

A Response to “Concern About Returning to Face-to-Face Classes After the Pandemic: Importance of Emotional Intelligence and Stress Coping Strategies in Health Science Students” [Letter]

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Dear editor

We read, with interest, Cajachagua Castro et al's study examining the role of emotional intelligence (EI) in the context of students returning to face-to-face classes following the Covid-19 pandemic.¹ As final year medical students who have experienced the pandemic's effects, we appreciate the authors addressing this timely issue. However, we have identified some concerns with the methodology and conclusions. We consequently present four points which the authors should address to strengthen the research.

Firstly, the non-random, convenience sampling method used by Cajachagua Castro et al risks substantial selection bias.¹ As a result, we postulate that this limits the generalisability of the findings beyond the specific sample studied. The authors have provided insufficient justification for why the non-random approach was chosen. We are therefore suggesting the implementation of a true random sampling process. This will enable the results to be appropriately extrapolated to the wider population.

Another point to consider is that academic performance is an important confounding variable between stress and EI.² Cajachagua Castro et al did not address this in their analysis, which we believe to be a significant limitation to their research.¹ Studies have demonstrated that higher grade point averages are associated with increased anxiety levels in students.² With the authors failing to report or control for the academic achievement levels of the participants,¹ the validity of the findings are questionable. We recommend that future studies should capture academic performance data and appropriately incorporate it into multivariate models.

We appreciate the authors use of multiple frameworks to investigate EI, stress coping and concern over returning to face-to-face learning.¹ However, we view it as a missed opportunity that the authors did not take an integrated approach to holistically understand the students' stress. For example, by implementing the biopsychosocial model, the authors could have allowed for a more nuanced understanding of the mechanisms underlying both the stress felt by the students, and their self-reported EI.³ This might have informed individualised interventions to safeguard the psychological well-being of students.

A final point to consider is that the sample study contained a disproportionate number of women (77.6%) versus men (22.4%), overlooking potential EI differences by gender.¹ It has been suggested that gender should be considered when interpreting EI scores; in particular the ability to perceive and understand others' emotions, where women consistently achieve higher EI scores.⁴ With women representing over three-quarters of the study sample, findings may reflect gender variance rather than true effects. Therefore, we suggest that the authors could have controlled for confounding factors or ensured greater gender balance.

In conclusion, it is essential to research stress coping abilities and the role of EI in health science students following the Covid-19 pandemic. Whilst the study underscored the importance of this topic, we suggest the authors address the limitations outlined in our letter. This will bolster the validity of their findings and we hope this feedback constructively enhances this timely research examining a critical issue, to continue supporting students as they transition back to in-person education.

Disclosure

The authors report no conflicts of interest in this communication.

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