	Clerk/Shop/Farm	46 (9.6)
	Skilled	18 (3.8)
	Semi-skilled	24 (5.0)
	Unskilled	94 (19.7)
Education of Head of Family	Unemployed/Homemaker	92 (19.2)
	Professional degree	268 (56.1)
	Graduate	96 (20.1)
	Intermediate	58 (12.1)
	High school	38 (7.9)
Family Income (₹/month)	Others	18 (3.8)
	≥50,000	336 (70.3)
	25,000–50,000	72 (15.1)
	17,500–25,000	46 (9.6)
	12,000–17,500	18 (3.8)
No. of Siblings	Others	6 (1.2)
	0	98 (20.5)
	1	272 (56.9)
Type of Family	2+	108 (22.6)
	Nuclear	278 (58.2)
	Joint	148 (31.0)
Residence	Three-generation	52 (10.9)
	Hosteller	256 (53.6)
	Day scholar	222 (46.4)

Descriptive Statistics and Internal Consistency of Study Instruments

The means, standard deviations and Cronbach's alpha for each subscale are presented in Table 2. The Emotional Intelligence subscale achieved a mean of 36.33 (SD=7.89), with a Cronbach's alpha of 0.771, which is considered acceptable. The Perceived Stress subscale had a mean of 19.18 (SD=4.63), and a Cronbach's alpha of 0.668.

The Academic Burnout subscale presented a mean of 18.10 (SD=4.68) with a Cronbach's alpha of 0.641. The Academic Self-Efficacy subscale yielded a mean of 14.36 (SD=3.63) with a Cronbach's alpha of 0.583. The Total Composite of all 48 items had a mean of 87.97 (SD=17.96) and a Cronbach's alpha of 0.896. The alpha values for the total composite were strong.

Table 2. Descriptive Statistics and Internal Consistency of Study Instruments

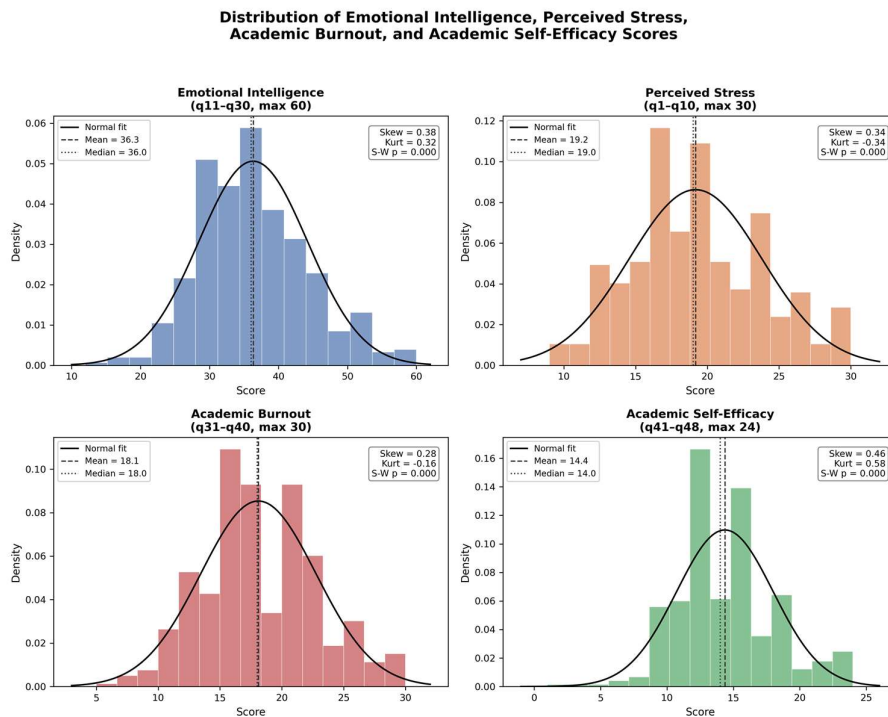
Scale	Items	Max	Mean ± SD	Median (IQR)	Cronbach's α
Emotional Intelligence	20	60	36.33 ± 7.89	36.0 (31.0–41.0)	0.771
Perceived Stress	10	30	19.18 ± 4.63	19.0 (16.0–22.0)	0.668
Academic Burnout	10	30	18.10 ± 4.68	18.0 (15.0–21.0)	0.641
Academic Self-Efficacy	8	24	14.36 ± 3.63	14.0 (12.0–16.0)	0.583
Total Composite Score	48	144	87.97 ± 17.96	85.0 (76.0–98.8)	0.896

Note. IQR = Interquartile Range.

Distribution the outcome variables

Total composite scores were divided into three categories: Low (0-48), Medium (49-96) and High (97-144). Most participants scored in the medium range (n = 344, 72.0%), with one-quarter of participants scoring in the High range (n = 133, 27.8%). The number of participants with Low scores was one (0.2%). This would suggest that the majority of undergraduate medical students in our sample had medium levels of emotional intelligence, perceived stress, academic burnout and self-efficacy, as assessed by the composite scale.

The histograms of the individual subscale scores and the total composite score are presented in Figure 1. The histograms indicated roughly normal distributions for the Perceived Stress and Academic Burnout subscales, with some degree of positive skewness for the Emotional Intelligence subscale (skewness = 0.383). The Total Composite Score also showed positive skewness (skewness = 0.688), suggesting that some students scored very highly on the composite measure. Shapiro-Wilk tests supported significant departures from normality for all of the subscales (p < 0.05), but with a large sample (N = 478), we deemed it appropriate to conduct parametric analyses.



Undergraduate Medical Students, Tamil Nadu, India (N = 478)

Figure 1. Distribution of Emotional Intelligence, Perceived Stress, Academic Burnout, and Academic Self-Efficacy Scores among undergraduate medical students in Tamil Nadu (N = 478).

Correlations Among Study Variables

Bivariate correlations between the four subscales, age, and the total composite score were calculated using Pearson product-moment correlation coefficient. As shown in the Table 3, all bivariate correlations among the constructs were significant ($p < 0.001$) except for the correlation between Age and Academic Self-Efficacy, which was significant at $p < 0.01$ ($r = -0.134$, $p = 0.003$). Emotional Intelligence was strongly positively correlated with Academic Burnout ($r = 0.764$, $p < 0.001$) and Academic Self-Efficacy ($r = 0.681$, $p < 0.001$), and moderately-to-strongly positively correlated with Perceived Stress ($r = 0.655$, $p < 0.001$). Perceived Stress was moderately correlated with Academic Burnout ($r = 0.510$, $p < 0.001$) and Academic Self-Efficacy ($r = 0.470$, $p < 0.001$).

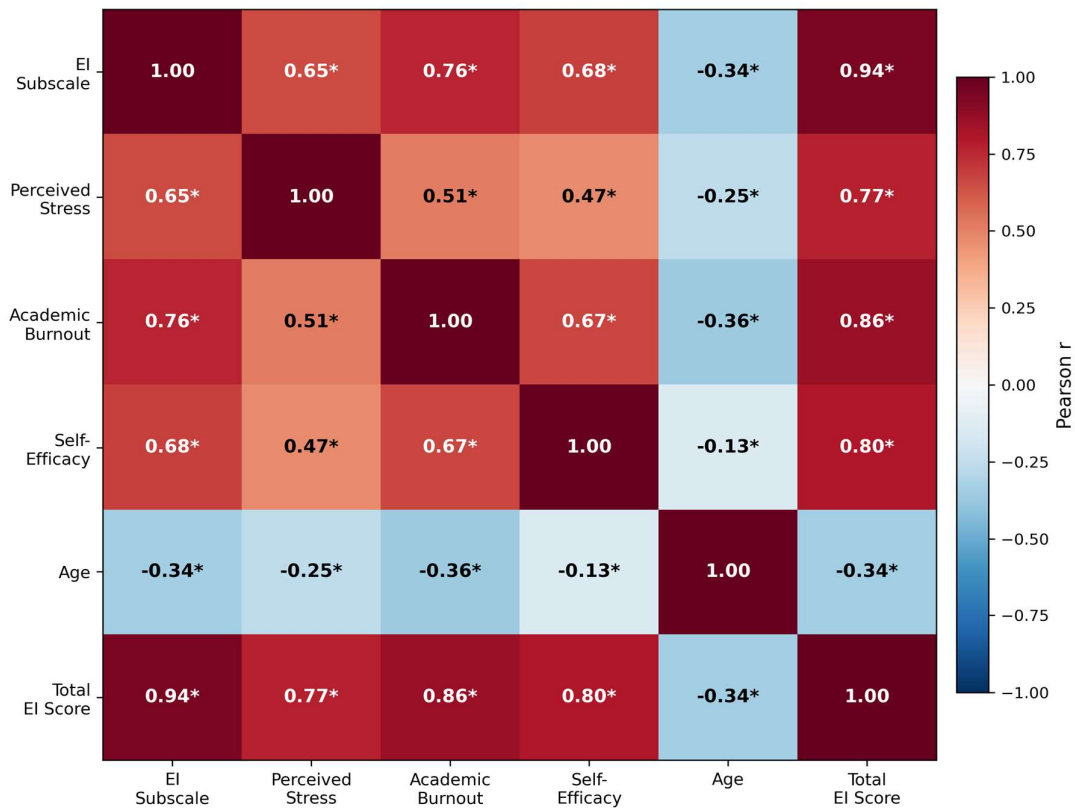
Academic Self-Efficacy were strongly positively correlated ($r = 0.670$, $p < 0.001$). Age had negative correlations with all of the subscale scores, most notably with the Academic Burnout ($r = -0.358$, $p < 0.001$) and Emotional Intelligence ($r = -0.344$, $p < 0.001$) subscales. The Total Composite Score was very strongly correlated with all subscales, particularly the EI subscale ($r = 0.945$, $p < 0.001$) and Academic Burnout ($r = 0.863$, $p < 0.001$), demonstrating that these subscales made a significant contribution to the composite measure. These correlations suggest that greater emotional intelligence is related to greater perceived stress, greater academic burnout and greater academic self-efficacy. The correlation matrix is graphically represented in Figure 2.

Table 3. Pearson Correlation Matrix Among Key Study Variables

Variable	EI	PS	AB	ASE	Total
EI	1.000	0.655*	0.764*	0.681*	0.945*
PS	0.655*	1.000	0.510*	0.470*	0.773*
AB	0.764*	0.510*	1.000	0.670*	0.863*
ASE	0.681*	0.470*	0.670*	1.000	0.797*
Total	0.945*	0.773*	0.863*	0.797*	1.000

Note. EI = Emotional Intelligence; PS = Perceived Stress; AB = Academic Burnout; ASE = Academic Self-Efficacy; Total = Total Composite Score. * $p < 0.001$

Correlation Matrix Among Key Study Variables



* $p < 0.05$ (two-tailed Pearson). Diagonal = perfect self-correlation.

Figure 2. Correlation matrix among key study variables. Asterisks (*) indicate statistically significant correlations ($p < 0.05$).

Predictors of Academic Burnout and Academic Self-Efficacy

Multiple linear regression analyses were conducted to determine the predictors of Academic Burnout and Academic Self-Efficacy. The EI subscale score, perceived stress, age, sex, year of study, father's occupation, mother's occupation (Model A only) and family income were predictor variables. The findings of the regression analyses are shown in Table 4.

The regression model predicting Academic Burnout (Model A) was statistically significant, $F(8, 469) = 89.98$, $p < 0.001$, and explained 60.6% of the variance in scores of Academic Burnout, $R^2 = 0.606$, Adjusted $R^2 = 0.599$. Emotional Intelligence subscale score was the strongest predictor suggesting that for every 1-point increase in EI, Academic Burnout increased by 0.425 points, controlling for all other variables. Older students were also less likely to report burnout. Sex was also a significant predictor with

females experiencing slightly lower levels of burnout than males. Year of study also reached significance. The other predictors, perceived stress, father's occupation, mother's occupation and family income did not reach significance.

The second model (Model B) predicting Academic Self-Efficacy, was also significant, $F(8, 469) = 72.61$, $p < 0.001$, with 55.3% of variance explained ($R^2 = 0.553$, Adjusted $R^2 = 0.546$). Emotional Intelligence subscale score and Academic Burnout were significantly positively associated with Academic Self-Efficacy. Year of study was also a significant predictor and father's occupation was significant. This suggests that students who reported higher emotional intelligence and higher academic burnout reported higher academic self-efficacy. The other predictors (Perceived Stress, age, sex and family income) were not significantly related to Academic Self-Efficacy in the multivariate analysis (all $p > 0.05$).

Table 4. Multiple Linear Regression Analysis: Predictors of Academic Burnout and Academic Self-Efficacy

Model A: Predictors of Academic Burnout

Predictor	B	SE	t	p-value
Intercept	14.363	3.049	4.710	< 0.001*
EI Subscale	0.425	0.024	17.977	< 0.001*
Perceived Stress	0.001	0.039	0.035	0.972
Age	-0.600	0.161	-3.719	< 0.001*
Sex	-0.745	0.273	-2.724	0.007*
Year of Study	0.606	0.262	2.310	0.021*
Father's Occupation	0.030	0.186	0.159	0.874
Mother's Occupation	-0.026	0.056	-0.462	0.644
Family Income	0.023	0.157	0.145	0.885

$R^2 = 0.606$, Adj. $R^2 = 0.599$, $F(8, 469) = 89.98$, $p < 0.001$

Model B: Predictors of Academic Self-Efficacy

Predictor	B	SE	t	p-value
Intercept	0.978	2.577	0.379	0.705
EI Subscale	0.192	0.025	7.561	< 0.001*
Perceived Stress	0.024	0.033	0.729	0.466
Academic Burnout	0.293	0.038	7.659	< 0.001*
Age	-0.061	0.135	-0.450	0.653
Sex	-0.017	0.228	-0.073	0.942
Year of Study	0.682	0.218	3.128	0.002*
Father's Occupation	0.305	0.154	1.984	0.048*
Family Income	-0.135	0.130	-1.045	0.297

$R^2 = 0.553$, Adj. $R^2 = 0.546$, $F(8, 469) = 72.61$, $p < 0.001$

Note. * $p < 0.05$. Model A predictors: EI Subscale, Perceived Stress, Age, Sex, Year of Study, Father's Occupation, Mother's Occupation, Family Income. Model B predictors: EI Subscale, Perceived Stress, Academic Burnout, Age, Sex, Year of Study, Father's Occupation, Family Income.

DISCUSSION

This study investigated the relationships between emotional intelligence, perceived stress, academic burnout and academic self-efficacy in 478 undergraduate medical students in Tamil Nadu, South India. The results offer a glimpse into the psychological climate of medical

education in this part of the world and add to the emerging evidence on the contribution of emotional intelligence to academic performance.

The mean EI score in the current study was 36.33 (SD = 7.89), with 72.0% of the sample in the middle range on the composite EI score. The pattern is similar to other studies from India. Palaniappan et al. found that 68% of medical students in Puducherry had high EI,¹⁹ while Dias et al. reported that 62.3% of medical students from several Indian states had strong EI.²⁰ The mean perceived stress score of 19.18 (SD = 4.63) in this study suggests that medical students experienced moderate levels of stress,

which is comparable to the perceived.⁹ The mean Academic Burnout subscale of 18.10 (SD = 4.68) indicates moderate burnout levels, which is consistent with previous research that reports moderate-to-high levels of burnout among medical students worldwide.^{4,13,14} Shariatpanahi et al. also found that 69.1% of Iranian medical students had moderate levels of burnout.¹⁷ The observation of moderate levels of burnout and stress in this cohort highlights.^{13,14}

In the present study, we observed high positive correlations between all the subscale scores, with EI showing especially strong positive correlations with academic burnout, academic self-efficacy, and perceived stress. The positive association between EI and burnout differs from earlier studies that reported negative correlations and negative regression coefficients.^{15,17} This reversal may be due to the mixed nature of the questionnaire used in the present study, in which a 48-item questionnaire assessed multiple constructs (EI, stress, burnout, and self-efficacy) in one questionnaire. The high method variance and the possibility that students with higher EI may also be more likely to report their stress and burnout symptoms may account for these positive correlations.^{7,22} In addition, students with higher EI may paradoxically experience greater burnout due to their increased awareness of the emotional challenges of clinical training, a phenomenon known as the "emotional intelligence paradox" in stressful professions.^{6,9}

Age was negatively associated with all subscale scores, particularly academic burnout and EI. This may indicate that as students' age increases (i.e., move into their final years of study) they have lower levels of EI and burnout, which may be linked to the pattern of emotional disengagement in Year 4 students. Shariatpanahi et al. also found no association between age and burnout in their Iranian sample, while the negative association in this study may be confounded with the demographics of age and year of study.¹⁷

The multiple regression analyses showed that EI was the most significant predictor of academic burnout and academic self-efficacy. This is consistent with the multiple regression finding of Shariatpanahi et al., who found that total EI predicted total burnout,¹⁷ and with Daud et al., who found that EI explained 15.6% of variance in burnout.¹⁵ The much higher variance explained in the present study (60.6% for burnout, 55.3% for self-efficacy) is likely due to the range of predictors used and the inclusion of sociodemographic covariates in regression models.

That sex was a significant predictor of burnout in the multivariate model, with females having lower burnout, adds complexity to the bivariate sex comparison, and is supported by recent evidence of sex differences in burnout among medical students.^{12,28} The finding that year of study was a significant predictor in both models also supports the role of curriculum stage in the psychological experience of students.^{2,16}

The second regression model positively predicted academic self-efficacy from academic burnout. This is surprising, but may reflect a complex interplay between students who are more engaged and committed to their work and more likely to experience burnout, and higher self-efficacy due to their continued success and effort.²⁴ Bandura's self-efficacy theory suggests that accomplishment and mastery, even if it is accompanied by high levels of effort and stress, can enhance self-efficacy.²⁴

The current study has a number of strengths, including the sample size (N = 478), the fact that several psychological variables were examined among the same sample, the fact that sociodemographic variables were considered in regression analyses, and the fact that the instruments used in this study were validated. It is also among the first studies from Tamil Nadu to investigate the relationships between EI, perceived stress, academic burnout and academic self-efficacy.

The study limitations are: First, the cross-sectional nature of the study precludes causal inferences; Second, the EI questionnaire, which includes subscales embedded within a single questionnaire, might have resulted in method variance and inflated correlations. Third, the use of academic self-efficacy as a proxy for academic performance, rather than actual examination results, may limit the generalizability of results concerning the link between EI and academic performance. Fourth, the study was limited to students from one state in India, and the results may not be applicable to medical students from other parts of the country with different educational and cultural backgrounds. Last, convenience sampling may reduce sample representativeness.

CONCLUSION

This study shows emotional intelligence to be a key construct in the mental health and academic performance of undergraduate medical students in the state of Tamil Nadu, South India. EI was found to be the most important predictor of academic burnout and academic self-efficacy, pointing to its critical role in medical education. Variations across years, with Year 3 performing highest and Year 4 lowest on all the variables measured, suggest key times for intervention. The relatively low levels of perceived stress and burnout, along with greater burnout among males, point to the need for sex-specific and year-specific interventions.

Medical schools should introduce EI assessment and training, targeted stress- and burnout-prevention measures (particularly for male and mid-year students), and longitudinal tracking of EI, stress and burnout. Promoting EI through a well-rounded education might prevent stress and burnout, as well as increase academic self-efficacy and resilience.

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