

Relationship between Emotional Intelligence and Suicidality: A Study of Students in Kenya Medical Training College

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ABSTRACT

The increasing suicide cases among university and college students all over Kenya are alarming. The purpose of this study was to examine the relationship between emotional intelligence and suicidality among students in Kenya Medical Training Colleges. A mixed-method cross-sectional research design was applied. The sample comprised 372 participants aged between 17 and 25 years. Before data collection commenced, the necessary approvals and permits were acquired. This included USIU Institutional Review Board (IRB) approval, research permit from the National Commission of Science, Technology, and Innovation (NACOSTI) and approval from KMTC. Data were collected using a researcher designed socio-demographic questionnaire, an Emotional Intelligence assessment tool with five components/subscales (intrapersonal skills, interpersonal skills, stress management skills, adaptability, and general mood), a suicidality self-rating Screening Scale which assessed suicide ideation, suicide behaviours, and suicide attempts as well as a researcher developed Focus Groups Discussion Guide (FGD). Quantitative data was analyzed using Statistical Package for Social Sciences (SPSS) version 20, whereas the qualitative data was analyzed using content analysis into themes per the study objective. The findings revealed a high level of emotional intelligence (79%); a moderate level of suicidality (28%); and a significant negative correlation between emotional intelligence and suicidality among college students at KMTC (38%) (r) is -0.380 while the significant value P is 0.000. Therefore, it was concluded that college students have a high level of emotional intelligence; that there is a moderate risk of suicidality among college students at KMTC; and that a high level of emotional intelligence is important to prevent suicidality among college students. Consequently, it was suggested that the management of KMTC should strive to reduce the vulnerability to stress and depression among the students through a mental health program in colleges to help students deal with mental related challenges that are on the rise; that there is need for curriculum review to include EI module unit that every medical student should go through during their first years of study to enhance their emotional intelligence. The study further suggested that the KMTC management deal with the situation swiftly to prevent suicide cases in the college by establishing a mental health unit in all campuses to offer counselling services with good referral system to prevent cases of suicide. Finally, further studies on the relationship between emotional intelligence and suicidality should be conducted in other non-medical colleges and universities in Kenya, and further research should be conducted to establish the other factors that influence suicidality among college students.

Keywords: *Emotional Intelligence, Suicidality, Kenya Medical Training College, College Students*

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I. INTRODUCTION

Life in this contemporary world continues to be characterized by disturbance due to growing health-related challenges. This increases stress which has a negative effect on people's life. As a result, people are becoming more emotionally volatile, less self-motivated, and less compassionate. Consequently, the levels of

Emotional Intelligence (EI) continue to decline. Emotional Intelligence (EI) is defined as the ability to recognize and express emotions adaptively towards self and others (Sunaryo, Nirwanto, & Manan, 2017).

Globally, the issue of EI and mental health has been given attention in recent decades. A study done in Spain showed a positive association between older adults' emotional performance and depressive symptomatology, thus finding stronger associations with emotional self-efficacy than with EI abilities (Luque-Reca et al., 2016).

Another study was done in Asia by Khoshakhlagh and Faramarzi (2012) and aimed at evaluating the relationship between EI and mental disorders. The results showed a significant relationship between EI and mental disorders with internet addiction. Similarly, in Israel, a study that looked at EI and psychological distress examined the perceived social support association between the two variables. Thus, 185 undergraduate students completed measures of ability EI, social support, and distress. As predicted, path analyses demonstrated that social support was a significant mediator of the effects of EI on distress. However, there was no clear understanding of EI from a social perspective (Zeidner & Matthew, 2016). These results can help psychologists and counsellors in giving therapeutic services to students with internet addiction. Physiologic and emotional arousal symptoms, feelings of hostility, and aggressive thoughts were the adverse effects of addiction use of the internet (Agbaria, 2020).

In the African context, various studies have been done in various African nations. In South Africa, Lawal, Idemudia & Senteyasi, (2018) conducted an exploratory study on emotional intelligence and mental health among South African University students. This study investigated three hundred first-year students who completed surveys on EI and mental health indicators. On EI dimensions, it centered on self-well-being, self-control, emotionality, and sociability, whereas, on mental health indicators, it looked at somatic symptoms, anxiety, social dysfunction, and depression. The findings revealed that students with high scores on well-being or emotionality (EI) dimensions tended to be higher in social functioning. Likewise, those with high scores in self-control or high sociability (EI) dimensions tended to report fewer somatic and depressive symptoms. Thus, well-being, self-control, emotionality, and sociability dimensions of EI significantly influence the mental health of first-year college students.

Amir and Jese (2016) carried out a survey on the level of Emotional Intelligence among Psychotherapists in northern Uganda using the Emotional Competency Inventory 2.0. The psychotherapists (participants) scored highest in social skills followed by self-awareness. The other domains were social awareness and self-management. Based on the findings they got from the study, the two researchers suggested that EI should be included as an integral component of mental training. Further, they argued that the incorporation of EI intervention techniques would benefit psychotherapists in managing even their own emotions and those of others in their line of duty.

In the Kenyan context, EI in contemporary research has been linked to various facets of academic excellence including students' self-discipline (Ngila & Makewa, 2017). In their study, the two scholars examined the relationship between students' EI and self-discipline in secondary schools. The study was descriptive and comparative in design. The two scholars' observations indicated differences in gender and academic levels and self-discipline. The female students scored highly in EI as compared to their male counterparts. Nevertheless, there were significant differences in levels of EI between the classes attended by the respondents. This was associated with their experiences in secondary school. Further, it was established that EI positively related to students' level of self-discipline.

Okello and Aomo (2018) carried out a study to investigate the relationship between EI and suicidal behaviours among secondary school students in Kitutu Central Sub-County of Kisii County in Kenya. The results indicated that suicidal behaviours in most adolescents was because of perceived teacher/facilitator rejecting behaviours during the teaching and especially when the teachers resorted to name-calling the students. Furthermore, the assumptions by parents and teachers in having close relationships with the learners sometimes contribute to suicidality more so when the students are faced with stressful issues with no one to listen to them. The study recommended that there was need for the ministry of education to redesign the teaching curriculum and include EI training for secondary school students to improve on their EI which could help them to acquire stress management skills (Okello & Aomo, 2018).

PROBLEM STATEMENT

Health care practitioners, as well as medical students, frequently experience the death and suffering of patients while providing health care. The lack of appropriate medical equipment and treatment failures that cause their patients to suffer as well as the fear and anxiety of contracting diseases like COVID 19 can be a source of significant emotional challenge and consequently a source of mental illness especially depression and suicide.

Globally, suicidality continues to pose a challenge and Kenya is not an exception. Numerous suicide cases continue to be reported in the media marking an increase in the last several years. A day rarely goes without hearing of a suicide case. World Health Organization estimates that four Kenyans die by suicide daily

(WHO, 2019). This translates to 1,408 deaths by suicide yearly. A Newspaper article on students' views on suicide in colleges as reported by Kahongeh (2019) on what pushes college students to commit suicide, cited that suicide cases in Kenyan universities were on the increase. Among the causes cited were unreciprocated love, and regrets in the huge investment in time, attention, emotion, money, and effort which left the victim battling with a feeling of multiple losses. This predisposes one partner to vulnerability to depression which may induce suicidal ideations. These factors leading to suicide and or suicidal ideation appear to relate to aspects of EI which entails the ability to carry out accurate reasoning about emotions and the ability to use the emotions and knowledge to enhance thought (Misra& Biswal, 2016). Furthermore, positive emotions influence interpersonal behaviours and promote helpfulness, generosity, and cooperation thus; positive emotions play a critical role in effective adaptation to life's challenges (Schotanus et al, 2016).

The element of capturing individuals' ability to master their emotions and feelings which translate to EI is not fully explored especially in students' suicidal ideation research (Hazra& Dasgupta, 2011). This is especially so with medical students who join the medical training school as laypeople and are expected to navigate a creepy terrain during the process of building their profession throughout training. Stressful events such as attending to the dying, the dead patients, and their relatives typically elicit significant emotional responses. Thus, understanding and managing emotions during clinical experiences and in an assessment-driven climate is an important area of EI and mental wellness.

Besides, other pressures during the training may emanate from individuals' social lives and relations. Exposure to stress has generally been associated with a wide range of negative outcomes. Among them is decreased well-being and increased incidence of psychological disorders such as generalized anxiety disorder, posttraumatic stress disorder, major depressive disorder, suicidal ideation, and suicide (Ruzhenkova *et al*, 2018). Accordingly, emotional regulation capacity has been proposed as a mediator of stress adjustment (Finlay-Jones, Rees, & Kane, 2015).

There are studies on the connection between EI and academic achievement (Fallahzadeh, 2011; Suleman et al., 2019; Sánchez-Álvarez et al., 2020), but there is a lack of research concerning how EI connects with suicidality. While research in this area is critical, scanty research on college students on mental conditions exists. In Kenya, for instance, a study to determine the effectiveness of psycho-education on symptom severity of depression, hopelessness, suicidality, anxiety, and risk of substance abuse by Muriungi and Ndeti (2013), reported that Psycho-education was effective in reducing the severity of symptoms of depression. However, the study did not investigate areas touching on EI and how it relates to suicidal behaviours. Even with many suicide cases being reported in Kenya and especially among university and college-going youth, there are no studies that focus on medical students, EI, and suicidality hence a gap in the literature. Specifically, this study aims to bridge the gap by examining the influence of EI on suicidality for purposes of knowledge and intervention.

OBJECTIVE OF THE STUDY

To establish the relationship between emotional intelligence and suicidality among students in Kenya Medical Training Colleges.

II. LITERATURE REVIEW

THEORETICAL FRAMEWORK

The study was guided by the Trait Emotional Intelligence Theory; the Bar-On model of EI; and the Goleman model of EI.

Trait Emotional Intelligence Theory

The trait-approach model uses self-report measurement tools like the Bar-On Emotional Quotient Inventory (EQ-i) to assess the components of EI. The original version of the EQ-i comprises 133 items, that is, short sentences, and uses a 5-point response scale that comprises a textual response format that ranges from "very seldom or not true of me" (1) to "very often true of me or true of me" (5). It is appropriate for people aged 17 years and above and it takes approximately 40 minutes to undertake the test. Bar-On (1997) argued that emotionally intelligent people are normally, flexible, optimistic, effective in solving problems, realistic, and coping with stress, without losing their control.

In comparison to other approaches, trait EI theory provides various advantages (Robinson & Clone, 2002). It emphasizes the subjective aspect of emotional experiences. Second, it is not bound to any specific proprietary tests, but rather is universal and provides a platform for the analysis of data from any EI or related components questionnaire. Furthermore, rather than being limited to one idiosyncratic model, it is easily adaptable to cognate domains such as social intelligence. In addition, the Trait EI theory has widespread empirical backing and findings that have been reliably replicated in multiple investigations that are theoretically driven, methodologically advanced, and conducted independently conducted (Robinson & Clone 2002). In the contrast, critics claim that it is impossible to get competent assessments regarding a typically developed

individual's intrapersonal emotional capacities when that person is the only one with immediate access to the information required to make such a judgment. Moreover, while a person can perform well on assessments of a particular feature, he may not necessarily behave in that manner in every setting. A trait is a consistent feature that makes people behave in a certain way. According to the characteristic hypothesis, individual personalities are made up of these basic inclinations (Fajkowska&Kreitler, 2018).

In this study, the Big Five Trait theory was the most preferred. The approach considers the impact of emotional expressions and interpersonal relationships. Each unique trait is appraised individually and its impact on interpersonal relationships and mental wellness are evaluated. Eysenck and Eysenck (2013) found that Neuroticism (emotional instability), a trait in the Big five trait model, which is the tendency to experience negative emotions, such as anger, anxiety, or depression is a major factor of "personality pathology". Individuals who are high in this trait tend to experience a lot of stress, worry about many different things, get upset easily, experience dramatic shifts in mood, feel anxious, struggle to bounce back after stressful events. Hence, the Big Five theory considers the ways emotions influence an individual's relations, mental health, and suicidality. Thus, the current study concerned itself with traits that affect emotions, relationships, stress management skills and general mental wellness of medical students in KMTC.

Bar-On Model of Emotional Intelligence

Bar-On's (2006) model as a trait model of EI assesses the EI using five components: namely, stress management, intrapersonal skills, adaptability, general mood, and interpersonal skills comprise the relationship management whereas intrapersonal skills focus on personal concentration and contribution, and the capacity to organize and conduct independent initiatives. Stress management skills entail the ability to remain cool, use good coping mechanisms, and create stronger support systems. Adaptability skills comprise strong skills for solving problems, flexibility, and the capacity to reframe problems as well as solutions. Lastly, General Mood is an indicator of resilience and optimism.

To assess the Bar-On model of emotional-social intelligence, the Emotional Quotient Inventory 2.0 (EQ-i 2.0) and the EQ-360 were created. The EQ-i 2.0 is a self-report tool meant to assess numerous EI characteristics. Furthermore, the EQ 360 assessment gives a more in-depth study by requesting information from people who deal with the person being rated. When the observer's scores are compared to EQ-i 2.0 self-report scores, a more complete profile emerges. Both measurements use a single total score, five composite scores, and 15 specific subscales to assess EI. This model informs students' self-awareness and expression, social awareness and interpersonal relationship, emotional management and regulation, change management and self-motivation. Consequently, it informed the level of EI among students in KMTC.

Goleman's model of Emotional Intelligence

Goleman's (1995) model is a competence model of EI. Goleman brought to light the term EI in his book in which he noted that EI entails five essential elements which are: motivating oneself, being aware of personal emotions; managing emotions; handling relationships, and recognizing other's emotions, and Later, Goleman (2001) refined this model and developed a four dimensions competency model Each of these four dimensions serves as the foundation for the development of other learned abilities or competencies required in the organizational sphere. According to Goleman, (2001) and Boyatzis et al., (2000) four dimensions are further grouped into 20 competencies which are: self-management., self-awareness; social awareness; and relationship management.

EMPIRICAL REVIEW

The relationship Between EI and Suicidality among College Students

Quintana-Orts, *et al* (2020) explored the role of cognitive emotion regulation strategies in adolescents in untangling the emotional intelligence – suicidal ideation connection. The study employed both prospective research design and cross-sectional research design with Spanish adolescents in high school students. The study comprised of two different studies where two samples were used. In study one, the sample comprised 1824 students, 52.4 percent of whom were female. On the other hand, in study two, the sample comprised 2,796 students, 54.4 percent of whom were female who filled out the measures four months later. The findings revealed that there is a negative correlation between emotional intelligence and suicidal ideation, but a positive correlation between emotional intelligence and adaptive cognition. This implies that cognitive-emotional regulation strategies are essential among adolescents as they prevent suicidality. This study was conducted among high school students in Spain while the current study was carried out among college students in Kenya. As such, there is a difference in the age of the respondents in both studies; hence, differ both in content and concept.

Rahgozar, Motahari, and Zolali (2011) study assessed key components of EI among normal subjects and those with suicide trial records. Participants were sampled through convenience sampling techniques with 30 subjects as well as 30 subjects with a suicide trial record. Bar-On Questionnaire was used to collect data from

participants. Data were analysed through a univariate t-test. The results showed normal people performed significantly better in problem solving, happiness, independence, stress tolerance, self-actualization, reality testing, interpersonal relationship, optimism, self-regard, impulse control, flexibility, and social responsibility. This is in comparison to their suicidal counterparts who performed poorly in the items mentioned. The study concluded that subjects with suicide trial records had less EI and control which call for this cohort to undergo a rehabilitation program.

This study differs from the current study in that the researcher employed convenience sampling techniques to establish the sample for the study, while the current study adopted stratified random sampling. The convenience sampling methods are vulnerable to biases which make it inaccurate to generalise the findings to the entire population. This implies that the findings may not necessarily represent the reality outside the sampled participants. In addition, this study was conducted in Iran while the current study was carried out in Kenya. It was, thus, important to conduct the current study to assess the correlation between emotional intelligence and suicidality among KMTC students.

Hazra and Dasgupta (2011) conducted a study from different colleges to examine the link between EI and suicidal attempts among undergraduate college students in Kolkota, India. The study was carried out among a sample of 200 students, 100 of whom were male and 100 females. The researcher applied a cross-sectional research design. To establish the sample for the study, the researcher employed the purposive sampling method. Data collection was done using the Emotional Intelligence Test, a tool that helped to measure the participant's emotional maturity, emotional sensitivity, and emotional competency. On the other hand, the researcher used the Adult Suicidal Ideation Questionnaire to measure the participant's suicidality.

Their finding revealed that students with less EI have more suicidal ideation. Thus, future research is needed to enhance students' EI, which can result in better stress coping skills. One of the implications of these findings is that computing curricula might need to be redesigned to include EI training, which is a learnable skill. The current study differed from this study in that, while this study was carried out in India, the current study was carried out in Kenya. Besides, this study used the purposive sampling method to establish the sample for the study while the current study used a stratified random sampling method. This sampling method has various disadvantages. For instance, it is vulnerable to the error of judgment by the researchers; has a low level of reliability; has higher chances of biases; hence, the findings may not accurately be generalized to the whole population. It was, therefore justified to carry out the current study among the KMTC students in Kenya.

Paradiso et al (2016) conducted a study in the U.S.A on Veteran deployment and when returning home. According to research in healthy and clinical samples, poor emotional skills were associated with suicidal thinking among returning Veterans. Their study examined veterans between 2003 and 2006. It comprised 185 participants who at the time of examination with the Beck Depression Inventory did or did not endorse suicidal ideation then or during the last two weeks and received performance-based measures of emotional competence theory of mind. The Collection of data was done using various tools. The first tool was the Beck Depression Inventory, which was used to assess the participant's suicidal thoughts. The second tool was the Mayer-Salovey-Caruso emotional intelligence test which was used to assess the participant's emotional competence. The third tool was a psychiatrist (VR) who administered the Structured Clinical Interview that was used to perform the participants psychiatrically and cognitively.

The findings revealed that the Veterans in support of suicidal thoughts showed poorer emotional processing. Besides, Veterans who supported thoughts of suicide were deployed at a younger age. They also had lower education and tended to report more negative experiences in social interactions upon returning to the USA. This study was carried out in the United States of America among veteran soldiers who had head injuries during the war, while the current study targeted the medical students from the KMTC in Kenya. Therefore, the studies differed in that the targeted population differed hence the findings cannot be generalized. It was thus, important to conduct the current study.

Sahu and Dasgupta (2015) researched the relationship that exists between emotional intelligence and suicidal ideation among undergraduate students in India. The researcher employed a cross-sectional research design. The study was conducted among 200 undergraduate students, who were 100 male and 100 female. The researcher adopted Emotional Intelligence Test to measure EI by assessing emotional maturity, emotional sensitivity, and emotional competency. The Adult Suicidal Ideation Questionnaire assesses the suicidal ideation level of the participants. The findings revealed that there is a negative but significant correlation between emotional intelligence and suicidal ideation ($r = 0.295$; $p = < 0.01$). This implies that the students who have less EI have more suicidal ideation while those with high E have less suicidal ideation. This study differs from the current study in that it was conducted in India while the current study was conducted in Kenya. In addition, this study employed a cross-sectional research design while the current study employed a mixed-method cross-sectional study design.

Mishra, Yadav, Moudgil, and Kumar (2010) studied the relationship between EI, impulsivity, and suicidal ideation among college students in Haryana, India. The study was conducted among 246 graduate students, where 124 female and 122 were male aged between 19 and 24 years. The researchers used Emotional

Intelligence Scale, Adult Suicidal Ideation Questionnaire, and Neuroticism subscale of NEOPI-R to measure the EI and suicidality of the participants. The analysis of data was done using correlation, descriptive statistics, regression, and t-test regression analysis. The results revealed that there is a negative and significant correlation between emotional intelligence and suicidal ideations. This study was conducted among college students in India while the current study was conducted among college students in Kenya; hence, different.

III. RESEARCH METHODOLOGY

This was a mixed-method cross-sectional study research design. The correlational research design was applied in assessing the association between EI and Suicidality. On the other hand, descriptive research design was employed in describing the situation among the population of the study. This helped to analyse both quantitative and qualitative data. The targeted population was 5,215 diploma students in KMTC Nairobi and Mathare campuses, aged between 17 and 25 years. The sample size of the study was 372 participants. An approval was sought from the Institutional Review Board (IRB) since this research was a partial fulfilment of a doctoral degree. Further, the necessary approvals and permits were acquired from the National Research Coordination body and the institution where the data was collected from. A researcher-designed socio-demographic questionnaire, an Emotional Intelligence assessment tool, a Suicidality assessment tool, and a focus group discussion guide were employed in collecting data. The SPSS version 20 for windows was used in data analysis by applying descriptive and inferential statistics.

IV. FINDINGS

The findings of level of emotional intelligence among students in Kenya Medical and Training College based on the student's interpersonal skills, intrapersonal skills, stress management, adaptability, and general mood are presented in Table 1 below.

Table 1: Descriptive Cumulative (Overall) statistics for Emotional Intelligence

Dimensions	Average Scores	Lowest score	Highest	Level of EI (Interpretation)
Intrapersonal	41.9	11	55	High
Interpersonal	28.3	7	35	High
Stress Management	30.8	8	40	High
Adaptability	23.9	6	30	High
General Mood	25.3	6	30	High
TOTAL	150.2	38	190	High

The overall average scores were 150.2 which falls under the high level of EI based on the criteria for measuring EI. The implication is that the students at Kenya Medical and Training College have a high level of emotional intelligence. To supplement the findings, the researcher utilized qualitative method of data collection. The findings of the FGD revealed that (80.3%) 15 out of the 18 participants were of the opinion that their level of emotional intelligence reflected their personality.

The findings of level of suicidality among students in Kenya Medical and Training College based on suicidal ideation, suicidal behaviour and suicidal attempt are presented in Table 2 below.

Table 2: Level of Suicidality

Dimensions	Average Scores	Lowest Score	Highest Score	Level of Suicidality (Interpretation)
Suicide ideation	7.8	5	25	Moderate
Suicide behaviour	7.1	5	25	Moderate
Suicide attempt	3.6	3	15	Low
TOTAL	6.2	13	65	Moderate

The results show that the average levels of suicidality for the participants were moderate for both suicide ideation and suicide behaviour, but low for a suicide attempt. This implies that moderate number of students have suicide ideas and behaviours, but only a few who have actually attempted to commit suicide. However, cumulative average levels of suicidality are moderate.

A correlation analysis between emotional intelligence and suicidality among the students in Kenya Medical and training College was conducted. The findings are presented in Table 3 below.

Table 3: Correlation Matrix for Emotional Intelligence and Suicidality

		Suicidality	Emotional Intelligence
Suicidality	Pearson Correlation	1	-.380**
	Sig. (2-tailed)		.000
	N	257	257
Emotional Intelligence	Pearson Correlation	-.380**	1
	Sig. (2-tailed)	.000	
	N	257	257

** . Correlation is significant at the 0.01 level (2-tailed).

As shown in Table 3, the findings of correlation analysis show that there is a negative correlation between EI and suicidality. The correlation has a Pearson correlation (r) = -0.380 and the p-value = 0.000. The Pearson's correlation (r) = -0.380 means there is a negative correlation between EI and suicidality. On the other hand, the p-value of 0.000 implies that the correlation is statistically significant since it is less than the 0.01 significant level. Therefore, the findings show there is a significant negative correlation between EI and suicidality among the student in KMTC. Therefore, there is sufficient evidence to reject the null hypothesis that there is no statistically significant relationship between EI and suicidality among students at KMTC and accept the alternative hypothesis that there is a statistically significant relationship between EI and suicidality among students at KMTC.

V. CONCLUSION AND RECOMMENDATIONS

The study concluded that a high level of emotional intelligence is important in the prevention of suicidality among college students. Therefore, emotional intelligence is, in fact, a suicide preventive factor that must be considered when establishing suicide prevention programs among Kenya Medical Training Colleges. It is, thus, recommended that the policymakers in the ministry of health establish a policy that will ensure that medical students have a high level of emotional intelligence so that the cases of suicides that have increased across the country among college students can be prevented. Further, the policymaker should consider making it compulsory that all medical training colleges in Kenya introduce a module unit on emotional intelligence that all medical professionals should pursue to enhance emotional competencies. Further research should be conducted to establish what other factors influence suicidality among college students.

REFERENCES

- [1]. Agbaria, Q. (2020). Internet addiction and aggression: The mediating roles of self-control and positive affect. *International Journal of Mental Health and Addiction*. <https://doi.org/10.1007/s11469-019-00220-z>
- [2]. Amir, K., & Jesse, M. J. (2016). A study on emotional intelligence among psychotherapists in Northern Uganda. *International Journal of Academic Research in Psychology*, 3 (2), 9-19.
- [3]. Bailey, E., Robinson, J., & McGorry, P. (2018). Depression and suicide among medical practitioners in Australia. *Internal Medical Journal*, 48(2018), 254-258.
- [4]. Bar-On, R. (2006). The Bar-On Model of Emotional-Social Intelligence (ESI). *Issues in Emotional Intelligence*, 1-28.
- [5]. Bar-On, R. (2005). The Bar-On model of emotional-social intelligence (ESI) [Electronic version]. In P. Fernandez-Berrocal & N. Extremera (Eds.), *Special issue on emotional intelligence*. *Psicothema*, 18, 13–25
- [6]. Cherniss, C. & Goleman, D. (2001). *The emotionally intelligent workplace: How to select, measure and improve emotional intelligence in individuals, groups, and organizations*. San Francisco, CA: Jossey-Bass.
- [7]. Fallahzadeh, H. (2011). The Relationship between Emotional Intelligence and Academic Achievement in medical science students in Iran. *Procedia - Social and Behavioral Sciences*, 30, 1461-1466, <https://doi.org/10.1016/j.sbspro.2011.10.283>.
- [8]. Finlay-Jones, A. L., Rees, C. R., & Kane, R. T. (2015). Self-compassion, emotion regulation and stress among Australian psychologists: Testing an emotion regulation model of self-compassion using structural equation modeling. *Plos ONE*, 10(7), 1-19
- [9]. Hazra, S., & Dasgupta, S. (2011). Does students' emotional intelligence play role in their suicidal ideation. *Indian Journal of Community Psychology*, 7(1), 190-197.

- [10]. Kahongeh, J. (2019, May 29). *What pushes college students to commit suicide?* Retrieved ON 10th March 2020 from <https://www.nation.co.ke/news/What-pushes-college-students-to-suicide---/1056-5047242-sdm96rz/index.htm>
- [11]. Khoshakhlagh, H., & Faramarzi, S. (2012). The relationship of emotional intelligence and mental disorders with internet addiction in internet user's university students. *Addiction & Health*, 4(3-4), 133.
- [12]. Lawal, A. M., Idemudia, E. S., & Senyatsi, T. (2018). Emotional intelligence and mental health: An exploratory study with South African university students. *Journal of Psychology in Africa*, 28(6), 492–497.
- [13]. Luque-Reca, O., Augusto-Landa, J. M., & Pulido-Martos, M. (2016). Emotional intelligence and depressive symptoms in Spanish institutionalized elders: Does emotional self-efficacy act as a mediator? *PeerJ*, 4, 1-19.
- [14]. Mérida-López, S., Extremera, N., Quintana-Orts, C., & Rey, L. (2019). Does emotional intelligence matter in tough times? A moderated mediation model for explaining health and suicide risk amongst short-and long-term unemployed adults. *Journal of Clinical Medicine*, 8(6), 1-14.
- [15]. Mishra, N., Yadav, S., Moudgil, V. K., and Kumar, U. (2010). Emotional Intelligence, Impulsivity and Suicidal Ideation of College Students. *Indian Journal of Clinical Psychology*, 1-13.
- [16]. Misra, S. & Biswal, S. (2016). Emotional intelligence – a tool for the development of adolescence. *IOSR Journal of Humanities and Social Science*, 21(1), 25-27.
- [17]. Muriungi, S. K., & Ndeti, D. M. (2013). Effectiveness of psycho-education on depression, hopelessness, suicidality, anxiety, and substance use among basic diploma students at Kenya Medical Training College. *South African Journal of Psychiatry*, 19(2), 41-50.
- [18]. Ngila, W. M., & Makewa, L. N. (2017). Student Emotional Intelligence and Self-Discipline in Secondary Schools in Kenya. *Journal of Research Innovation and Implications in Education*, 1(3), 82-95.
- [19]. Okello, L. M. & Aomo, J. A. (2018). Relationship between emotional intelligence and suicidal behaviour among secondary school students in Kitutu Central Sub-County, Kisii County, Kenya. *International Journal of Educational Policy Research and Review*, 5(7), 109-116.
- [20]. Paradiso, S., Beadle, J. N., Raymont, V., & Grafman, J. (2016). Suicidal thoughts and emotional competence. *Journal of clinical and experimental neuropsychology*, 38(8), 887-899.
- [21]. Rahgozar, S., Motahari, A. A., & Zolali, A. (2011). Assessing Bar-On's emotional intelligence components among normal subjects and those of having suicide trial records. *Indian Journal of Science and Technology*, 4(10), 1391-1395.
- [22]. Ruzhenkova, V., Khamaskaya, I. S. & Ruzhenkov, V. (2018). Academic stress and its effect on medical students' mental health status. *Drug Intervention*, 7(10), 1171-1174.
- [23]. Sahu S. and Dasgupta, S. (2015). Does Student's Emotional Intelligence Play a Role in their Suicidal Ideation? *Indian Journal of Community Psychology*, 7(1), 190-197.
- [24]. Sánchez-Álvarez, N., Martos, M.P.B., and Extremera, N. (2020). A Meta-Analysis of the Relationship Between Emotional Intelligence and Academic Performance in Secondary Education: A Multi-Stream Comparison. *Systematic Review*, 11, 1-11, DOI: 10.3389/fpsyg.2020.01517.
- [25]. Schotanus-Dijkstra, M., Pieterse, M. E., Drossaert, C. H. C., Westerhof, G. J., Graaf, R. Have, M., Walburg, J. A. & Bohlmeijer, E. T. (2016). What factors are associated with flourishing? Results from a large representative national sample. *Journal of Happiness Studies*, 17(1), 1351-1370.
- [26]. Suleman, Q., Hussain, I., Syed, M.A., Parveen, R., Lodhi, IS., and Mahmood, Z. (2019). Association between emotional intelligence and academic success among undergraduates: A cross-sectional study in KUST, Pakistan. *PLoS ONE*, 14(7), 1-12 <https://doi.org/10.1371/journal.pone.0217111>.
- [27]. Sunaryo, H., Nirwanto, N., & Manan, A. (2017). The effect of emotional and spiritual intelligence on nurses' burnout and caring behavior. *International Journal of Academic Research in Business and Social Sciences*, 7(12), 1211-1227.
- [28]. WHO (2014). *Preventing Suicide: A Global Imperative*. Geneva: World Health Organization.
- [29]. WHO. (2020, January 31). *Mental Health Gap Action Programme (mhGAP)*. Retrieved on 14th February 2021 from <https://www.who.int/mentalhealth/mhgap/en/>
- [30]. Wills-Jackson, C. (2019). A historical perspective of the field of emotional and behavioral disorders: A review of the literature. *International Journal of Psychology and Counselling*, 11(8), 81-85.
- [31]. WHO (2016). *Suicide data*. Retrieved on 4th February 2021 from <http://www.who.int/mentalhealth/prevention/suicide/suicide-prevent/en/youth>.
- [32]. Zeidner, M., & Matthews, G. (2016). Ability emotional intelligence and mental health: Social support as a mediator. *Personality and individual differences*, 99, 196-199.

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