# **RESEARCH ARTICLE**

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# Physical activity and emotional intelligence among undergraduate students: a correlational study



Jorge Acebes-Sánchez<sup>1,2\*</sup>, Ignacio Diez-Vega<sup>3</sup>, Sara Esteban-Gonzalo<sup>4</sup> and Gabriel Rodriguez-Romo<sup>2,5</sup>

# **Abstract**

**Background:** Physical activity (PA) can be a mechanism that develops emotions. Emotional intelligence (EI) is related to significant public health and psychological benefits. However, there is little information about the relationships between PA and EI dimensions: emotional attention, clarity, and repair. This study examined the possible relationships between these variables in undergraduate students from Madrid. As a secondary aim, sex differences in PA domains and EI dimensions were examined.

**Methods:** A total of 2960 ( $21.34 \pm 4.34$  years) undergraduate students from Madrid (Spain) fulfilled the Trait Meta-Mood Scale (TMMS-24) and Global Physical Activity Questionnaire (GPAQ). We used a MANOVA to compare El and PA levels according to sex. Different linear regressions were conducted to calculate the PA and age prediction power based on El.

**Results:** We found a significant association between El dimensions and PA levels, although these relationships were small. Fully adjusted linear regression showed that sex and leisure-time PA (LTPA) were associated of emotional attention ( $r_c^2 = .025$ ). Sex, age, and LTPA were associated of emotional repair ( $r_c^2 = .024$ ). There were statistically significant differences in El by sex ( $p \le .001$ ;  $p_p^2 = .039$ ), with higher scores in emotional attention for women ( $p \le .001$ ) and emotional clarity ( $p \le .001$ ) and repair ( $p \le .001$ ) for men. PA levels differed according to sex ( $p \le .001$ );  $p_p^2 = .038$ ). Men show higher scores in LTPA levels (p = .002) and occupational PA ( $p \le .001$ ).

**Conclusions:** Undergraduate students with higher levels of LTPA showed a better score on El, specifically in emotional attention and emotional repair. However, these associations and the predictive power of LTPA regarding emotional attention and emotional repair were weak. Men engaged in more LTPA and occupational PA and higher emotional clarity and emotional repair than women. However, women had higher emotional attention.

Keywords: Emotional intelligence, Physical activity, GPAQ, TMMS-24, Undergraduate students

### **Background**

Physical activity (PA) is related to physical [1–5], mental and social wellness [6–11]. In the specific case of mental health, previous studies have found that individuals who are engaged in PA demonstrate better psychological wellness and suffer less stress and depression. These findings involved teenagers [12, 13], undergraduate students [14, 15] and the elderly [16, 17]. However, PA

levels are low in the university population worldwide. A meta-analysis of undergraduate student PA habits shows that between 40 and 50% do not meet the recommendations for PA [18].

Emotional intelligence (EI) is defined as the ability to perceive accurately, appraise, and express emotions; the ability to generate feelings when they facilitate thought, understand emotion and emotional knowledge and to regulate emotions to promote emotional and intellectual growth [19]. According to previous studies, higher scores in EI result in greater wellness and happiness [20–22], better job performance [23–25], more prosocial behaviour [26], and less aggressive behaviour [27]. It also

Full list of author information is available at the end of the article



<sup>\*</sup> Correspondence: j.acebes.prof@ufv.es

<sup>&</sup>lt;sup>1</sup>Faculty of Health Sciences, Universidad Francisco de Vitoria (UFV), Pozuelo de Alarcón, Madrid, Spain

<sup>&</sup>lt;sup>2</sup>Faculty of Physical Activity and Sport Sciences (INEF), Universidad Politécnica de Madrid (UPM), Madrid, Spain

correlates positively with positive mood and negatively with negative mood [28]. Similarly, various meta-analyses confirm that EI has a significant relationship with better mental health and, furthermore, is a mediator of stress [29, 30]. High levels of EI correlate negatively with low mental and physical health and are related to healthy habits such as not smoking or drinking alcohol, and with a healthy diet or more exercise [31–33]. Some sociodemographic factors may be relevant in EI. Different studies have demonstrated that women show significantly higher levels of EI compared to men [34–36]. EI levels increase progressively with age [37].

Individuals who perform PA experiment emotional changes during their PA practice [38-40]. For instance, PA and sports offer the opportunity to face challenges, collaborate being part of a team, and compete with oneself [41]. PA and sport experiences can be a mechanism that develops emotions. Thus, PA enhances positive mood [42], positive and pleasant emotions [43, 44], and elevates a sense of happiness [45]. Besides, PA can be used to self-regulate and to modulate mood changes [44]. Several studies have analysed the relationship between EI and performance in sports such as hockey or cricket, showing that EI has a positive association with team performance and individual performance [46-48]. Other research compared judo and taekwondo athletes with non-athletes and found that athletes demonstrated better EI levels [49]. There are a limited number of studies analysing the relationship between EI and PA levels [50]. Methodological differences also complicate comparison among study outcomes [44]. The majority of revised studies show a positive association between EI and PA levels [51-53]. EI is thus better in those individuals who meet exercise recommendations, compared with the individuals who do not [52, 53]. Similarly, significant differences have been found in EI between physically active and inactive individuals; active individuals showed better EI [54]. Other studies show significant correlations between EI and the amount of exercise done [31, 55–57]. Barreiro et al. [58] studied the differences in EI among non-practitioners of PA, PA practitioners, and PA practitioners involved in federated sports. The EI of the practitioners involved in federated sports was significantly higher than that of non-practitioners. However, two studies did not find relationships between PA intervention and EI [59, 60]. Although most of the revised studies find positive associations between EI and PA, the fact is that most of the relationships found between these variables are weak.

The primary objective of this paper was to analyse the associations between the specific PA domains [occupational physical activity (OPA), commuting physical activity (CPA), and leisure-time physical activity (LTPA)], and the different dimensions of EI (emotional attention,

emotional clarity, and emotional repair). As a secondary aim, sex differences in PA domains and EI dimensions were examined.

### Methods

### **Participants**

The survey was carried out as a relational and cross-sectional study. The sample comprised 2960 undergraduate students from the Community of Madrid excluding online bachelor's degree students. Disproportionate stratified sampling was used according to the type of university (public or private) and the subject areas of the students (social and legal sciences, engineering and architecture, arts and humanities, health sciences and science). Participation was voluntary and confidential, and informed consent was obtained from participants before completing the survey.

### Data collection

Participants were contacted through their lecturers, who sent them a Google Forms Questionnaire. Sociodemographic information was collected for the possible moderating effect of sex and age, related to the associations between EI and PA. Participants completed PA and EI questionnaires. The sample was collected from April to December of 2017.

# **Emotional intelligence**

EI was measured using the Spanish version of the Trait Meta-Mood Scale (TMMS-24). Its self-report assessment consists of 24 items with a five-point Likert scale, which, as in the original version, is subdivided into three dimensions: Emotional attention (EA), emotional clarity (EC), and emotional repair (ER). This version was validated by Fernández et al. [61]. Our results demonstrate similar internal consistency in the three sub-scales: EA,  $\alpha$  = .89; EC,  $\alpha$  = .9; and ER,  $\alpha$  = .85). The tool describes EA (eight items) as the extent to which a participant observes and thinks about their feelings. EC evaluates the participant's understanding of their emotional states, and ER their ability to regulate their emotional states correctly.

### Physical activity

PA was measured using the second version of the Global Physical Activity Questionnaire (GPAQv2). It has been validated, and collects information about PA in a typical week, comprising 16 questions [62, 63]. It was developed as an improvement to the International Physical Activity Questionnaire (IPAQ) which was validated and used to assess PA patterns [64]. GPAQv2 shows good reliability and poor-fair validity, similar to other self-report tools that evaluate PA patterns [65]. This questionnaire provides information about intensity (vigorous or

moderate), frequency (days of performance in a typical week), and duration (hours and minutes in a typical day), and it assesses three domains in which physical activity is performed: 1) occupational physical activity (OPA) (paid or unpaid job, study, housework or job search); 2) commuting physical activity (CPA) (walking or cycling), and 3) leisure-time physical activity (LTPA). We used the Spanish version of GPAQv2, without any content or text changes.

PA was estimated according to metabolic equivalent (METs), including total time, number of days, and the intensity of the PA performed in the three domains. Following the GPAQv2 analysis process [66], activities were measured as METs: moderate activities (4 METs) and vigorous activities (8 METs).

### Statistical methods

The data collected by the questionnaires were analysed using the Statistical Package for the Social Sciences (SPSS v21). A descriptive analysis was performed to explore the sample characteristics, and PA levels were calculated using the GPAQv2.

The sample characteristics are described by frequency, percentages, mean (M), and standard deviation (SD). The analyses were stratified by sex. We performed a MANOVA to examine the association between EI and PA levels based on sex. A Bivariate Pearson correlation was calculated to assess the relationships between EI dimensions, PA levels, and age. Hierarchical multiple regressions were performed to analyse the contribution of every PA domain on EI dimensions, unadjusted and adjusted for sex and age. We used  $\eta^2_{\ p}$  and  $r^2$  to interpret the effect size, defining values under 0.06 as a small effect, values between 0.06 and 0.14 as a moderate effect, and values above 0.14 as a large effect.

# **Results**

A sample of 2960 undergraduate students participated in this study. The mean age of participants was  $21.34 \pm 4.34$  years:  $21.31 \pm 4.01$  years for men and  $21.36 \pm 4.49$  years for women. Demographic data are presented in Table 1. In EI, participants showed averages of  $29.9 \pm 6.2$  in EA,  $27.6 \pm 6.1$  in EC, and  $27.8 \pm 5.8$  in ER. While in PA, the means were  $548.6 \pm 1798.6$  in OPA,  $654.8 \pm 1129.7$  in CPA, and  $1816.6 \pm 2337.0$  in LTPA.

Table 2 shows EI predictors estimations. Linear regression coefficients of physical activity domains on emotional intelligence dimensions were calculated in two models: the unadjusted model (model 1) and a fully adjusted model (model 2).

Unadjusted linear regression model shows that sex and LTPA are associated with EA; sex and age are associated with EC; and sex, age, LTPA, OPA, and CPA are associated with ER.

**Table 1** Sample demographic data

	N/%
Sex	
Male	973 (32.9)
Female	1987 (79.8)
Type of university	
Public	2363 (79.8)
Private	597 (20.2)
Subject area	
Social and Juridical Sciences	1226 (41.4)
Engineering and Architecture	575 (19.4)
Arts and Humanities	332 (11.2)
Health Sciences	684 (23.1)
Sciences	143 (4.8)

**Table 2** Unadjusted and adjusted linear regression coefficients of physical activity domains on emotional intelligence dimensions

- CITTETISIONS	Unadjusted model		Adjusted model	
	r <sup>2</sup>			
	r	β	r <sup>2</sup> <sub>c</sub>	β
EA			.025*	
Sex	.022*	1.94*		1.77*
Age	<.001	0.02		.016
LTPA	.008*	2.35·10 <sup>-4</sup> *		$-1.87 \cdot 10^{-4}$ *
OPA	<.001	$-4.7 \cdot 10^{-5}$		1.82·10 <sup>-5</sup>
CPA	<.001	8.11·10 <sup>-5</sup>		1.75·10 <sup>-4</sup>
Constant				25.83
EC			.024*	
Sex	.010*	-1.29*		- 1.25*
Age	.015*	.171*		0.17*
LTPA	.001	8.86·10 <sup>-5</sup>		5.05·10 <sup>-5</sup>
OPA	.001	8.83·10 <sup>-5</sup>		1.58·10 <sup>-5</sup>
CPA	<.001	$-4.35 \cdot 10^{-5}$		$-7.37 \cdot 10^{-4}$
Constant				25.95
ER			.024*	
Sex	.009*	-1.16*		-1.01*
Age	.012*	.15*		.15*
LTPA	.006*	2.02·10 <sup>-4</sup> *		1.38·10 <sup>-4</sup> *
OPA	.004*	1.96·10 <sup>-4</sup> *		8.03·10 <sup>-5</sup>
CPA	.002*	2.19·10 <sup>-4</sup> *		1.33·10 <sup>-4</sup>
Constant		28.228		24.98

 $r^2$  = Pearson's r-squared correlation;  $r^2_c$  = corrected Pearson's r-squared correlation; β = unstandardised beta coefficient. *LTPA* Leisure time Physical Activity, *OPA* Occupational Physical Activity, *CPA* Commuting Physical Activity, *EA* Emotional Attention, *EC* Emotional Clarity, *ER* Emotional Repair \*p < .05

The fully adjusted linear regression model shows that sex and LTPA are predictors of EA; sex and age are predictors of EC; and sex, age, and LTPA are predictors of ER. The adjusted  $\rm r^2_c$  value was low for al EI dimension being .025 for EA, .024 for EC, and .024 for ER.

Table 3 shows a descriptive summary of EI dimensions according to sex. There were significant differences in the three EI dimensions scores according to sex (F (3, 2956) = 39.58,  $p \le .001$ ;  $\eta^2_p = .039$ ). Women's scores were significantly higher in EA ( $p \le .001$ ) and men were higher in EC ( $p \le .001$ ) and ER ( $p \le .001$ ).

Table 4 shows the differences found in PA levels according to sex (F (3, 2956) = 39.204,  $p \le .000$ ;  $\eta^2_p = .038$ ). Men report scores significantly higher than women for OPA (p = .002) and LTPA ( $p \le .001$ ).

### Discussion

This study analysed the possible relationships among different PA domains (OPA, CPA, and LTPA) and EI dimensions (EA, EC, and ER) in undergraduate students. The outcomes may confirm the relationship between some PA domains and some EI dimensions. Specifically, the higher LTPA levels, the higher ER and the lower EA.

Although it is small, our findings confirm the relationship between PA and EI, just as previous studies have demonstrated in undergraduate students sample [52, 54, 57, 67], with small significant positive relationships between EI and PA as well. Dev Omar et al. [68] were the only who showed large significant differences in EI based on PA ( $\eta^2_p$  = .28). Demographic reasons, such as the higher age and the subject area of studies (sports, psychology, and education) of the sample may explain the discrepancy of the findings of this study.

Various studies have analysed differences according to sex, using tools that measure EI with a global score, and found higher EI scores for women than men [34–36]. The present study showed significant differences in every EI dimensions. Women showed higher scores in EA and, like the findings of previous studies, men showed higher scores in EC and ER [69–71]. Middle scores in EA and high scores in EC and ER are related to better EI [72]. Thus, our findings may suggest that men demonstrate better EI.

Pengpid et al. [73] studied undergraduate students from 23 different countries, revealing that 41.1% were

 Table 3 Emotional intelligence univariate analysis according to

Sex				
	Men	Women	р	η <sup>2</sup> <sub>p</sub>
EA	$27.7 \pm 6.24$	$29.6 \pm 6.058$	≤.001	.009
EC	28.4 ± 5.789	27.1 ± 6.219	≤.001	.010
ER	28.6 ± 5.617	$27.4 \pm 5.962$	≤.001	.022

Statistics refer to mean  $\pm$  standard deviation.  $\eta_p^2$  = partial eta squared

Table 4 Physical activity (METs) univariate analysis according to

	Men	Women	р	η <sup>2</sup> <sub>p</sub>	
OPA	692.8 ± 2040.948	478.0 ± 1662.812	.002	.003	
CPA	890.8 ± 1166.814	837.1 ± 1110.967	.224	.000	
LTPA	2466.0 ± 2564.051	1498.6 ± 2147.483	≤.001	.038	

Statistics refer to mean  $\pm$  standard deviation.  $\eta_{p}^{2}$  = partial eta squared

physically inactive. Female PA levels were lower than the males. In the same way, our participants showed significant differences according to sex. The main difference was in LTPA, that is, voluntary PA performed during a participant's free time. We obtained higher values for METs (967.4) in men than in women. These differences are in line with other studies [74, 75]. The reasons for gender differences in PA performance were not revealed in these studies.

Our findings support the idea that the experiences related to performing PA during leisure time are associated with ER and EC. These experiences trigger different positive and negative emotions [38], although, the majority are positive [39]. PA enhances positive and pleasant emotions [43, 44]. Furthermore, experiences related to PA are also an emotional challenge [76]. Baumeister et al. [77] argued that conscious emotional states can promote learning and alter guidelines for future behaviours. Thus, current emotional states contribute people to selecting actions according to emotions anticipation. For instance, an athlete who loses is likely to feel unhappy and angry after the competition. These emotions arouse the athlete to consider how she/he could improve performance to avoid similar outcomes in the future. Our findings suggest that individuals who perform LTPA are related to a better ability to feeling and expressing their emotions and regulate their emotional states. However, as it states TMMS-24 description parameters [61], the mean results for men and women were within reference values for the three EI dimensions. This is important as EI acts as a preventive and protective factor against stress, unhealthy lifestyles, and alcohol and drug abuse [78]. Strategies focused on PA promotion may be related to better capacity for individual psychological adaptation, which could affect health positively.

This study included a large and homogeneous sample, which is a strength. It also makes an essential contribution to the literature in a field that requires further investigation, as does PA and its relationships with emotional variables. There are some study limitations, however. These limitations relate to the cross-sectional design, which prevents causal relationships from being extracted from the variables analysed. Although our large sample, was unrepresentative, and results should not be generalized. It is, therefore, necessary to perform

longitudinal studies to analyse possible PA effects on EI. Although assessing PA with self-report tools is more economical and feasible, and the GPAQ has been validated in different countries [65], there are objective PA assessments using pedometers and accelerometers that may be more accurate tools and avoid the PA overestimation that often occurs in questionnaires [79, 80]. EI was also measured by a self-report tool. It could be measured with the greatest validity if it is assessed as a set of competencies or skills [81].

### **Conclusions**

The main conclusion of this study is that there is a relationship between PA domains and EI dimensions. Undergraduate students who perform LTPA showed higher EI levels, specifically in the EA and ER dimensions. The relationship found is small, and the predictive power of PA regarding EA and ER is very weak. Men engaged in more LTPA and occupational PA and had higher emotional clarity and emotional repair than women. However, women had higher emotional attention.

### Abbreviations

CPA: Commuting physical activity; EA: Emotional attention; EC: Emotional clarity; EI: Emotional intelligence; ER: Emotional repair; LTPA: Leisure-time physical activity; OPA: Occupational physical activity; PA: Physical activity

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### Authors' contributions

JA initiated the study and was responsible for writing this paper. GR and JA collected the data. ID, SE, and JA designed the method. ID, GR, and JA analysed the results. GR was responsible for the conceptual framework of this study and was overall responsible. All the authors revised and approved the final version of the paper.

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### Availability of data and materials

The datasets used and/or analysed during the current study are available from the corresponding author on reasonable request.

### Ethics approval and consent to participate

Ethical approval for this study was obtained from the Ethics Research Committee of Universidad Francisco de Vitoria (40/2018). The informed consent form was electronically submitted before the questionnaire.

# Consent for publication

Not applicable.

### Competing interests

The authors declare that they have no competing interests.

### **Author details**

<sup>1</sup>Faculty of Health Sciences, Universidad Francisco de Vitoria (UFV), Pozuelo de Alarcón, Madrid, Spain. <sup>2</sup>Faculty of Physical Activity and Sport Sciences (INEF), Universidad Politécnica de Madrid (UPM), Madrid, Spain. <sup>3</sup>Faculty of Sport Sciences, Universidad Europea de Madrid (UEM), Villaviciosa de Odón, Madrid, Spain. <sup>4</sup>Faculty of Biomedicine, Psychology Department, Universidad

Europea de Madrid (UEM), Villaviciosa de Odón, Madrid, Spain. <sup>5</sup>CEBERFES, Madrid. Spain.

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### References

- Kokkinos P. Physical activity and cardiovascular disease prevention: current recommendations. Angiology. 2008;59:265–9S.
- Chomistek AK, Manson JE, Stefanick ML, Lu B, Sands-Lincoln M, Going SB, et al. Relationship of sedentary behavior and physical activity to incident cardiovascular disease: results from the women's health initiative. J Am Coll Cardiol. 2013;61(23):2346–54.
- Archer E, Blair SN. Physical activity and the prevention of cardiovascular disease: from evolution to epidemiology. Prog Cardiovasc Dis. 2011;53(6): 387–96.
- Hamilton MT, Hamilton DG, Zderic TW. Role of low energy expenditure and sitting in obesity, metabolic syndrome, type 2 diabetes, and cardiovascular disease. Diabetes. 2007;56(11):2655–67.
- Cavill N, Kahlmeier S, Racioppi F. Physical activity and health in Europe evidence for action. Copenhagen: World Health Organization; 2006.
- Penedo FJ, Dahn JR. Exercise and well-being: a review of mental and physical health benefits associated with physical activity. Curr Opin Psychiatry. 2005;18(2):189–93.
- Biddle SJ, Asare M. Physical activity and mental health in children and adolescents: a review of reviews. Br J Sports Med. 2011;45(11):886–95.
- Paluska SA, Schwenk TL. Physical activity and mental health. Sport Med. 2000;29(3):167–80.
- Mammen G, Faulkner G. Physical activity and the prevention of depression. Am J Prev Med. 2013;45(5):649–57.
- Ströhle A. Physical activity, exercise, depression and anxiety disorders.
   J Neural Transm. 2009;116(6):777–84.
- Hills AP, Dengel DR, Lubans DR. Supporting public health priorities: recommendations for physical education and physical activity promotion in schools. Prog Cardiovasc Dis. 2015;57(4):368–74.
- Norris R, Carroll D, Cochrane R. The effects of physical activity and exercise training on psychological stress and well-being in an adolescent population. J Psychosom Res. 1992;36(1):55–65.
- Brand S, Kalak N, Gerber M, Clough PJ, Lemola S, Sadeghi Bahmani D, et al. During early to mid adolescence, moderate to vigorous physical activity is associated with restoring sleep, psychological functioning, mental toughness and male gender. J Sports Sci. 2017;35(5):426–34.
- Castillo I, Molina-García J. Adiposidad corporal y bienestar psicológico: efectos de la actividad física en universitarios de Valencia. España Rev Panam Salud Pública. 2010;26(4):334–40.
- Molina-García J, Castillo I, Queralt A. Leisure-time physical activity and psychological well-being in university students. Psychol Rep. 2011 Oct; 109(2):453-60
- Netz Y, Wu M-J, Becker BJ, Tenenbaum G. Physical activity and psychological well-being in advanced age: a meta-analysis of intervention studies. Psychol Aging. 2005;20(2):272–84.
- Gogulla S, Lemke N, Hauer K. Effekte körperlicher Aktivität und körperlichen Trainings auf den psychischen Status bei älteren Menschen mit und ohne kognitive Schädigung. Z Gerontol Geriatr. 2012 Jun 25;45(4):279–89.
- Keating XD, Guan J, Piñero JC, Bridges DM. A meta-analysis of college students' physical activity behaviors. J Am Coll Heal. 2005 Sep;54(2):116–26.
- Mayer JD, Salovey P. What is emotional intelligence? In: Emotional development and emotional intelligence. Nueva York: Basic Books; 1997. p. 3–31.
- Cabello R, Fernandez-Berrocal P. Under which conditions can introverts achieve happiness? Mediation and moderation effects of the quality of social relationships and emotion regulation ability on happiness PeerJ. 2015; 2013/2019
- Sánchez-Álvarez N, Extremera N, Fernández-Berrocal P. The relation between emotional intelligence and subjective well-being: A meta-analytic investigation 2016;11(3):276–285.
- Costa S, Petrides KV, Tillmann T. Trait emotional intelligence and inflammatory diseases. Psychol Health Med. 2014;19(2):180–9.
- 23. Côté S. Emotional intelligence in organizations. Annu Rev Organ Psychol Organ Behav. 2014;1(1):459–88.

- 24. Fox S, Spector PE. Relations of emotional intelligence, practical intelligence, general intelligence, and trait affectivity with interview outcomes: it's not all just 'G. J Organ Behav. 2000;21(2):203–20.
- Muchhal DS, Solkhe A. An empirical investigation of relationship between emotional intelligence and job performance in Indian manufacturing sector. Clear Int J Res Commer Manag. 2017;8(7):18–21.
- Mavroveli S, Petrides KV, Sangareau Y, Furnham A. Exploring the relationships between trait emotional intelligence and objective socioemotional outcomes in childhood. Br J Educ Psychol. 2009;79(2):259–72.
- 27. García-Sancho E, Salguero JM, Fernández-Berrocal P. Relationship between emotional intelligence and aggression: a systematic review. Aggress Violent Behav. 2014;19(5):584–91.
- Andrei F, Petrides KV. Trait emotional intelligence and somatic complaints with reference to positive and negative mood. Psihologija. 2013;46(1):5–15.
- Martins A, Ramalho N, Morin E. A comprehensive meta-analysis of the relationship between emotional intelligence and health. Pers Individ Dif. 2010;49(6):554–64.
- Schutte NS, Malouff JM, Thorsteinsson EB, Bhullar N, Rooke SE. A metaanalytic investigation of the relationship between emotional intelligence and health. Pers Individ Dif. 2007;42(6):921–33.
- Tsaousis I, Nikolaou I. Exploring the relationship of emotional intelligence with physical and psychological health functioning. Stress Heal. 2005;21(2): 77–86.
- Extremera N, Fernandez-Berrocal P. Relation of perceived emotional intelligence and health-related quality of life of middle-aged women. Psychol Rep. 2002;91(1):47–59.
- Lewis GM, Neville C, Ashkanasy NM. Emotional intelligence and affective events in nurse education: a narrative review. Nurse Educ Today. 2017;53: 34–40.
- Davis SK, Humphrey N. Emotional intelligence as a moderator of stressor mental health relations in adolescence: evidence for specificity. Pers Individ Dif. 2012;52(1):100–5.
- 35. Salguero JM, Extremera N, Fernandez-Berrocal P. Emotional intelligence and depression: the moderator role of gender. Pers Individ Dif. 2012;53(1):29–32.
- Batool SS, Khalid R. Low emotional intelligence: a risk factor for depression.
   J Pakistan Psychiatr Soc. 2009;6(2):65–72.
- 37. Pulido F, Herrera F. Relaciones entre felicidad, inteligencia emocional y factores sociodemográficos en secundaria. Anu Psicol. 2018;48(1):34–42.
- Duran C, Lavega P, Salas C, Tamarit M, Invernó J. Emotional Physical Education in adolescents. Identifying predictors of emotional experience. cultura\_ciencia\_deporte. 2015;10(28):5–18.
- Zamorano M, Gil P, Prieto-Ayuso A, Zamorano D. Emociones generadas por distintos tipos de juegos en clase de educación física / Generated Emotions By Various Types Of Games In Physical Education. Rev Int Med y Ciencias la Act Física y del Deport 2018 6;69(2018).
- Romero-Martín MR, Gelpi P, Mateu M. Lavega P influence of practical driving on emotional state university students. Int J Med Sci Phys Act Sport. 2017;17:449–66.
- 41. Ubago-Jiménez JL, González-Valero G, Puertas-Molero P, García-Martínez I. Development of Emotional Intelligence through Physical Activity and Sport Practice. A Systematic Review. Behav Sci (Basel, Switzerland). 2019;9(4).
- 42. Biddle S. In: Hann Y, editor. Exercise, emotions, and mental health. Champaign: Human Kinetics: 2000. p. 267–92.
- Turnbull M, Wolfson S. Effects of exercise and outcome feedback on mood: evidence for misattribution. J Sport Behav. 2002;25(4):394–406.
- Kerr JH, Kuk G. The effects of low and high intensity exercise on emotions, stress and effort. Psychol Sport Exerc. 2001;2(3):173–86.
- Szabo A. The acute effects of humor and exercise on mood and anxiety. J Leis Res. 2003;35(2):152–62.
- Crombie D. The role of emotional intelligence in sports performance. University of Cape Town, S; 2011.
- Crombie D, Lombard C, Noakes T. Increasing emotional intelligence in cricketers: an intervention study. Int J Sports Sci Coach. 2011;6(1):69–86.
- 48. Perlini AH, Halverson TR. Emotional intelligence in the National Hockey League. Can J Behav Sci / Rev Can des Sci du Comport. 2006;38(2):109–19.
- Costarelli V, Stamou D. Emotional intelligence, body image and disordered eating attitudes in combat sport athletes. J Exerc Sci Fit. 2009;7(2):104–11.
- Laborde S, Dosseville F, Allen MS. Emotional intelligence in sport and exercise: a systematic review. Scand J Med Sci Sport. 2016;26(8):862–74.
- 51. Zysberg L, Hemmel R. Emotional intelligence and physical activity. J Phys Act Health. 2018;15(1):53–6.

- 52. Shuk-Fong G, Lu FJH, Hsiu-Hua A. Exploring the relationships of physical activity, emotional intelligence and health in Taiwan college students. J Exerc Sci Fit. 2009;7(1):55–63.
- Omar Dev RD, Ismail IA, Omar-Fauzee MS, Abdullah MC, Geok SK. Emotional intelligence as a potential underlying mechanism for physical activity among Malaysian adults. Am J Heal Sci. 2012;3(3):211.
- Fernandez EJ, Almagro BJ, Saenz-Lopez P. Inteligencia emocional percibida y el bienestar psicológico de estudiantes universitarios en función del nivel de actividad física. Cult Cienc Y Deport. 2014;10(28):31–9.
- Saklofske DH, Austin EJ, Galloway J, Davidson K. Individual difference correlates of health-related behaviours: preliminary evidence for links between emotional intelligence and coping. Pers Individ Dif. 2007;42(3): 491–502.
- Magnini VP, Lee G, Kim B. (Peter). The cascading affective consequences of exercise among hotel workers. Int J Contemp Hosp Manag. 2011; 23(5):624–43.
- Shuk-fong G, Ting W, Hua H. Development of a Chinese emotional intelligence inventory and its association with physical activity. In: Di Fabio PA, editor. Emotional intelligence - new perspectives and applications. Department of Athletic Sports: National Chung Cheng University; 2012. p. 195–214.
- Barreiro JF, Boleto AF, Marques CM, Serpa S. Relação entre inteligência emocional, satisfação com a vida e prática desportiva. Rev Iberoam Psicol del Ejerc y el Deport. 2013;9(1):93–109.
- Ladino PK, Gonzalez-Correa CH, Gonzalez-Correa CA, Caicedo JC. Ejercicio físico e inteligencia emocional en un grupo de estudiantes universitarias. Rev Iberoam Psicol Del Ejerc Y El Deport. 2016;11(1):31–6.
- Adhia H, Nagendra HR, Mahadevan B. Impact of adoption of yoga way of life on the emotional intelligence of managers. IIMB Manag Rev. 2010;22(1– 2):32–41
- Fernandez-Berrocal P, Extremera N, Ramos N. Validity and reliability of the Spanish modified version of the trait meta-mood scale. Psychol Rep. 2004; 94(3):751–5.
- Cleland C, Hunter RF, Kee F, Cupples ME, Sallis JF, Tully MA. Validity of the Global Physical Activity Questionnaire (GPAQ) in assesing levels and change in moderate-vigorous physical activity and sedentary behaviour. BioMed Cent. 2014;14(1255).
- 63. Armstrong T, Bull F. Development of the world health organizational global physical activity questionnaire (GPAO). J Public Heal. 2006;14(2):66–70.
- Craig CL, Marshall AL, Sjöström M, Bauman AE, Booth ML, Ainsworth BE, et al. International physical activity questionnaire: 12-country reliability and validity. Med Sci Sports Exerc. 2003;35(8):1381–95.
- Bull FC, Maslin TS, Armstrong T. Global physical activity questionnaire (GPAQ): nine country reliability and validity study. J Phys Act Health. 2009; 6(6):790–804.
- World Health Organization. Global Physical Activity Questionnaire (GPAQ) Analysis Guide [Internet]. 2006 [cited 2018 Jun 16]. Available from: www. who.int/chp/steps
- Laborde S, Guillén F, Watson M. Trait emotional intelligence questionnaire full-form and short-form versions: links with sport participation frequency and duration and type of sport practiced. Pers Individ Dif. 2017;108:5–9.
- Dev Omar Dev R, Rifaat Abdul Rahman A. Influence of emotional intelligence as the mediator between physical activity and mental health (distress) among malaysian university students. International E-journal of Advances in Social Sciences. OCERINT International. 2016:492–500.
- Molero D, Álvarez FO, Ávila MRMR de. Diferencias en la adquisición de competencias emocionales en función del género Rev Electrónica Investig y Docencia 2008 10;0(3).
- Del Rosal I, Dávila M, Sánchez S, Bermejo ML. La inteligencia emocional en estudiantes universitarios: diferencias entre el grado de maestro en educación primaria y los grados en ciencias. Int J Dev Educ Psychol. 2016;2: 51–62.
- Sánchez G, Araya-Vargas G. Atención plena, inteligencia emocional, género, área de estudio y reporte de ejercicio en estudiantes universitarios costarricenses. el Deport. 2014;9(1):19–36.
- 72. Extremera-Pacheco N, Fernández-Berrocal P. Inteligencia emocional percibida y diferencias individuales en el meta-conocimiento de los estados emocionales: una revisión de los estudios con el TMMS. Ansiedad y estrés. 2005;11(2):101–22.
- 73. Pengpid S, Peltzer K, Kassean HK, Tsala Tsala JP, Sychareun V, Müller-Riemenschneider F. Physical inactivity and associated factors among

- university students in 23 low-, middle- and high-income countries. Int J Public Health. 2015;60(5):539–49.
- Medagama A, Galgomuwa M, Silva C. Physical activity patterns and sociodemographic correlates of physical activity among medical undergraduates in Sri Lanka: an observational study. Postgrad Med J. 2018;94(1107):32–6.
- 75. El Ansari W, Suominen S, Draper S. Correlates of achieving the guidelines of four forms of physical activity, and the relationship between guidelines achievement and academic performance: undergraduate students in Finland. Cent Eur J Public Health. 2017;25(2):87–95.
- Skinner N, Brewer N. Adaptive approaches to competition: challenge appraisals and positive emotion. J Sport Exerc Psychol. 2004;26(2):283–305.
- Baumeister RF, Vohs KD, Nathan DeWall C, Liqing ZL. How emotion shapes behavior: feedback, anticipation, and reflection, rather than direct causation. Personal Soc Psychol Rev. 2007;11(2):167–203.
- Zeidner M, Matthews G, Roberts RD. The emotional intelligence, health, and well-being Nexus: what have we learned and what have we missed? Appl Psychol Heal Well-Being. 2012;4(1):1–30.
- Haskell WL. Physical activity by self-report: a brief history and future issues.
   J Phys Act Health. 2012;9(Suppl 1):S5–10.
- 80. Warren JM, Ekelund U, Besson H, Mezzani A, Geladas N, Vanhees L, et al. Assessment of physical activity a review of methodologies with reference to epidemiological research: a report of the exercise physiology section of the European Association of Cardiovascular Prevention and Rehabilitation. Eur J Cardiovasc Prev Rehabil. 2010;17(2):127–39.
- 81. Mayer JD, Caruso DR, Salovey P. Emotional intelligence meets traditional standards for an intelligence. Intelligence. 1999;27(4):267–98.

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