

Cultivating Emotional Intelligence among Indian Medical Students: Perceptions and Experiences

RUTAM B VAISHNAV¹, DARSHANKUMAR DHARAIYA², ALVIS KEISHAM³, ANUSHA PRABHAKARAN⁴, JAGDISH VARMA⁵

ABSTRACT

Introduction: Emotional Intelligence (EI) is a critical attribute for medical professionals, encompassing self-awareness, self-regulation, motivation, empathy, and social skills. Indian medical students face exceptional stress due to intense academic competition, hierarchical structures, and limited mental health resources. Although structured EI interventions have demonstrated promise internationally in reducing burnout and improving clinical performance, systematic EI training remains largely absent from Indian medical curricula.

Aim: To explore the perceptions and experiences of Indian medical graduates regarding the application of EI skills in their clinical and academic lives after completing a structured Value Added Course (VAC).

Materials and Methods: This qualitative study was conducted at the Department of Psychiatry, Pramukhswami Medical College, Karamsad, affiliated with Shree Krishna Hospital, a tertiary care Institute in Gujarat, India, between September 2024 and April 2025. The study involved medical students who had participated in a three-month VAC titled “Developing Emotional Competencies,” based on Goleman’s EI model. The course addressed self-awareness, self-management, social awareness, and relationship management through interactive learning and reflective activities. The primary inclusion criterion was participation in the VAC on EI. A total of 10 students

were eligible, of whom five students participated in the Group Interview (GI). The interview, conducted approximately one year after course completion, was audio-recorded and transcribed. Thematic analysis was performed following Braun and Clarke’s framework to identify patterns across the data.

Results: Seven overarching themes emerged: EI in clinical practice, self-awareness management, social awareness and relationships, professional development, stress and burnout management, EI educational programs, and personal benefits. Students demonstrated concrete applications of EI in patient interactions, emphasising empathetic care while maintaining professional boundaries. Self-awareness emerged as foundational to all EI domains. Participants reported enhanced confidence in navigating emotionally charged interactions, improved recognition and management of stress, and normalised emotional experiences. Cross-cutting patterns revealed an evolution from theoretical understanding to practical application.

Conclusion: Medical students perceive structured EI training as beneficial for fostering emotional awareness, interpersonal sensitivity, and adaptive coping during medical education. Embedding EI within medical curricula may offer a meaningful avenue to support the holistic development and emotional well-being of future healthcare professionals.

Keywords: Burnout, Medical education, Self-management, Social skills

INTRODUCTION

The EI is defined as the ability to recognise one’s and others’ emotions while utilising this awareness for self-control and to influence the emotions of other individuals [1,2]. EI has emerged as a critical attribute for successful medical professionals. EI encompasses domains such as self-awareness, self-regulation, motivation, empathy, and social skills. The medical profession demands much more than a mere theoretical knowledge of disease and its management. It is a blend of acquiring scientific knowledge, clinical skills, and the development of professional attributes such as communication, empathy, etc., [3].

Medical students face many challenges, such as intense academic competition, high social expectations, and a rigorous curriculum, to name a few [4]. These stresses, along with hierarchical structures and a lack of mental health resources, often lead to high levels of stress and burnout [5]. The Coronavirus Disease 2019 (COVID-19) pandemic has made these problems even worse, showing how important it is for healthcare trainees to learn how to be strong and emotionally healthy [6]. Research conducted on the Indian population indicates that medical students experience significantly higher levels of stress compared to their age-matched counterparts [7].

Internationally, EI has been linked to improved clinical performance, patient satisfaction, teamwork, and reduced burnout [8]. In healthcare, greater EI has been linked to higher job satisfaction, a decreased likelihood of experiencing burnout, and better patient experiences [9]. Among students, higher EI is associated with reduced academic exhaustion, less indifference, and increased productivity, stronger decision-making, and more effective stress coping skills. Across various specialities and populations, EI has been linked to higher job satisfaction and less burnout [10,11].

These results highlight the importance of developing EI during students’ lives. EI is not a fixed trait but a set of skills that can be cultivated through structured interventions, such as workshops, reflective exercises, group discussions, and experiential learning. Systematic educational intervention has shown promise in enhancing awareness, empathy and emotional regulation among medical trainees [12]. Despite this, EI training is not systematically included in most Indian medical curricula, and there is a paucity of qualitative data exploring students’ experience in applying EI skills in their academic and clinical practice.

Given the significance of EI in the personal and professional lives of healthcare professionals, a VAC on “Developing Emotional Competence” was designed and conducted for students at a healthcare-focused university. This qualitative study explores how

Indian medical students integrate EI skills into their clinical and academic lives following structured training.

MATERIALS AND METHODS

This qualitative study was conducted at the Department of Psychiatry, Pramukhswami Medical College, affiliated with Shree Krishna Hospital, a Tertiary Care Institute in Karamsad, Gujarat, India, between September 2024 and April 2025. It involved a GI with medical students who had previously completed a three-month VAC titled 'Developing Emotional Competencies' at Bhaikaka University, Karamsad, India, from June 2023 to August 2023. The Institutional Ethics Committee had approved the study. (Approval Number: BU/152/Faculty/21/160/2024). Written consent was obtained from all participants.

Inclusion and Exclusion criteria: Completion of the VAC course was the inclusion criterion for the study. There were no exclusion criteria.

Sample size: Purposive sampling was used. Five students out of ten students who completed the VAC consented to be part of the study. The participation was completely voluntary and remaining five students could not join citing personal or time related issues.

Study Procedure

Before beginning the session, participants were informed about the purpose and objectives of the study. To maintain confidentiality, each participant was assigned a pseudonym, ranging from P1 to P5. The GI lasted around 90 minutes, was conducted in English and in a circular seating arrangement and was audio-recorded. A trained faculty member (DD) led the GI, while another team member (RV) assisted with the proceedings. The GI was conducted in September 2024.

The VAC course equipped students to understand and apply EI based on Goleman's model [13]. Over ten sessions, it covered self-awareness, self-management, social awareness, and relationship management through interactive learning, practical exercises, and reflective activities designed by mental health and education experts [14].

Data collection process and rationale: A GI was chosen to capture individual perspectives and experiences on EI, having attended a VAC on EI. It allowed each participant to express personal experiences without being influenced by the others' inputs and facilitated the collection of focused individual-level insights. The GI was held approximately one year after the course's completion. The study adopted a thematic analysis approach to explore the students' experiences and perceptions regarding their participation in the EI training.

The GI was structured around seven open-ended questions that explored the impact of EI on interpersonal communication, stress handling, and burnout prevention. Additionally, the discussion covered personal experiences, the application of EI strategies, institutional support mechanisms, coping skills, and the benefits of attending the VAC on EI.

STATISTICAL ANALYSIS

Thematic analysis was employed to examine the transcripts based on the framework provided by Braun D [15]. Firstly, the audio recordings were manually transcribed. The QDA Miner Lite software was used for primary analysis. These codes were grouped into overarching themes and subthemes. All subthemes were justified with quotations from the students made in the GI. Analysis was inductive. Any coding differences were resolved through team discussion. To enhance the credibility of the findings, member checking was conducted by sharing the preliminary themes derived from the analysis with the participants. They were invited to review the themes and confirm whether these accurately reflected their experiences. All participants agreed with the interpretations, and no modifications were suggested.

Data saturation was assessed through thematic sufficiency, emphasising the depth and comprehensiveness of the data generated during the 90-minute GI. Despite the small sample size, inductive analysis revealed consistent patterns across the seven identified themes, indicating that the key aspects of students' experiences had been adequately captured. Thematic sufficiency was considered achieved when the transcripts provided detailed and nuanced accounts that reflected the dimensions of Goleman's four-domain EI model. This assessment was strengthened by a multi-coder audit, which indicated that no additional conceptual insights were emerging, and by participant member checking, which confirmed the credibility and accuracy of the identified themes. Together, these procedures provided confidence that the data were adequate to address the study objectives and support meaningful thematic interpretation.

To mitigate the dual role of one of the facilitators as a VAC course instructor and interviewer, data transcripts were independently made by an analyst (RV) who had no role in curriculum delivery to ensure an unbiased interpretive lens.

Use of Artificial Intelligence (AI): The AI tools were used only to improve the clarity and readability of the manuscript. No AI tools were used for data analysis, interpretation, or generation of scientific content.

RESULTS

The results demonstrate that medical students perceive EI as multidimensional. Students articulated concrete strategies for applying EI concepts in various contexts and identified both enablers and barriers to EI development. Their experiences suggest that structured EI education yields meaningful benefits across personal, academic, and pre-professional domains, with particularly significant impacts on stress management, interpersonal effectiveness, and clinical communication.

The thematic analysis of GI with medical students revealed seven overarching themes related to EI in medical education: (1) EI in clinical practice; (2) Self-awareness and management; (3) Social awareness and relationships; (4) Professional development and growth; (5) Stress and burnout management; (6) EI educational programs; and (7) Personal benefits and insights. Each theme contained multiple categories and specific codes.

Theme 1: EI in clinical practice: Medical students recognised the significant role of EI in professional healthcare. This theme was divided into two main categories: patient interaction and professional boundaries.

Patient interaction: Participants emphasised the importance of empathetic care while maintaining professional effectiveness. One student noted, "The patient should feel that...okay the doctor can realise my pain and will help me" (P5).

Students demonstrated awareness of the knowledge-emotion gap in patients, recognising that patients process diagnoses primarily through emotional rather than scientific understanding: "When a patient receives a diagnosis, it is not that they know the pathogenesis... It is basically an emotional toll that revolves around the disease" (P1).

Students viewed EI as an essential tool for patient support, helping them navigate the emotional impact of diagnoses. The ability to take a patient's perspective was consistently mentioned as crucial for effective care.

Professional boundaries: While emphasising empathy, participants also stressed the importance of maintaining appropriate professional boundaries: "But we have to also maintain the boundary not to attach too much with the patient" (P5). This balance between emotional connection and professional distance emerged as a key challenge in their developing clinical identities.

Theme 2: Self-awareness and management: This theme emerged as fundamental to students' understanding of EI, encompassing emotional recognition, regulation, and practical self-management strategies.

Emotional recognition: Students highlighted the importance of identifying and monitoring their emotional states: "Only if we can recognise basic human emotions... we can decide what our next step should be" (P2). Recognising situations that provoke strong emotional responses was viewed as essential for emotional management. "So that is when you start becoming aware. Okay, this is triggering me. I need to do something about this" (P3).

Emotional regulation: Participants discussed various approaches to emotional regulation, particularly in challenging clinical situations: "I used the domain (of) self-management... I also became emotional... but I managed my emotions" (P5).

Self-management strategies: Students reported numerous practical strategies for emotional self-management, including reflective practices: "Journaling is basically that you are reflecting..." (P1), mindfulness: "...mindfulness can help" (P2), physical self-care: "I do a lot of self-care practices... going to the gym, eating healthy..." (P2), and sleep: "Sleeping is the ultimate medicine..." (P1).

Theme 3: Social awareness and relationships: The social dimension of EI featured prominently in students' responses, divided into interpersonal awareness and relationship management.

Interpersonal awareness: Students highlighted the importance of social awareness in healthcare settings: "Previously, if I was under some distressful condition, I would not consider the person sitting in front of me as a human... But after gaining some EI... you realise they are just as much of a human as I am..." (P3).

Relationship management: Participants discussed how EI improves interactions with patients, peers, and faculty: "Like in our professional thing also while interacting with patients, while interacting with the faculties or the other staff members" (P5). Social support networks were advocated as crucial resources: "I relied heavily on my friends and family... even if they were not involved" (P4).

Theme 4: Professional development and growth: EI was considered integral to professional identity formation and growth mindset development.

Personal growth mindset: Students recognised EI's importance in their development as health professionals: "During the VAC sessions we have seen how important the emotional quotient is" (P2). Many described a shift toward a growth mindset: "There are two types of mindsets. One is growth mindset... Need to reflect what type of person you want to be..." (P3).

Professional identity formation: Students from pre-clinical years got the opportunity to interact with patients through early clinical exposure. The participant noted: "We learned about EI in medical school... right now we do have some limited interaction with patients" (P4). Participants described how EI helped them navigate teamwork dynamics and adapt to different roles in various responsibilities: "You just take up different roles automatically" (P4).

Theme 5: Stress and burnout management: Managing stress and preventing burnout emerged as critical applications of EI for medical students.

Burnout recognition: Students demonstrated awareness of burnout manifestations: "It takes time to realise you're burnt out..." (P3). Academic burnout was specifically acknowledged: "...how much burnout I used to feel with just one subject of anatomy" (P1).

Preventive strategies: Proactive approaches to prevent burnout featured prominently: "It helped me to strategise in advance when I was expecting some sort of problem..." (P4). Specific strategies included:

Students also described several strategies for managing demanding situations, including planned breaks: "I like to schedule breaks in advance..." (P4), workload spacing: "Spacing out things..." (P4), situational awareness: "Applying EI and leaving the room and knowing how to react..." (P2), and control assessment: "Something that keeps my emotion on track is thinking how much of it is under our control..." (P2).

Recovery approaches: Students further highlighted strategies that supported emotional recovery and resilience, including self-care: "You feel better the next day... given yourself the time and attention you need" (P3), acceptance of failure: "Accepted the situation..." (P1), and decoupling burnout from capability: "Burnout doesn't mean you are incapable..." (P4).

Theme 6: EI educational programs: Participants reflected on institutional approaches to EI education and offered recommendations for improvement.

Institutional support: Students valued formal educational sessions on EI: "Organise a 2-day or 3-day session... not crammed... spaced out session... to educate people who are not aware..." (P3). Mentorship was highlighted as particularly valuable: "Good relationships with my mentors... help me talk about things bothering me" (P4). Safe spaces for discussing emotional challenges were deemed essential: "Creates a sense of belonging and safe space to talk" (P2).

Peer support and learning: Peer interactions were described as crucial for EI development: "Peer-to-peer discussions are very helpful..." (P2). The universality of emotional experiences created connection: "We have people ranging from students up till the position of Dean Sir. Everyone has had experiences and certain problems that they have lived to tell the tale" (P4). This recognition of shared experiences was repeatedly highlighted as valuable.

Theme 7: Personal benefits and insights: Participants articulated numerous personal benefits from engaging with EI concepts.

Normalising emotions: A significant outcome was the normalisation of emotional experiences: "So for me, just accepting, could I just sum up in one line, just accepting the fact that whatever I have been going through is normal" (P1).

Personal transformation: Students reported broad impacts across multiple life domains: "Actually it helped a lot. In everything we can say that almost all the improvements it has helped" (P5). Specific transformative outcomes included:

Students also reported positive personal growth outcomes, including enhanced self-awareness: "For me, the biggest takeaway was introspection" (P3), and increased consideration for others: "I personally became a little more considerate towards people than I was before. Not just towards people, towards myself as well" (P2).

Cross-cutting patterns: Analysis revealed several cross-cutting patterns across themes. Self-awareness emerged as foundational to all other EI domains: "...so it all starts from being self-aware about yourself..." (P3). The interconnected nature of EI domains was explicitly recognised: "Self-awareness, self-management, social awareness and relationship management... all interconnected" (P1).

Participants consistently described an evolution from theoretical understanding to practical application: "(behavioural style identification) was a very good way of me realising how it can actually get applied" (P4). This theory-to-practice transition was viewed as essential for meaningful EI development.

DISCUSSION

The present qualitative study explored the reflections and perceptions of Indian medical students who participated in a structured EI VAC. The findings suggest that students perceived EI as a multidimensional construct. Across the seven themes identified, EI was primarily experienced as a set of skills that supported self-awareness,

interpersonal engagement, and coping with the emotional demands of medical training rather than as a discrete or standalone competency.

Participants consistently described the perceived relevance of EI in clinical contexts, particularly in relation to empathy and doctor-patient communication. Students emphasised the importance of acknowledging patients' emotional experiences while maintaining professional boundaries. These reflections align with existing literature that highlights EI as a facilitator of patient-centred care and effective clinical communication [16-18]. Importantly, the findings do not suggest that EI training directly improves clinical outcomes; rather, students reported increased confidence and preparedness in navigating emotionally charged interactions, which may support the development of therapeutic relationships over time.

Self-awareness and self-management emerged as foundational EI domains in students' narratives. Participants described becoming more aware of their emotional triggers, primary reactions, and coping styles, often through reflective practices such as journaling and mindfulness. These strategies were perceived as enabling emotional regulation during academic pressures and early clinical exposure. This finding resonates with prior research suggesting that EI-related self-regulatory skills may enhance resilience among medical trainees [19-21]. However, it is noteworthy that students' accounts primarily reflect perceived changes in awareness and attitudes rather than objectively measured behavioural change.

The development of social awareness and relationship management skills was particularly evident in students' reflections on peer, faculty, and patient interactions. Participants reported increased sensitivity to others' emotional states and a greater appreciation of shared human experiences within hierarchical medical environments. These insights are especially relevant in the Indian medical education context, where formal hierarchies and high academic demands may limit open emotional expression. Students' emphasis on humanising interactions suggests that EI training may offer a counterbalance to emotionally restrictive professional cultures, although institutional norms may continue to constrain the consistent application of these skills.

Stress management and burnout prevention were frequently discussed as practical applications of EI. Students demonstrated an awareness of burnout indicators and described adopting coping strategies such as planned breaks, cognitive reframing, and self-care. While participants perceived EI as helpful in recognising and managing stress, some also acknowledged that burnout was not always immediately identifiable and required time and reflection to recognise. Notably, no participants explicitly reported instances where EI strategies were ineffective, which may reflect either genuine positive experiences or the influence of social desirability within a GI setting. This absence of negative cases is therefore interpreted cautiously.

Participants also reflected on the role of institutional and peer support in sustaining EI development. Suggestions for longitudinal EI integration, mentorship, and peer discussion forums indicate that students viewed EI as a skill requiring reinforcement rather than a one-time intervention. These perspectives highlight a gap in traditional medical curricula, where emotional competencies are often underemphasised despite their relevance to professional well-being. Integrating EI training within existing academic structures may help normalise emotional reflection and promote sustained skill development.

A cross-cutting insight across themes was the centrality of self-awareness as the foundation for other EI domains. Students explicitly described EI components as interconnected and emphasised the importance of translating theoretical knowledge into practical application. This perceived shift from conceptual understanding to experiential learning underscores the value of interactive and reflective pedagogical approaches in EI education.

However, it is important to clarify that these findings represent students' perceived experiences and 'reflections' rather than objectively measured or definitive evidence of behavioural change. Notably, no participants explicitly reported instances in which EI strategies completely failed. However, analysis of the themes revealed several inherent contradictions and challenges in the practical application of EI.

Within Theme 1, students described the ongoing tension between maintaining professional boundaries and engaging empathetically with patients, highlighting the complexity of balancing emotional involvement with clinical objectivity. This challenge is consistent with previous research indicating that empathy often declines during clinical training due to increasing workloads, cognitive demands, and professional responsibilities that can constrain empathic engagement [22]. Similarly, findings from Theme 5 demonstrated that recognising and responding to personal burnout was often delayed and difficult, suggesting that theoretical understanding of EI does not automatically translate into effective self-regulation or prevention of emotional exhaustion. Existing evidence supports this interpretation, as severe academic stress and psychological distress may impair EI and diminish its protective effects against burnout [23]. For instance, within Theme 3 (Social Awareness and Relationships) and Theme 6 (EI Educational Programs), students' reliance on peer support implies a struggle against the traditional "top-down" framework of healthcare delivery, which often limits open dialogue and creates communication barriers. Agrawal M et al., note that entrenched medical hierarchies frequently devalue patient narratives and emotional engagement as soft data, prioritising quantitative metrics instead [24].

Limitation(s)

Several limitations must be considered when interpreting these findings. The 12-month gap between the VAC programme and GI may have shaped and potentially inflated the reported positive perceptions due to recall bias, including telescoping effects and a tendency to recall positive experiences more vividly over time. These memory distortions may impact the validity of the data regarding the exact timing and nature of behavioural changes. However, this timeframe was a deliberate methodological choice to evaluate the sustained integration of EI skills and "latent impact" beyond the immediate post-course period.

Additionally, the GI format and faculty involvement in the course may have influenced participants' responses. While the GI format may introduce social desirability bias, the study mitigated this by using a trained facilitator, ensuring participant anonymity through pseudonyms, and conducting the interviews one year post-intervention to capture authentic, long-term reflections rather than immediate course feedback. As such, the findings represent students' perceptions rather than definitive evidence of EI skill acquisition or behavioural change. Future research could benefit from longitudinal designs, inclusion of diverse institutions, and mixed-method approaches to examine how EI training influences observable behaviours and well-being outcomes over time.

Thematic sufficiency, single Institution setting and small sample size are recognised as factors that limit the broader transferability of the findings.

CONCLUSION(S)

Overall, the present study suggests that medical students perceive structured EI training as beneficial for fostering emotional awareness, interpersonal sensitivity, and adaptive coping during medical education. While the findings do not establish causal outcomes, they underscore the perceived relevance of EI in supporting professional identity formation and emotional well-being. Embedding EI within medical curricula may therefore offer a meaningful avenue to support the holistic development of future healthcare professionals.

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PARTICULARS OF CONTRIBUTORS:

1. Intern, Department of Psychiatry, Pramukhswami Medical College, Karamsad, Gujarat, India.
2. Consultant Psychiatrist, Department of Psychiatry, Gujarat Institute of Mental Health, Hospital for Mental Health, Ahmedabad, Gujarat, India.
3. Clinical Psychologist, Alpha Healing Center, Jambughoda, Vadodara, Gujarat, India.
4. Professor, Department of Psychiatry, Pramukhswami Medical College, Karamsad, Gujarat, India.
5. Professor and Head, Department of Psychiatry, Pramukhswami Medical College, Karamsad, Gujarat, India.

NAME, ADDRESS, E-MAIL ID OF THE CORRESPONDING AUTHOR:

Dr. Rutam B Vaishnav,
Intern, Department of Psychiatry, Pramukhswami Medical College, Gokal Nagar,
Karamsad-388325, Gujarat, India.
E-mail: aurorutam@gmail.com

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