





Emotional intelligence related to expressions of gender violence in medical students**Inteligencia emocional relacionada con expresiones de violencia de género en estudiantes de Medicina****Inteligência emocional relacionada às expressões de violência de gênero em estudantes de Medicina**

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ABSTRACT

Introduction: behaviors that reflect a lack of empathy, difficulties in accepting others and themselves, lack of communication skills, poor relationships due to discriminatory behaviors, and problems accepting gender differences and sexual diversity have been observed in medical students at the Facultad de Ciencias Médicas No. 2 in Santiago de Cuba. **Objective:** to describe the deficiencies in the emotional intelligence of these students related to expressions of gender violence at the aforementioned faculty of the Universidad de Ciencias Médicas de Santiago de Cuba. **Method:** a descriptive cross-sectional study carried out between September 2024 and March 2025. The universe consisted of 1,516 students; the sample was selected through random probability sampling, comprising 306 subjects. Socio-emotional competencies, knowledge about gender violence, and attitudes towards it were analyzed through the application of a structured interview, an observation guide, and documentary analysis. **Results:** the variables socioemotional

competencies and attitudes toward gender-based violence were diagnosed as Affected, while the variable knowledge about gender-based violence was Frequently Affected. **Conclusions:** medical students at Facultad de Ciencias Médicas No. 2 who show the greatest deficiencies in the development of their emotional intelligence are more likely to engage in impulsive and discriminatory behaviors associated with gender-based violence. The main gaps identified in emotional intelligence are related to self-control problems and emotional immaturity.

Keywords: emotional intelligence; gender violence; medical students; universities; discriminatory behavior

RESUMEN

Introducción: se han observado comportamientos que reflejan falta de empatía, dificultades para aceptar a los demás y a sí mismos, carencias de habilidades comunicativas, deficientes relaciones por conductas discriminatorias y problemas para aceptar las diferencias de género y la diversidad sexual en los estudiantes de Medicina de la Facultad de Ciencias Médicas No.2 de Santiago de Cuba.

Objetivo: describir las insuficiencias en la inteligencia emocional de estos estudiantes relacionado con las expresiones de violencia de género en la facultad antes mencionada de la Universidad de Ciencias Médicas de Santiago de Cuba.

Método: estudio descriptivo de corte transversal desarrollado entre septiembre de 2024 y marzo de 2025. El universo estuvo constituido por 1516 estudiantes, la muestra fue seleccionada a través del muestreo probabilístico aleatorio, comprendió 306 sujetos. Fueron analizadas las competencias socioemocionales, los conocimientos sobre violencia de género y las actitudes hacia esta última, a través de la aplicación de una entrevista estructurada, una guía de observación y un análisis documental.

Resultados: las variables competencias socioemocionales y actitudes hacia la violencia de género se diagnosticaron como Afectada, mientras que la variable conocimientos sobre violencia de género resultó Frecuentemente afectada.

Conclusiones: los estudiantes de Medicina de la Facultad de Ciencias Médicas No.2 que mayores insuficiencias muestran en el desarrollo de su inteligencia emocional presentan mayor propensión a reproducir comportamientos impulsivos y discriminatorios, asociados a la violencia de género. Las principales brechas identificadas en la inteligencia emocional se relacionan con problemas de autocontrol e inmadurez emocional.

Palabras clave: inteligencia emocional; violencia de género; estudiantes de Medicina; universidades; conductas discriminatorias

RESUMO

Introdução: comportamentos que refletem falta de empatia, dificuldades em aceitar os outros e a si mesmos, falta de habilidades de comunicação, relacionamentos precários devido a comportamentos discriminatórios e problemas de aceitação das diferenças de gênero e da diversidade sexual foram observados em estudantes de medicina da Facultad de Ciencias Médicas Nº 2 de Santiago de Cuba.

Objetivo: descrever as deficiências na inteligência emocional desses estudantes relacionadas às expressões de violência de gênero na referida facultade da Universidad de Ciencias Médicas de Santiago de Cuba.

Método: estudo transversal descritivo realizado entre setembro de 2024 e março de 2025. O universo foi composto por 1.516 estudantes; a amostra foi selecionada por amostragem probabilística aleatória, compreendendo 306 sujeitos. As competências socioemocionais, o conhecimento sobre violência de gênero e as atitudes em relação a ela foram analisados por meio da aplicação de uma entrevista estruturada, um guia de observação e análise documental.

Resultados: as variáveis competências socioemocionais e atitudes em relação à violência de gênero foram diagnosticadas como Afetada, enquanto a variável conhecimento sobre violência de gênero foi diagnosticada como Frecuentemente Afetada.

Conclusões: estudantes de medicina da Facultad de Ciencias Médicas Nº 2 que apresentam as maiores deficiências no desenvolvimento da inteligência emocional são mais propensos a se envolver em comportamentos impulsivos e discriminatórios associados à violência de gênero. As principais lacunas identificadas na inteligência emocional estão relacionadas a problemas de autocontrole e imaturidade emocional.

Palavras-chave: inteligência emocional; violência de gênero; estudantes de medicina; universidades; comportamento discriminatório

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INTRODUCTION

One of the greatest challenges facing contemporary education is incorporating the emotional intelligence approach into its various processes. Currently, there is an undeniable need to train students not only in cognitive and academic aspects, but also in their emotionality. This would achieve a more comprehensive socio-personal development of the student.

For university students in particular, this educational perspective provides essential tools to behave successfully in their educational process. Developing stress-coping skills, learning to manage failure, adapting to emerging changes, and preventing risky behaviors are some of the advantages associated with emotional intelligence in the academic field. Among the authors who have addressed this topic are Salovey and Mayer (1990), Goleman (1995), Bar-On (1997), Bisquerra (2000, 2005, 2010), and Fernández-Berrocal and Extremera (2001, 2006).⁽¹⁾

Among the aforementioned authors, Goleman's concept of emotional intelligence stands out, defining it as the ability to recognize one's own and others' feelings and emotions, to motivate oneself, and to appropriately manage interpersonal relationships through affective regulation⁽¹⁾.

Based on this concept, several problems can be listed for which emotional intelligence constitutes a potential solution. For example, health problems such as stress, anxiety, depression, substance abuse, and eating disorders, among others, could be cited. In the social sphere, bullying, interpersonal conflicts, social inequalities, and gender violence could be addressed. The latter represents a topic widely addressed in current research, as it is considered not only a social phenomenon but also a violation of human rights and a serious global public health problem.^(2,3)

The World Health Organization reveals that 35% of women have been victims of physical or sexual violence at some point. It also highlights that gender-based violence is a global pandemic and that approximately 38% of femicides are caused by domestic violence.^(4,5)

However, women are not the only ones affected; gender-based violence also occurs against men, an expression that is even more disguised and uncritically incorporated into society as normal ways of relating. Since 1975, North American research has reported that men could represent 50% of the victims of domestic violence. In more recent years, it has been noted that violence against men represents a considerable public health problem in Latin American countries such as Colombia, where young adults are most affected (88%)⁽⁶⁾.

In addition to the potential social and health consequences for individuals, violence also entails economic costs that, although difficult to accurately define, are undoubtedly significant, given that victims tend to suffer more illnesses, require more medical care, and seek medical services more frequently^(2,3).

Despite the relevance of the above postulates, especially for the health sector, it is striking that medical education still lacks teaching elements specifically aimed at intentionally stimulating the development of emotional intelligence in students. Educational strategies prioritize medical and social content to the detriment of content aimed at the personal dimension, thus undermining a comprehensive education that addresses students' needs that are negative and emotionally complex, as evidenced in their behavior⁽⁷⁾.

Added to this shortcoming is the fact that the Student Guidance Unit of the Faculty of Medical Sciences No. 2 in Santiago de Cuba routinely receives students with academic and personal problems. In many cases, behaviors are diagnosed that reflect a lack of empathy, difficulties accepting others and themselves, poor communication skills, poor relationships in student residences due to discriminatory behavior, and problems accepting gender differences and sexual diversity.

Whereas, the aforementioned manifestations lead to the scientific question of the deficiencies in the emotional intelligence of medical students related to expressions of gender-based violence at the Faculty of Medical Sciences No. 2. The objective of the study was to describe the deficiencies in the emotional intelligence of medical students related to expressions of gender-based violence at the Faculty of Medical Sciences No. 2, of the Medical Sciences University of Santiago de Cuba, Cuba.

METHOD

A descriptive, cross-sectional study was conducted from September 2024 to March 2025. This study was derived from the research project "Educational Strategy for the Development of Emotional Intelligence in Medical Students," code: NA1086-03SC-011; evaluated and approved by the Scientific Council of the University of Medical Sciences of Santiago de Cuba, the Health Research Ethics Committee, and the Cuban Territorial Delegation of Science, Technology, and Environment (CITMA).

The sample consisted of 1,516 students ($N=1,516$), enrolled from the first to fifth academic years of the Medicine program. Given the complex dynamics that characterize the teaching processes in the sixth year, the administration of the Faculty of Medical Sciences No. 2 requested that this not be considered within the research universe. The sample was 306 students ($n=306$), selected through random probability sampling and calculated using the Epidat statistical program, taking into account the following indicators: confidence level: 95% ($Z \approx 1.96$), margin of error: 5% ($E \approx 0.05$), estimated proportion: $p=0.5$.

The variables studied were operationalized according to Table 1:

- a) Socio-emotional competencies: the individual's skills and resources to identify, express, and regulate their own and others' emotions in interpersonal relationships
- b) Knowledge about gender-based violence: the individuals' knowledge, ideas, and reflections regarding gender-based violence

- c) Attitudes toward gender-based violence: the individual's personal position regarding gender-based violence, which reflects, to some extent, their agreement or disagreement with the expressions of this phenomenon and what it means for them

Table 1: Operationalization of the variables

| Diagnosis | Score | Interview | Observation | Document analysis |
|---------------------|-------|---------------------------------------|-------------------------------------|------------------------------------|
| Highly affected | 5 | Negative criteria in more than 80% | If not observed in more than 80% | If not present in more than 80% |
| Frequently affected | 4 | Negative criteria between 79% and 60% | If not observed between 79% and 60% | If not present between 79% and 60% |
| Affected | 3 | Negative criteria between 59% and 40% | If not observed between 59% and 40% | If not present between 59% and 40% |
| Mildly affected | 2 | Negative criteria between 39% and 20% | If not observed between 39% and 20% | If not present between 39% and 20% |
| Not affected | 1 | Negative criteria in less than 19% | If not observed in less than 19% | If not present in less than 19% |

The empirical and scientific methods used include structured interviews, observation, documentary analysis, and methodological triangulation.

Interview Application For the implementation of the structured interview, the group interview method was chosen. This proved very useful in interviewing a large number of subjects in a shorter time, given the considerable size of the selected sample. Furthermore, this method allows for obtaining reliable information on group dynamics and collective opinions on the phenomenon under study. The groups were formed by requiring students from the same academic year and a maximum of 20 participants in each group.

During the group interviews, various facilitation and participation techniques were used. Brainstorming was employed, which allowed for obtaining a generalized and well-formed opinion from the group regarding certain information requested by the researchers.

On the other hand, in questions with dichotomous response options, such as:

- ✓ Is it easy for you to reconcile with someone with whom you have had a disagreement or argument?
- ✓ When you feel attracted to someone, do you find it easy to express it, or do you prefer to remain silent?
- ✓ Do you think that in certain life situations, acting violently toward another person is justified?

The "Raise your hand who..." technique was used. For example, when the possible answers were yes or not, the following questions were asked: raise your hand if you think yes, and then raise your hand if you think no. Then, some individuals who wanted to justify their choices would explain their answers.

Finally, in questions whose answers required more elaboration, where it was important to listen to the individual, such as:

- ✓ How do you usually feel in a situation of conflict or stress?
- ✓ Describe a situation in which you would find it difficult to adequately express or manage your emotions.
- ✓ What would your reaction be if you witnessed a very intense argument between a couple or friends?
- ✓ How would you describe a woman with a beautiful physical appearance? And a man?

The individual narrative technique was chosen, where anyone who wished to participate and contribute their opinion based on their personal experience did so in a disciplined and organized manner when given the floor. It is important to remember that from the outset, all subjects were informed of the research objective and that their consent to participate in the study and to use the data provided for strictly scientific purposes was obtained.

Application of the observation guide

The non-participant observation methodology was adopted, as the researchers observed the medical students from an external perspective, without intervening in the spontaneous dynamics of their activities, so that the information collected would describe as accurately and objectively as possible the natural manifestations that usually characterize the phenomenon studied. Efforts were made to avoid inducing or conditioning responses; the dynamic was intended to encourage spontaneity and active, voluntary participation in the process. Furthermore, the open-direct observation method was used. During the study, the researchers formally introduced themselves to the sample subjects and explained the intended objective.

The following were taken into account:

- a) The students' extraverbal language
- b) Reaction time to the most sensitive questions, such as those related to sexual orientations and different gender identities
- c) The quality of the content of the responses offered according to the topic addressed by each question
- d) The presence of behavioral patterns that reflected some type of discrimination, impulsivity, or stereotypical judgment regarding gender
- e) The relationship of these behavioral patterns to specific situations
- f) The characteristics of interpersonal relationships among the study subjects
- g) The reflection of the degree of empathy toward other people
- h) The expression and regulation of emotions during the study process
- i) The students' communication skills
- j) The students' attitudes toward researchers and the study

The main settings and moments observed during the research were the classrooms where classes are held daily and during the group interviews.

Document Analysis

To review the topic, updated scientific materials and articles indexed in nationally and internationally recognized databases such as Infomed, Scopus, Redalyc, and SciELO were consulted.

The ethical principles of scientific research were respected throughout the research: respect for the research subjects, beneficence, nonmaleficence, and justice. Furthermore, the study's objective was disclosed, and informed consent was requested from each participant to ensure the privacy and confidentiality of the information provided.

RESULTS

Interview:

Socio-emotional Competencies

Diagnosis: Affected (3).

Forty-four percent (44%) of the students admitted to having difficulty expressing their emotions in certain circumstances, particularly when they are attracted to someone or when they have to apologize for making a mistake. This same result was reflected in the identification and description of others' emotions in similar situations. Likewise, 55% acknowledged having difficulty controlling negative emotions in moments of high tension or during an argument, which made them prone to reproducing certain patterns of violence. All of these are signs of emotional immaturity.

Knowledge about gender-based violence

Diagnosis: Frequently affected (4)

It was found that 75% were unaware of or denied some essential characteristics of this phenomenon in relation to its concept, different types of violence, settings where it occurs (e.g., social media), individual characteristics that can make a person a potential victim [e.g., being a child or an older adult], among others. The types of physical and psychological violence were easily identified; however, very few mentioned economic, property, and symbolic violence, and no students mentioned types such as vicarious violence, homophobia, and trans-phobia. Furthermore, 65% considered that only women are affected by this phenomenon.

Attitudes toward gender-based violence

Diagnosis: Affected (3).

Fifty five percent (55%) of the students' opinions highlighted attitudes of indifference toward a situation in which one person assaults another (whether or not they are a partner), considering it to be none of their business or those arguments it is normal in relationships. Furthermore, 50% reported not knowing how to treat a person with a gender identity different from their biological sex (trans-identities). In some cases, they even stated that they feel uncomfortable in their presence.

Observation

Socio-emotional skills

Diagnosis: Affected (3)

Although a high level of empathy toward others, especially victims of violence, was reflected in 55% of the students, a tendency to act impulsively before considering their actions and their potential consequences was identified. These behaviors, which in many cases become violent, increase with higher levels of stress in certain situations. Furthermore, regarding assertive communication, 50% of the sample were found to lack the resources to respond coherently and fluently, respond in a short time, and provide answers without hesitation or embarrassment to questions that seemed very direct or personal.

Knowledge about gender violence

Diagnosis: Frequently affected (4)

Seventy five percent (75%) of the subjects were identified as having knowledge characterized by being repetitive, confusing, or ambiguous. They frequently contributed ideas unrelated to the question asked, which served as an indicator of lack of knowledge on the subject. Regarding the health consequences of violence, important psychological consequences such as low self-esteem, panic attacks, and eating disorders (anorexia, bulimia), among others, were not addressed. Furthermore, the impact of violence on the social sphere was ignored, as the victim is deprived of her support networks and often suffers from demoralization among her acquaintances.

Attitudes toward gender-based violence

Diagnosis: Affected (3)

Half of the sample exhibited stereotypes and prejudices about gender characteristics and roles. Difficulties in social relationships were also observed regarding people with Tran's identities. When addressing the topic, some subjects provided very brief answers compared to others, and their language became halting and vague, which negatively influenced the diagnosis of the variable. It is important to highlight that these attitudes toward gender violence are strongly influenced by the education received at earlier stages of development and by a lack of critical judgment regarding some of the arguments offered, which are, for the most part, automatically reproduced.

Document Analysis

Socio-emotional Competencies

Diagnosis: Highly impaired (5)

A tendency to prioritize cognitive competencies over socio-emotional competencies was highlighted in 85% of the documents analyzed. Some subjects, such as General Psychology, Medical Psychology, Propaedeutics, Introduction to Clinical Psychology, and Public Health, support the development of physicians' communication skills, primarily during the medical interview, based on their objectives. However, the essentially emotional skills inherent to this process are generally excluded. Indicators such as those related to the identification, expression, and regulation of one's own and others' emotions are also not addressed.

It is worth noting that at Faculty of Medical Sciences No. 2, there is a research project registered by the Department of Psychology entitled "Educational Strategy for the Development of Emotional Intelligence in Medical Students." This is one of the initiatives adopted by this group of professors to address the manifestations related to the absence of these important skills observed in medical students

Knowledge about Gender Violence

Diagnosis: Highly affected (5)

Several documents were reviewed that, due to their characteristics, could reflect content related to this variable, such as: course syllabi; specific, optional, and elective courses; educational projects of brigades, academic years, and the faculty; minutes of course groups, year-long groups, department meetings, and councils of the basic and clinical areas; methodological and political preparations. No content related to gender-based violence was found in 90% of the reviewed documentation. Among the positive aspects, it should be noted that the syllabus for the General Psychology course, taught in the second year of the Medical degree, addresses domestic violence in Topic 3 as one of the psychosocial determinants of the health-disease process.

However, the approach to the topic in this subject is superficial. The same applies to the Emergency Medicine course, which is taught only to fourth-year international students. Topic 9 briefly alludes to violence by exploring the topic of mental health. Other courses that address this topic include: Health Prevention (second year), Legal Medicine and Medical Ethics, Public Health, and Psychiatry (fifth year). However, this evidence represents a small minority compared to the volume of documentation reviewed.

Attitudes toward gender-based violence

Diagnosis: Highly affected (5)

Deficiencies were found in 98% of the reviewed documents regarding the promotion of healthy attitudes with a focus on gender-based violence prevention. In the evidence that identified an approach to the aforementioned variable, no strategies aimed at developing attitudes and behaviors that would encourage interpersonal relationships free of gender-based violence were identified. The only indication of this was found in the General Psychology course for the second year of the program. It proposes a set of health education techniques that provide primary health care physicians with tools and resources to address various health problems in their communities, including violence.

Methodological Triangulation of the Results

After evaluating each variable, methodological triangulation was performed to consolidate and compare the resulting data (Table 1).

Table 1: Methodological triangulation of the results

| Variables | Interview | Observation | Document analysis | Average score |
|--|-----------|-------------|-------------------|---------------|
| Socio-emotional skills | 3 | 3 | 5 | 3,7 |
| Knowledge about gender-based violence | 4 | 4 | 5 | 4,3 |
| Attitudes toward gender-based violence | 3 | 3 | 5 | 3,7 |

As the table above shows, based on methodological triangulation, the variables socio-emotional competencies and attitudes toward gender-based violence obtained an average score of 3.7, corresponding to the diagnosis of Affected. With higher values than these two variables, the variable knowledge about gender-based violence was diagnosed as Frequently Affected, with 4.3.

Note that although two variables obtained the diagnosis of Affected, their average score is very close to the numerical range corresponding to the higher diagnosis. Therefore, it should be considered that, from a qualitative perspective, the behavior of these variables in certain circumstances could lean toward being Frequently Affected.

DISCUSSION

This research shares its epistemological position with studies that proclaim the importance of training emotional intelligence in university students. These studies argue that universities must adapt to contemporary social needs that demand an academic curriculum that gives emotional education an appropriate role so that students can comprehensively complement their education⁽⁸⁾.

The factual diagnosis conducted is consistent with these postulates; it highlights the urgent need to implement educational actions that allow for the development of socio-emotional competencies in medical students, who particularly benefit from these skills in their relationships with patients.

Furthermore, there is a significant agreement with Peña Julca.⁽⁹⁾ This author emphasizes that, in recent studies on emotional intelligence, emotional competencies represent a common category in 77% of the studies. For the authors of this research, this constitutes a solid indicator of scientific relevance and consistency, considering this category as a study variable. The affected state of this variable was diagnosed, thus justifying a line of research that should be further addressed in future studies that allow for practical results and behavioral changes in favor of emotional intelligence.

Furthermore, the results obtained correspond with publications reporting that emotional intelligence represents a preventive agent for certain behaviors such as impulsivity, violence, and emotional disorders⁽¹⁰⁾. In this sense, it was found that in the absence of socio-emotional skills, medical students are more likely to develop impulsive and violent behaviors, which are based on self-control problems and emotional immaturity.

Furthermore, there was a relationship with other authors who identified 55% of medical students as having insufficient knowledge about gender and, related to this, their conceptions of the concept of gender violence.⁽¹¹⁾ The results obtained here even exceeded this figure, reflecting inadequacies in the definition of this phenomenon in 75% of future physicians. This raises an important red flag, as despite the exhaustive attention given to violence prevention; it was found that the transmission of such knowledge occurs in a distorted and negative manner.

Likewise, the data presented coincided with diagnoses indicating that knowledge about the types of violence among university students tends to be low. The most well-known forms of violence are physical and psychological.⁽¹²⁾ Thus, the sample evidenced a predominance of knowledge about these two types of violence; however, patrimonial, economic, and symbolic violence were rarely mentioned, and vicarious violence, homophobia, and trans-phobia, among other types of gender-based violence, were ignored.

Regarding the settings where gender-based violence occurs, among which social media increasingly stands out, it is striking that the interviewees did not consider them as a potential space for violence. In contrast, some researchers highlight the vertiginous increase in cyber bullying reports, with the population aged 16 to 29 being the most vulnerable.⁽¹³⁾ The dynamics that normally characterize socialization through social networks easily allow the reproduction of patterns of violence and the mere fact of not being sensitized and aware of this; can turn any person into a victim, leading to consequences such as social isolation, depression, anxiety and self-esteem problems.

It is a common misconception that gender-based violence affects women exclusively, and this was reflected in the sample studied. However, it is known that men are also affected. Araujo-Cuauro⁽⁶⁾ states that violence against men has been underestimated; the literature lacks consistent evidence, as complaints are few and far between, leading to the hypothesis that men are not victims of violence.

Finally, there was agreement with Rodney Rodríguez and García Leyva⁽¹⁴⁾ when they address expressions of gender-based violence in university contexts, although there are differences regarding the sample chosen and the specific type of violence. While the aforementioned work focuses on homophobic bullying among students of pedagogical sciences at Enrique José Varona University in Havana, this study was conducted with medical sciences students without focusing on any specific type of violence.

CONCLUSIONS

Medical students who show the greatest weaknesses in the development of their emotional intelligence are more likely to engage in impulsive and discriminatory behaviors associated with gender-based violence. The main gaps identified in emotional intelligence are related to self-control problems and emotional immaturity.

These students' knowledge of gender-based violence represents the most affected variable in the study, characterized by being insufficient and distorted, as they tend not to consider aspects related to this phenomenon, such as men as victims of violence, vicarious violence, homophobia and transphobia as types of violence, and social media as a growing space for manifestations of discrimination and abuse.

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Conflicts of Interests:

The authors declare no conflicts of interest.

Author Contributions:

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