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Original Article

The Study of Emotional Intelligence and Mental Health among Police Personnel

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Abstract

This study explored the relationship between emotional intelligence and mental health among police personnel. A sample of 60 Class III police officers from Kolhapur district was assessed using standardized psychological tools i.e. Emotional Intelligence Scale and Mental Health Inventory. The hypotheses of the study were that female police have more emotional intelligence than male police personnel, mental health issues are more prevalent among male police than female police personnel, and emotional intelligence is significantly associated with mental health among police personnel. For hypothesis testing, the t' test and Pearson's product-moment correlation (r) were used. The findings revealed no significant gender differences in emotional intelligence or mental health. However, a significant negative correlation was observed between emotional intelligence and mental health issues, indicating that higher emotional intelligence is associated with better mental health. This study highlights the crucial role of emotion regulation in policing in high-stress environments. This finding suggests that fostering emotional intelligence can enhances psychological resilience and job performance. The limitations include the small sample size and regional focus. These results underscore the importance of mental-health interventions tailored to law enforcement. Future studies should explore broader samples and use longitudinal designs.

Keywords: *Emotional Intelligence, Mental Health, Police Personnel, Gender, Education*

Introduction

The policing profession is inherently stressful and involves high-stakes decision making, exposure to traumatic incidents, and persistent public scrutiny. Emotional intelligence (EI) has emerged as a critical psychological resource for effective policy and mental health maintenance. Emotional intelligence refers to the ability to recognize, understand, manage, and utilize emotions constructively, both in oneself and others (Salovey & Mayer, 1990). Police personnel with higher levels of EI are often better equipped to navigate interpersonal challenges, manage occupational stress, and exhibit resilience in crisis situations (Mayer, Roberts & Barsade, 2008).

Mental health encompasses a person's emotional, psychological, and social well-being and affects how individuals think, feel, and behave (World Health Organization, 2001). In the context of police personnel, who are frequently exposed to traumatic incidents, long working hours, and high public expectations, both EI and mental health are essential components in maintaining personal well-being and professional effectiveness. High levels of emotional intelligence can serve as a protective factor, helping police officers to better handle occupational stress and maintain psychological resilience.

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The mental health of police officers is a growing concern, as studies have reported increasing rates of anxiety, depression, PTSD, and burnout within the force (Violanti et al., 2017). These mental health issues not only affect individuals' well-being, but also influence job performance, decision-making, and community relations.

Given the nature of police work, which often involves violence, confrontation, and trauma, emotion regulation is a key factor in mitigating psychological harm. Emotional intelligence can serve as a protective buffer, enhancing adaptive coping strategies and reducing the likelihood of psychological disorders (Martins, Ramalho, & Morin, 2010). Furthermore, emotionally intelligent officers may be more empathetic and possess better communication skills, thereby fostering improved public trust and cooperation. Thus, the study of emotional intelligence in relation to mental health provides valuable insights into how psychological competencies can be strengthened to support police officers' welfare. Understanding this dynamic can aid in designing interventions, training programs, and mental health policies tailored to the unique needs of law enforcement personnel (Petrides & Furnham, 2001). This study explored the relationship between emotional intelligence and mental health among police officers, highlighting the importance of emotional competencies in promoting psychological resilience and effective law enforcement.

Review of Literature:

Borade et.al. (2022) measured Emotional Intelligence and job satisfaction among the police constables. Thirty police constables were selected from the Dhule District using the purposive sampling method for the present study. Their ages ranged from 30 to 40 years old. The findings showed that emotional intelligence and job satisfaction were significantly and positively correlated with police constables. Emotional intelligence significantly contributes to job satisfaction among police officers. Emotional intelligence explains 40% of the variance in job satisfaction among the police constables.

Dixit et.al. (2024) conducted a study on mental health and emotional regulation among police personnel. A total sample of 100 participants (sub-inspector (N=49) and assistant sub-inspector (N=51)) from the police department was obtained through purposive sampling. Participants were recruited from Delhi. After obtaining informed consent, data were collected from each participant through one-on-one interactions. Police officers suffer from mental health issues due to stressful circumstances, prolonged separation, and work-life balance. In India, mental health care is mainly concentrated on tertiary care and acute management rather than primary sectors. According to this study, police officers exhibit good to average well-being. On the other hand, the lower-commissioned ranks showed improved mental health. There was a significant lack of emotional awareness and restricted access to emotional-management techniques. Additionally, compared to their counterparts, sub-ranks with higher ranks demonstrated difficulty in exhibiting goal-directed behavior.

Giri et.al. (2023) studied Emotional Intelligence in relation to Mental Health among selected undergraduate health-science students. In this study, a non-experimental descriptive design approach was adopted. The main study was conducted among 1st year of B.SC. and BPT students at the KAHER Institute of Nursing Sciences and Institute of Physiotherapy, with a sample size of 200 students aged 17–20 years. Purposive sampling was used to select study samples. The Schutte Self-Report Emotional Intelligence Tool and Brief Psychiatric Rating Scale consisting 18-item were selected for the study. The Karl Pearson's correlation coefficient was used to determine the correlation between EI and MH levels among health-science students. The chi-square test will be used to determine the association between EI and emotional intelligence instead of mental health scores instead of the selected demographic variables. The finding results A significant negative relationship was seen between the level of Emotional Intelligence (EI) and mental health.

Kaur (2019) examined the relationship between emotional and mental health among employees. A sample of 100 teachers was randomly selected from the Senior Secondary School, Barnala. The ages of the subjects ranged from 21 to 55 years. A correlational study was also conducted. In conclusion, it can be claimed that mental health and

emotional intelligence are significantly correlated. Mental health and emotional intelligence have an impact on each other. In other words, emotional intelligence influences employees' mental health and vice versa. As people learn to comprehend, communicate, control, and observe their connections, their emotional intelligence is enhanced through good mental health. Therefore, it may be claimed that mental health and emotional intelligence are mutually reinforcing.

Justification of the Study:

The study of emotional intelligence and mental health among police personnel is crucial because of the high-stress nature of law enforcement work, which often involves exposure to traumatic events, high-risk situations, and intense public scrutiny. Emotional intelligence plays a key role in helping officers manage their emotions, communicate effectively, and make sound decisions. By examining the relationship between emotional intelligence and mental health, this study provides valuable insights into how psychological resilience can be strengthened, ultimately leading to improved well-being, job performance, and public interactions among police personnel.

Method:

Aim:

The main aim of this study was to determine the relationship between emotional intelligence and mental health among police personnel.

Objectives:

1. To measure Emotional Intelligence and search whether male and female police personnel differ significantly from each other or not.
2. To measure Mental Health and search whether male and female police personnel differ significantly from each other or not.
3. To determine the relationship between Emotional Intelligence and mental health among police personnel and to test whether the relationship is significant.

Hypothesis:

1. Female police have more emotional intelligence than male police personnel.
2. Mental health issues are more among male police than female police personnel.
3. Emotional intelligence is significantly associated with mental health among police personnel.

Sample: This study was conducted with 60 class III police personnel from the Kolhapur District of Maharashtra State. Purposive sampling was used to select the samples. The age range of the participants was 30 to 45 years, and their educational level was H.S.C. to U.G. Male to female ratio was 1:1.

Psychological tools used for data collection:

1. **Emotional Intelligence Scale:** This inventory was constructed and standardized by Hyde, Pethe, and Dhar. This scale consists of 34 items, with each item having five alternatives: Fully Agree, Agree, Uncertain, Disagree and Fully Disagree. The scale analyzes ten factors of emotional intelligence: self-awareness, empathy, self-motivation, emotional stability, managing relations, integrity, self-development, value orientation, commitment, and altruistic behavior. Reliability of the scale was determined by calculating the reliability coefficient for a sample of 200 participants. The split-half reliability coefficient was 0.88. In addition to face validity, the scale had high content validity because all items were related to the variable under focus.
2. **Mental Health Inventory:** Mithila Mental Health Status Inventory (MMHSI) developed by Anand Kumar and Giridhar Thakur was used to measure the mental health status of adolescents in this study. This scale consists of 50 statements (10 statements in each of the 5 subscales). There were five response alternatives for each statement. The five subscales are egocentrism, alienation, expression, emotional instability, and social non-conformity. A high score on each subscale or the total scale was indicative of poorer mental health. The reliability of this inventory with the split-half method is 11 ranges from 0.71 to 0.86, the test-retest method ranges from 0.68 to 0.95, and the validity of this inventory was found to be sound.

Statistical Treatment of the Data: The statistical techniques such as Mean, Standard Deviation, 't' test and Pearson's Product Moment Correlation (r) were used for interpretation of the data.

Procedure of Data Collection: Data for this study were collected from the Kolhapur district of Maharashtra State. The tests were administered individually to police personnel. A 10 min rest was permitted between the two tests. Finally, the test results were verified and collected.

Results and Discussion:

Table 1 – Mean, SD and 't' value of male and female towards Emotional Intelligence

Variable	Gender	N	Mean	SD	df	't' value	Level of significance
Emotional Intelligence	Male	30	141.3	17.49	58	**0.346**	**Not Significant**
	Female	30	139.6	16.83			

(Level of significance: *0.05, **0.01)

Statistical analysis of emotional intelligence between male and female participants revealed that the mean emotional intelligence score for males (M = 141.3, SD = 17.49) was slightly higher than that for females (M = 139.6, SD = 16.83). However, the calculated t-value (t = 0.346), with 58 degrees of freedom, was not statistically significant. This indicates that there is no meaningful difference between males and females regarding their emotional intelligence levels at the given significance thresholds of 0.05 or 0.01. The similarity in standard deviations suggests that the variation in emotional intelligence scores was relatively consistent across both sexes.

These findings imply that gender did not play a significant role in determining emotional intelligence in this sample. Factors such as social upbringing, personal experiences, or psychological traits might influence emotional intelligence more than gender alone. The lack of statistical significance suggests that any observed difference is likely due to random chance, rather than an inherent gender-based discrepancy. This outcome aligns with previous research that suggests emotional intelligence is not inherently gendered but shaped by external and internal influences. However, a larger sample size might provide a clearer understanding of the potential gender-based variations. This study could also consider other demographic factors such as age, education, and cultural background to assess their impact on emotional intelligence.

Table 2 – Mean, SD and 't' value of male and female towards Mental Health

Variable	Gender	N	Mean	SD	df	't' value	Level of significance
Mental Health	Male	30	123.1	26.43	58	**0.283**	**Not Significant**
	Female	30	126.4	17.91			

(Level of significance: *0.05, **0.01)

Statistical analysis of the mental health differences between the male and female participants revealed minimal variation. The mean mental health score for males (M = 123.1, SD = 26.43) was slightly lower than that of females (M = 126.4, SD = 17.91). However, the t-value (t = 0.283) with 58 degrees of freedom is not statistically significant, indicating that the difference is not significant at a significance level of 0.05. The standard deviation for males was higher than that for females, suggesting greater variability in male mental health scores. This lack of significance implies that gender did not play a major role in determining mental health within this sample. Other factors such as personality traits, environmental stressors, and coping mechanisms may contribute more significantly to mental health outcomes.

These findings are consistent with previous research suggesting that mental health challenges affect both sexes similarly, although individual experiences may differ. Although the data showed no significant gender-based differences, future studies with larger sample sizes could provide more conclusive results. Additionally, using effect size measures would help determine whether the observed differences, although not statistically significant, hold practical relevance. Exploring other demographic variables such as socioeconomic status, education, and

lifestyle factors could provide deeper insights into mental health disparities.

Table 3 – Relationship between Emotional Intelligence and Mental Health

Variable	N	Mean	SD	df	'r' value	Level of significance
Emotional Intelligence	60	140.5	17.04	58	**-0.282****	**0.01**
Mental Health		124.8	22.45			

(Level of significance: *0.05, **0.01)

A statistical analysis was used to examine the relationship between emotional intelligence and mental health in a sample of 60 participants. The mean emotional intelligence score was 140.5 (SD = 17.04), while the mean mental health score was 124.8 (SD = 22.45). The correlation coefficient (r = -0.282) was statistically significant at the 0.01 level, indicating a weak but significant negative relationship between emotional intelligence and mental health. This suggests that, as emotional intelligence increases, mental health issues may decrease slightly. This negative correlation implies that individuals with higher emotional intelligence may have better coping mechanisms, resilience, and self-regulation, all of which contribute to improved mental wellbeing. However, the weak strength of this correlation indicates that emotional intelligence is only one of many factors that influence mental health. Other factors such as social support, personality traits, and environmental stressors may play a more substantial role in determining mental well-being.

Despite its statistical significance, this relationship is not sufficiently strong to establish causation. Future research should explore other moderating and mediating variables that could influence this relationship. A larger and more diverse sample could also help confirm or refine these findings. In addition, longitudinal studies can provide deeper insights into how emotional intelligence affects mental health over time. The results of this study emphasize the importance of fostering emotional intelligence as a part of mental health interventions. Emotional intelligence training programs could be beneficial for improving coping skills and resilience. Overall, although the correlation was weak, the significant relationship highlighted the potential role of emotional intelligence in supporting mental health. Further research is needed to explore the practical application of these findings in clinical and educational settings.

Conclusions:

1. There is no significant gender difference found among police personnel regarding emotional intelligence.
2. There was no significant male-female difference in mental health among police personnel.
3. There was a significant negative relationship between emotional intelligence and mental health among police personnel.

Limitations:

1. This study had a limited sample size, which may have affected the generalizability of the findings.
2. This study was conducted only in the Kolhapur region; therefore, the results may not reflect the situation of police personnel in other areas.
3. Emotional intelligence and mental health are often measured using self-report questionnaires, which can be influenced by social desirability or personal bias.
4. Factors such as work experience, work environment, and personal life stressors may not have been adequately controlled in this study.

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Conflicts of interest

The authors declare that there are no conflicts of interest regarding the publication of this paper.

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