EMOTIONAL INTELLIGENCE OF GENERATION Z AND ITS RELATION TO ALCOHOL CONSUMPTION

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ABSTRACT

This study explores the correlation between emotional intelligence (EI) and alcohol consumption patterns among Generation Z, with a focus on university students and graduates with backgrounds in economics and management. The present study explores emotional intelligence as a personal trait that potentially influences risky alcohol behaviors. These behaviors are assessed using the AUDIT (Alcohol Use Disorders Identification Test) and the TEIQue-SF (Trait Emotional Intelligence Questionnaire – Short Form). A sample of 128 respondents, recruited through online platforms, completed these standardized questionnaires. A comprehensive statistical analysis was conducted, encompassing the utilization of Spearman's correlation coefficient and *t*-tests. This analysis yielded a negative correlation between emotional intelligence (EI) and the consumption of alcohol in a risky manner. The findings indicated that individuals with lower EI levels exhibited an elevated propensity for alcohol-related risks. Furthermore, gender disparities have been identified as a contributing factor to heightened alcohol consumption risk among males compared to females. While the findings of the present study confirm the association between emotional intelligence (EI) and alcohol risk, they also suggest the presence of complex underlying factors in alcohol consumption behaviors that extend beyond EI. This research contributes to the understanding of the role of emotional intelligence in managing alcohol use, with implications for developing intervention strategies aimed at promoting emotional awareness and healthier coping mechanisms within Generation Z. Our results not only confirm older models (e.g. Kun et al., 2019; Kun and Demetrovics, 2010; Bar-On, 2006), but also reveal generation-specific nuances—e.g., a lower overall rate of risky drinking, but a persistent gender difference and the fundamental importance of self-control.

KEY WORDS

emotional intelligence, alcohol consumption, generation Z, risky drinking behavior

JEL CODES

I12, I31, J10, J13, M52, M53

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1 INTRODUCTION

Alcohol consumption persists as a preeminent public health concern, particularly among young adults and college students, where prevalence rates are notably elevated (Menagi et al., 2008; Stone et al., 2012). While the social and developmental factors influencing alcohol use are well-documented, there is an increasing interest in understanding the psychological mechanisms that contribute to problematic drinking behaviors. Among these factors, emotional intelligence (EI) has emerged as a crucial factor in determining an individual's capacity to manage emotions, cope with stress, and resist peer pressure related to substance use (Goleman, 2011; Trinidad and Johnson, 2002). A corpus of research has identified a correlation between low emotional intelligence (EI) and a variety of maladaptive behaviors, including substance abuse. This phenomenon can be attributed, in part, to the tendency of individuals with weaker emotional regulation skills to utilize alcohol as a coping mechanism (see Janati et al., 2012; Mohagheghi et al., 2015). Recent intervention studies have demonstrated that emotion regulation workshops can significantly reduce craving beliefs in individuals with substance use disorders, highlighting the potential of targeted emotional skill-building to mitigate risky drinking behaviors (Choopan et al., 2016).

Conventional research has predominantly centered on the demographic and social determinants of alcohol consumption. However, there is a paucity of studies that have systematically examined the role of emotional intelligence, particularly within the context of the emerging adult Generation Z, who differ markedly from previous cohorts in their psychological development, socialization patterns, and digital media exposure (Muli and Lagan, 2017). The distinctive manner in which Generation Z engages with digital environments, wherein alcohol-related behaviors are frequently normalized and promoted, has the potential to accentuate vulnerabilities associated with emotional regulation and peer influence. Furthermore, young adults aged 18–29 are at a critical developmental stage where behavioral patterns, including alcohol use, are established and often persist into later life. This period is of particular significance for interventions aimed at enhancing emotional intelligence.

Despite the mounting evidence from research linking EI to substance use, there remains a significant gap in understanding how emotional intelligence correlates specifically with alcohol consumption patterns among Generation Z college students, including potential gender-specific differences. A review of extant studies reveals a tendency to either aggregate young adults across generational cohorts or to neglect the potential moderating influence of gender. The present study endeavors to address this lacuna by focusing exclusively on Generation Z and by systematically examining gender as a moderating variable in the relationship between EI and alcohol use.

This present study contributes to the theoretical understanding of emotional intelligence (EI) and its relationship to alcohol consumption by focusing on specific subcomponents of EI—notably self-control—and by situating these relationships within the unique context of Generation Z higher education students. Recent research, such as the Hungarian cohort study (Kun et al., 2019), has shown that difficulties in stress management and self-regulation are significant predictors of substance use, highlighting the importance of examining EI not only as a global trait but also through its distinct facets. By analyzing how different aspects of EI, including self-control, well-being, emotionality, sociability, adaptation, and motivation, are associated with patterns of risky alcohol consumption, this study extends existing models that have often treated EI as a unitary construct (Kun and Demetrovics, 2010).

Moreover, the study focuses on Generation Z students, a cohort characterized by challenges such as academic pressures, peer influences, and increased autonomy. This focus is supported by previous research, such as that by Guo et al. (2010), which demonstrates that programs targeting emotional intelligence and coping skills within educational settings can be effective in

reducing substance use among young people. The findings suggest that interventions tailored to the unique psychosocial dynamics of this generation, particularly in higher education environments, may offer greater potential for prevention and harm reduction.

Finally, the study explores gender differences in the relationship between EI and alcohol consumption, building on evidence that socialization patterns shape how males and females regulate emotions and respond to stress (Kun et al., 2019; Goudarzian et al., 2017). The study based on research confirmed the current state of knowledge, and its results are consistent with the findings of earlier works (e.g. Kun et al., 2019; Kun and Demetrovics, 2010; Bar-On, 2006).

2 LITERATURE REVIEW

The notion of emotional intelligence has garnered considerable attention in both academic and popular discourse. A considerable number of training programs designed to enhance emotional intelligence have been implemented in a variety of settings, including organizations, academic institutions, and educational environments on a global scale. Emotional intelligence, akin to other psychological constructs such as intelligence, leadership, and personality, is subject to varying interpretations and measurement methodologies. Emotional intelligence, in its fundamental sense, is defined as the capacity to discern and modulate one's own emotions as well as those of others (Goleman, 1998). The conceptual origins of this theory can be traced to Thorndike's (1920 in Goleman, 1998) theory of social intelligence, defined as "the ability to understand men and women, boys and girls, and so to direct—to act wisely in human relationships." Salovey and Mayer (1990) formally introduced the term "emotional intelligence," defining it as a set of skills that enable individuals to accurately perceive, express, regulate, and utilize emotions for motivation and goal achievement. Goleman (1998) further popularized the construct by proposing that emotional intelligence plays a more critical role in success than traditional cognitive intelligence (IQ). This proposal had the effect of reshaping perspectives on human intelligence and achievement.

2.1 Trait Emotional Intelligence

Trait emotional intelligence is defined as a constellation of emotional perceptions situated at the lower levels of the personality hierarchy (Petrides et al., 2007). This construct encompasses self-perceived emotional abilities, often referred to as emotional self-efficacy. In essence, it captures the affective components of personality.

Personality, in its broadest sense, is an expansive domain encompassing a multitude of characteristics, including motives, interests, values, emotional traits, social characteristics, and numerous others (Funder, 2015). Conventionally, the affective dimensions of personality are dispersed across the five factors of the Big Five model, impeding the capacity to study them in a comprehensive manner. Trait emotional intelligence integrates these facets into a unified model comprising 15 distinct components. Factor analysis (Petrides, 2009) has demonstrated that two facets emerge as distinct entities, while the remaining 13 comprise four overarching factors (well-being, self-control, emotionality, and sociability). These factors, in turn, give rise to the global trait of emotional intelligence, which occupies a predominant position within the hierarchy of emotion-related personality traits. The facets are divided into domains as follows:

1. Well-being – self-esteem, the quality of happiness and optimism.

2. Self-control – working with stress, low impulsivity, regulating emotions.

3. Emotionality – the quality of empathy, emotional perception, emotional expression, relational competence.
4. Sociability – emotion management, assertiveness, social awareness.
5. Separate aspects – self-motivation and adaptability.

It is imperative to acknowledge the distinction between emotional intelligence as a skill and emotional intelligence as a trait. These two concepts are measured differently (Petrides and Furnham, 2001). The assessment of skills-based emotional intelligence is typically conducted through performance-based methods, whereas the measurement of trait emotional intelligence is generally achieved by means of self-reports.

2.2 Alcohol Addiction

Alcohol consumption is a significant contributor to the global health burden and a prominent public health concern in Europe. In the European Union, where alcohol consumption rates are among the highest in the world, alcohol-related deaths account for approximately 14% of all male deaths and 8% of all female deaths between ages 15 and 64 (Rehm and Shield, 2012 in Šebeňa, 2022). These figures are particularly high among young adults aged 18 to 26, especially college students. A multitude of studies have demonstrated that the prevalence of alcohol use among college students reaches its zenith (Menagi et al., 2008; Stone et al., 2012). The onset of alcohol consumption typically occurs during high school, and its intensity increases upon entry into college. This pattern of escalating alcohol use typically reaches its peak in this environment. Upon entering college, students undergo a significant transition in their lives, marked by an increase in autonomy, a decrease in parental guidance, supervision, and support, and an expansion of social interactions with peers on campus. The aforementioned factors may collectively contribute to an escalation in alcohol consumption. Particularly important is the fact that alcohol consumption is most often a social activity with peers, and thus constitutes a cultural event in the process of identity development (Palen and Coatsworth, 2007). It is equally plausible for alcohol use to gradually evolve into abuse or even addiction later in life, as it is for consumption to steadily decrease during college and eventually cease altogether after graduation.

As with other psychoactive substances, motives for experimenting with alcohol vary, ranging from curiosity, rebellion, sensation seeking, providing pleasure to alleviating boredom (Kuntsche and Müller, 2012). While social motives may drive initial experimentation, they are unlikely to be cited as a reason for continued use (Morrison and Plant, 1991). A review of the extant literature on the motivations of individuals for alcohol consumption reveals that people consume alcohol for a variety of reasons. The pursuit of social benefits, including the attainment of acceptance, the acquisition of peer recognition, and the experience of a sense of belonging, constitute primary motivations for some individuals. The consumption of alcohol by some individuals is primarily driven by a desire to alleviate or manage adverse emotional conditions, such as anxiety or depression. Additionally, some individuals drink to enhance or sustain positive emotional states, such as feelings of excitement or pleasure, which is referred to as the 'reinforcement' motive (Kuntsche and Müller, 2012; Németh et al., 2011).

Gender differences play a significant role in alcohol consumption patterns, with men consistently displaying higher rates of alcohol use and risky drinking behaviors compared to women. A study by Wilsnack et al. (2009) found that men are more likely to engage in heavy episodic drinking, whereas women exhibit higher rates of lifelong abstinence. Despite the existence of global trends indicating a gradual increase in alcohol consumption among women, gender disparities persist, potentially due to both biological and social factors. Moinuddin et al. (2016) emphasize that women are more vulnerable to the physiological effects of alcohol due to differences in alcohol metabolism, which are influenced by sex hormones. Consequently, women experience higher blood alcohol concentrations and greater intoxication levels than men when consuming equivalent amounts of

alcohol. Beyond biological differences, cultural and societal expectations also influence gendered drinking behaviors. Research by Rudnák et al. (2023) underscores the pervasiveness of traditional gender norms, with male respondents demonstrating a higher propensity to endorse statements that reinforce conventional gender roles. These roles include the prioritization of a woman's role in supporting her husband's career and the perception of men as suitable for leadership positions. Such entrenched social norms may contribute to the prevalence of male-dominated drinking cultures, where alcohol serves as a means of social bonding and coping with stress. These findings underscore the complex interplay between biological, psychological, and sociocultural factors in shaping alcohol consumption behaviors across genders.

2.2.1 Addictions and Emotions

The role of emotions in the development of addiction to psychotropic substances was previously theorized by Freud (1930 in Kun and Demetrovics, 2010). He proposed that psychoactive addiction may represent an attempt to evade a distressing environment, physical discomfort, or emotional disillusionment. "With the passage of time, it becomes evident that life presents significant challenges, characterized by profound pain, disappointment, and seemingly insurmountable tasks. In order to endure it, we must implement palliative measures; there are perhaps three such measures: a strong deflection which causes us to make light of our suffering, a substitute satisfaction which diminishes it, and narcotics which make us insensitive to it" (Freud, 1930, p. 75 in Kun and Demetrovics, 2010). According to Wurmser (1974), individuals suffering from an addictive disorder demonstrate an inability to regulate their undifferentiated feelings, impulses, and pervasive internal stress. Consequently, they resort to the use of psychoactive substances. The utilization of addictive substances can thus be interpreted as an endeavor to self-medicate. According to Khantzian (1985), the self-medication hypothesis emphasizes the role of emotion regulation in addictive behaviors. He posits that the consumption of drugs materializes as a dual outcome of psychopharmacological functioning and profound emotional distress. As Wurmser (1974) and Khantzian (1985) have noted, the decision to utilize these substances is contingent upon an individual's challenges with self-regulation and affect regulation, in addition to personality dysfunction. Therefore, it can be concluded that psychoanalytically oriented theories regard substance use as a means of emotion regulation.

Recent research findings further substantiate the robust correlation between emotional dysregulation and addiction. According to the extant research on addiction, individuals may use substances to self-medicate negative emotions arising from heightened stress, anxiety, or anhedonia (Hand et al., 2024). Emotional dysregulation is now recognized as a core feature of substance use disorder as well as behavioral addictions, contributing to compulsive usage patterns and increasing the risk of relapse (Meyer and Segal, 2023). According to Capito et al. (2017), empirical evidence suggests that alcohol consumption can temporarily elevate mood, induce euphoria, and reduce stress and anxiety. Concurrently, alcohol consumption can increase aggression and impulsivity. These findings serve to reinforce the notion that substance use is not merely a coping mechanism for emotional distress; rather, it has the potential to exacerbate emotional instability, thereby creating a cycle of dependency and maladaptive regulation strategies.

2.2.2 Addictions and Emotional Intelligence

Goleman (2011) posited that individuals with limited emotional intelligence are more prone to adverse behaviors, including violence, depression, delinquency, and substance abuse. These outcomes are attributed to the individual's inability to effectively regulate emotions. Study by Janati et al. (2012) identified a substantial correlation between emotional intelligence and the propensity for drug addiction among student populations. Concurrently, Schutte et al. (2011) corroborated their hypothesis that both emotional intelligence as a skill and trait emotional intelligence are associated with alcohol use. The authors further reference previous research indicating that lower trait emotional

intelligence is associated with more frequent and excessive alcohol use (Austin et al., 2005; Schutte et al., 2011). These findings are corroborated by a systematic review by Kun and Demetrovics (2010), which indicates that lower levels of emotional intelligence are associated with more intensive smoking, alcohol use, and illicit drug use. Their analysis underscores two critical components of emotional intelligence that play a pivotal role in addiction: the ability to decode and differentiate emotions and the ability to regulate emotions. Deficits in these areas have the potential to compromise an individual's capacity to manage distress in a constructive manner, thereby increasing the probability of resorting to substance use as a maladaptive coping mechanism.

As Mohagheghi et al. (2015) have indicated, patients suffering from addiction have been shown to exhibit diminished scores on self-esteem scales. This finding suggests the potential for alcohol consumption to function as a form of self-medication, aiming to enhance self-esteem in specific instances. Given that the development of self-esteem typically occurs during early adulthood, addressing these issues at this stage may prevent the initiation of alcohol consumption as a misguided coping mechanism. From an alternative vantage point, the utilization of alcohol as a means of problem-solving can be construed as a deficiency in problem-solving aptitudes and the capacity to confront challenges autonomously.

As demonstrated in previous studies, individuals grappling with substance use disorders frequently encounter difficulties in comprehending and articulating their emotions (Ciarrochi et al., 2013). Furthermore, they demonstrate an inability to employ emotions in a nuanced manner as sensory cues or coping mechanisms, which often results in the pursuit of substances as a means of regulating internal states. Consequently, the utilization of psychoactive substances functions as an external means of alleviating emotional discomfort that is ambiguous or overwhelming in nature. Consequently, individuals grappling with addiction may ascribe their emotional distress to irrational factors in their body or environment rather than recognizing and addressing their underlying emotional difficulties.

According to the findings of Mohagheghi et al. (2015), certain components of emotional intelligence are present in insufficient amounts in individuals with alcohol dependence. This underscores the potential efficacy of identifying and training individuals with lower emotional intelligence scores as a preventative measure for alcohol-related problems. This perspective is corroborated by the findings of Trinidad and Johnson (2002), who observed a negative correlation between emotional intelligence and substance use among adolescents. The findings of the study indicated that individuals with higher emotional intelligence may possess a greater ability to understand social cues, resist peer pressure, and regulate emotions effectively. This, in turn, may reduce their likelihood of engaging in substance use.

2.2.3 Addictions, Emotional Intelligence and Generation Z

The demographic known as Generation Z, comprising individuals born between the mid-1990s and early 2010s, is entering the workforce as digital natives shaped by the pervasive influence of social media (Sharma and Singh, 2023). This exposure presents a unique set of emotional challenges, with some individuals resorting to alcohol consumption as a coping mechanism for stress, isolation, or emotional difficulties. A substantial inverse correlation has been demonstrated between emotional intelligence (EI) and alcohol consumption, with lower EI levels correlating with increased alcohol intake. For instance, a study at Minnesota State University, Mankato, found that individuals with lower emotional intelligence (EI) were more prone to excessive alcohol consumption as a means of emotional regulation (Davlyatov, 2013).

Rybanská (2015) underscores the critical role of emotions in decision-making, noting that strong emotions can distort rational behavior, thereby emphasizing the need for effective emotional regulation. Nwachukwu et al. (2017) underscore the significance of competencies such as self-awareness and resilience in navigating ambiguity and risk, skills inherently associated with EI. These competencies not only support

professional success but may also encourage healthier coping mechanisms, reducing reliance on substances like alcohol. The exploration of the interplay between generational identity, EI, and alcohol use offers valuable insights into the provision of support to young employees. It is suggested that the development and strengthening of EI could enhance workplace performance while mitigating the risks of substance abuse.

3 METHODOLOGY AND DATA

The objective of this study is to examine the association between risky alcohol consumption and trait emotional intelligence among Generation Z students specializing in economics and management. The research population will be utilized to validate or invalidate specific correlations. The findings will determine whether there is a correlation between alcohol consumption levels and emotional intelligence scores.

Once the research objectives were defined, it was necessary to formulate hypotheses:

- H_1: *Generation Z members with completed or ongoing higher education tend to have higher values towards risky alcohol consumption overall.*
- H_2: *Males have a higher proportion of risky alcohol consumption than females.*
- H_3: *Individuals with lower levels of self-control (a subcomponent of trait emotional intelligence) have greater difficulty moderating their alcohol consumption, both in stopping drinking once started and in limiting intake per drinking session.*
- H_4: *Lower levels of overall trait emotional intelligence and its individual components (well-being, self-control, emotionality, sociability, adaptation and motivation) are associated with chronic risky alcohol consumption.*

3.1 Data Collection and Research Sample

The data collection for this study was conducted in March 2024 using Microsoft Forms, an online form builder that facilitates efficient and high-quality data accumulation while ensuring respondent anonymity. To attain a pertinent sample, participants were recruited via social networks, specifically Facebook and Reddit, utilizing groups dedicated to research participation. A snowball sampling approach was employed, encouraging participants to share the questionnaire with other eligible individuals. The entire questionnaire study was conducted exclusively in the Czech language to ensure cultural homogeneity among respondents. While the survey utilized validated Czech versions of the TEIQue-SF and AUDIT instruments, it is important to acknowledge certain cultural limitations inherent in the study design. Given that all participants were native speakers of Czech and the sample was nationally homogeneous, the findings may not be fully generalizable to broader, cross-cultural populations. Emotional intelligence, as a psychological construct, is subject to variation across cultures due to differences in emotional expression, social norms, and communication styles (Yang et al., 2025). Consequently, the results of this study should be interpreted with caution when considering populations outside the Czech cultural context. Future research endeavors should prioritize the replication of these findings with more diverse and multilingual samples to enhance external validity and promote a more comprehensive understanding of potential cultural variations in emotional intelligence and alcohol-related behaviors.

The research sample consists of Generation Z individuals who are either currently pursuing or have completed higher education in economics and management. The term "Generation Z" is typically defined as individuals born between 1997 and 2012 (Jayatissa, 2023). This demographic is beginning to enter the workforce. The analysis of behavioral patterns within this generation is of particular value, as its members are expected to assume increasingly significant

roles in the job market, including managerial positions.

A total of 128 respondents from Generation Z participated in the survey. While the sample size of 128 may constrain the generalizability of the findings, it can still offer valuable insights, particularly in studies focusing on specific subgroups (such as the group of economics and management students from Generation Z). The gender distribution of the sample is presented in Tab. 1.

Tab. 1: Research sample by gender

Gender	Absolute frequency	Relative frequency
Man	61	48
Woman	67	52
Total	128	100

As illustrated in Tab. 1, the sample population is comprised of 61 male subjects (48%) and 67 female subjects (52%). While the gender distribution is relatively balanced, there is a slight predominance of female respondents.

The collected data was analyzed through the implementation of fundamental descriptive statistics computed with the aid of the Microsoft Excel program. Additionally, hypothesis testing was conducted through Jamovi statistical software, employing *t*-tests and Spearman's correlation coefficient.

3.2 Questionnaire Structure

For the present study, a questionnaire was developed by combining two standardized questionnaires. The introduction of the questionnaire delineates its objective, the nature of the research, and provides assurances of respondent anonymity. The initial section of the survey encompasses fundamental demographic information, including gender. This is followed by the second section, which delves into the subject's alcohol consumption patterns. This section employs the standardized AUDIT (Alcohol Use Disorders Identification Test) questionnaire, which is freely available on the AUDITSCREEN website. The Alcohol Use Disorder Identification Test (AUDIT), developed by the World Health Organization (WHO) in 1989, is a widely used self-assessment tool designed to identify risky alcohol use, dependence, and abuse. The instrument under review consists of 10 items, which address three key areas:

1. The quantity and frequency of alcohol consumption are measured by the questions 1–3.
2. The following inquiries (questions 4–6) are intended to ascertain the presence of potential alcohol dependence.
3. The following set of questions pertains to alcohol-related problems (questions 7–10).

These areas can be evaluated individually; however, the total score, ranging from 0 to 40, is often calculated. A score of 8 or higher is generally indicative of potentially hazardous alcohol intake (de Meneses-Gaya et al., 2009). The majority of inquiries pertain to the fundamental relationship between individuals and alcohol, encompassing its propensity to induce dependence and other deleterious effects. The AUDIT questionnaire was developed by selecting the most effective questions from a pool of approximately 150 in an initial WHO study that included countries with diverse socioeconomic, cultural, linguistic, and healthcare backgrounds. Consequently, AUDIT boasts a robust international reputation, with no revisions necessary since its inception. Nevertheless, numerous abridged or adapted versions have been produced. As previously stated, the potential range of scores is from 0, denoting a non-drinker or an individual with no alcohol-related concerns, to 40, with a score of 1–7 indicating low-risk drinking, 8–14 suggesting hazardous or harmful consumption, and 15 or higher indicating probable alcohol dependence (Saunders, 2024). The test utilizes the term "standard glass," which, in this context, denotes a volume of half a liter of 12° beer, two deciliters of wine, or 0.05 liters of spirits (a large shot).

The third section of the composite questionnaire includes the standardized TEIQue-SF (Trait Emotional Intelligence Questionnaire Short Form) by Petrides (2009). This section contains a series of statements that respondents rate on a scale from 1 (completely disagree) to 7 (completely agree), assessing five aspects

of trait emotional intelligence: well-being, self-control, emotionality, sociability, adaptability, and motivation. The generation of an overall trait emotional intelligence score is achieved by the summation of the values from these scales. Scores for each scale range from 1 to 7, and the total trait emotional intelligence score ranges from 7 to 35. The assessment of emotional intelligence as a personality trait is not without its advantages and disadvantages, which are closely connected to the method of measurement. While self-assessment methodologies are characterized by simplicity in construction, ease of scoring, and general reliability when compared to performance-based emotional intelligence tests, they depend on respondents' self-reflection and introspection, which can introduce biases, such as the desire to provide socially acceptable answers (Salbot et al., 2011).

While the TEIQue-SF and AUDIT are widely recognized and validated tools for assessing trait emotional intelligence (TEI) and alcohol use (AUDIT), respectively, both have limitations that warrant consideration. The TEIQue-SF, a condensed version of the Trait Emotional Intelligence Questionnaire, boasts the advantage of brevity, rendering it well-suited for large-scale studies. However, its reduced length can limit its ability to capture the full breadth of emotional intelligence facets compared to the full version. Furthermore, recent meta-analyses, such as that of Orhan (2024), underscore the variability in the tool's reliability across different populations, thereby suggesting that its psychometric robustness may be context-dependent and influenced by sample characteristics. This prompts inquiries into the generalizability and stability of findings when employing the TEIQue-SF in diverse cohorts.

Similarly, the Alcohol Use Disorders Identification Test (AUDIT), though highly regarded for its sensitivity and specificity in identifying risky alcohol consumption patterns, is not without limitations. The reliance on self-reported data renders the study susceptible to various biases, including underreporting or overreporting due to social desirability or recall inaccuracies. Moreover, while the AUDIT is effective in distinguishing the severity of alcohol use, it does not capture the underlying emotional or psychological motivations for drinking. These motivations are central to understanding the relationship between alcohol consumption and emotional intelligence. These limitations underscore the need for a cautious interpretation of results and highlight the importance of complementing these measures with additional qualitative or contextual data, when feasible.

4 RESULTS

This subsection presents the results of the investigation, through the values of risky alcohol consumption and trait emotional intelligence. The results are presented in tables and figures accompanied by supplementary commentary.

Tab. 2: Frequency of alcohol consumption

Alcohol consumption	Absolute frequency	Relative frequency
Never	6	5
Once a month or less	46	36
Two to four times a month	42	33
Two to three times a week	26	20
Four or more times a week	8	6
Total	128	100

One of the AUDIT questions inquires about the frequency with which the respondent consumes alcohol. As illustrated in Tab. 2, the majority of respondents reported drinking only once a month or less (36%) or two to four times a month (33%). A survey revealed that 20% of respondents consume alcoholic beverages two to three times per week. The smallest proportions were those who consumed alcohol four or more times per week (6%), and those who were abstinent (5%). A review of the data reveals that the sample of respondents generally exhibits a lower frequency of alcohol consumption, with most respondents consuming alcohol only a few times per month at most.

Tab. 3: AUDIT test results

AUDIT	Absolute frequency	Relative frequency
Abstinent, no alcohol problems	6	4.7
Low-risk alcohol consumption, the result does not indicate dependence	71	55.5
The result indicates hazardous or dangerous alcohol consumption	36	28.1
The result shows probable alcohol dependence	15	11.7

Tab. 3 presents the distribution of AUDIT total scores, which assess the risk associated with alcohol consumption and are categorized into four distinct levels. The data reveal that 4.7% of respondents are abstinent or exhibit no signs of alcohol-related issues. The majority of respondents (55.5%) were classified as low risk, exhibiting no indications of alcohol dependence. Concurrently, 28.1% of respondents exhibited hazardous or potentially harmful drinking patterns, constituting nearly half of the previous category. Finally, 11.7% of respondents exhibited scores indicative of probable alcohol dependence.

Fig. 1 shows the sum of the risk-free and risk-relative frequencies of alcohol consumption of the respondents from the previous table and allows testing hypothesis H_1: *Generation Z members with completed or ongoing higher education tend to have higher values towards risky alcohol consumption.* The data indicate that 60.2% of respondents fall within the low-risk or risk-free category of alcohol consumption, while 39.8% exhibit risky or addictive drinking behaviors. In light of these findings, the null hypothesis (H_1) can be rejected without the necessity for further statistical testing.

Tab. 4: Risky alcohol consumption in relation to gender

		Statistics	p
Alcohol consumption risk values	Mann-Whitney U	1343	< 0.001

Tab. 4 and Fig. 2 present the results of testing hypothesis H_2: *Males exhibit a higher proportion of risky alcohol consumption than females.* This hypothesis was examined using the Mann-Whitney U t-test, which yielded a significance level $p < 0.001$. Consequently, the null hypothesis is rejected, leading to the conclusion that males demonstrate statistically higher levels of risky alcohol consumption compared to females, thus confirming hypothesis H_2.

Tab. 5: Descriptive statistics of AUDIT and TEIQue-SF test results

	Alcohol consumption risk values	TEIQue
N	128	128
Average	2.47	22.5
Median	2.00	21.5
Standard deviation	0.76	3.87
Minimum	1	12
Maximum	4	31

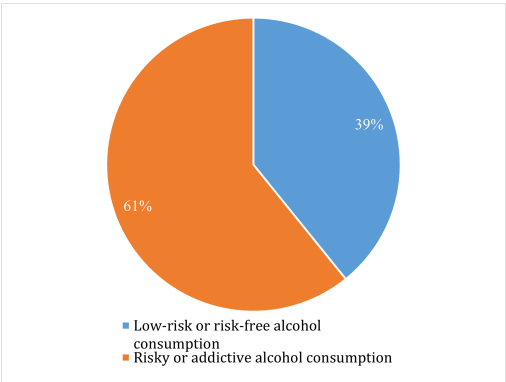

Fig. 1: Risky alcohol consumption of Generation Z

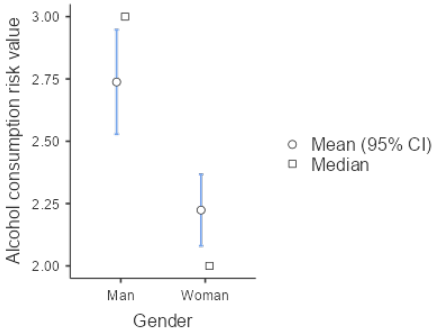

Fig. 2: Risky alcohol consumption in relation to gender

Tab. 6: Descriptive statistics of the individual scales of the TEIQue-SF test

	Well-being	Self-Control	Emotionality	Sociability	Adaptation + Motivation
N	128	128	128	128	128
Average	4.84	4.23	4.63	4.40	4.40
Minimum	1.80	2.00	2.10	1.70	1.00
Maximum	7.00	6.00	6.40	6.20	6.50

Tab. 5 presents the numerical values obtained from the two questionnaires used, which form the foundation for evaluating the subsequent hypotheses. The risk levels of alcohol consumption are categorized on a scale from 1 to 4, where 1 represents abstinence with no alcohol-related issues, 2 indicates low-risk alcohol consumption without signs of dependence, 3 signifies hazardous or dangerous alcohol consumption, and 4 suggests probable alcohol dependence. The mean score falls between 2 and 3.

The results of the trait emotional intelligence test are represented solely by numerical values, with higher scores indicating greater levels of trait emotional intelligence. The mean score for this test is 22.5, with lower values indicating lower emotional intelligence and higher values indicating higher emotional intelligence. The potential score range for this evaluation instrument is from a minimum of 12 to a maximum of 31.

Tab. 6 presents the individual scale scores from the TEIQue-SF questionnaire, which collectively determine each respondent's total trait emotional intelligence score. Each scale ranges from a minimum value of 1 to a maximum value of 7. The mean scores for the different scales are as follows: well-being at 4.84, self-control at 4.23, emotionality at 4.63, and sociability combined with adaptation and motivation at 4.40.

Fig. 3 presents the relative frequency of respondents' answers to AUDIT question 4: During the previous year, how frequently have you encountered circumstances in which you were unable to discontinue alcohol consumption once it had been initiated? The majority of respondents (68%) have never encountered this particular situation. Furthermore, 19% of respondents indicated that they are unable to reduce their alcohol consumption to less than once a month. The survey results indicate that 7% of respondents encounter this situation on a monthly basis, while 3% report experiencing it weekly, on a daily basis, or almost daily.

Tab. 7 and Fig. 4 illustrate the findings of the study, which examined the relationship between respondents' self-control values and their ability to discontinue alcohol consumption once they had commenced. This correlation is then subjected to rigorous testing using Spearman's correlation matrix, a statistical method widely regarded as the gold standard in such analyses. The statistical significance level (p) was determined to be 0.122, indicating that there was no statistically significant difference

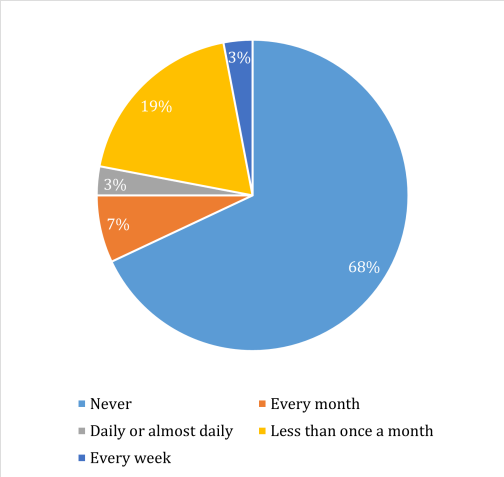

Fig. 3: Distribution of respondents' ability to stop drinking alcohol

Tab. 7: Correlation between the ability to stop drinking and self-control

		Ability to stop drinking	Self-Control
Ability to stop drinking	Spearman's rho	–	
	df	–	
	p-value	–	
Self-Control	Spearman's rho	−0.104	–
	df	126	–
	p-value	0.122	–

between the values. A thorough examination of the distribution of responses reveals that they are predominantly influenced by a single response, thereby complicating the substantiation of statistical disparities. The Spearman's value is −0.104, indicating a negative correlation.

As illustrated in Fig. 5, the distribution of relative frequency responses to AUDIT question 2, which inquires about the typical quantity of standard glasses of alcohol consumed on a typical drinking day, is presented. The results indicate that 39% of respondents reported consuming three to four glasses, while 35% indicated drinking only one or two glasses (it is possible that this category includes 0, although the standardized test does not permit this selection explicitly). Furthermore, 13% of respondents reported consuming five to six glasses per occasion, 10% reported consuming seven to nine glasses, and 3% reported consuming 10 or more glasses in a single session.

As illustrated in Tab. 8 and Fig. 6, the study's findings reveal a significant correlation between respondents' self-control values and the quantity of alcohol consumed on a single occasion. The Spearman's correlation matrix was utilized to analyze the data. The level of significance (p) was determined to be 0.276, which is greater than 0.05. This finding suggests that there is no statistically significant difference between the values. The Spearman's value is −0.053, indicating minimal negative correlation.

Tab. 7–8 and Fig. 4–6 together show the result of testing hypothesis H_3: *Individuals with lower levels of self-control (a subcomponent of trait emotional intelligence) have greater difficulty moderating their alcohol consumption, both in stopping drinking once started and in limiting intake per drinking session.* The findings reveal no statistically significant difference between the values, thereby rejecting the null hypothesis H_3.

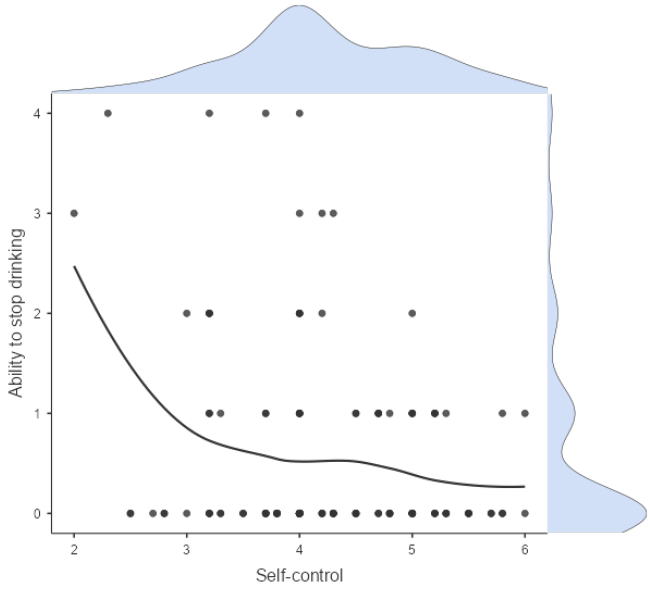

Fig. 4: Correlation between the ability to stop drinking and self-control

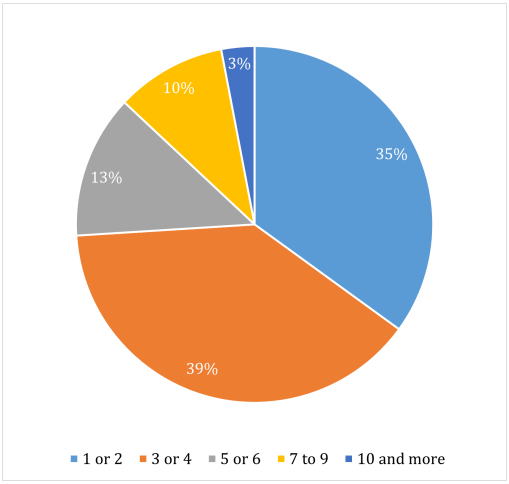

Fig. 5: Distribution of the number of glasses drunk on a typical drinking day

Tab. 8: Correlation of usual number of drinks with self-control (subcomponent of trait emotional intelligence)

		Number of glasses drunk	Self-Control
Number of glasses drunk	Spearman's rho	–	
	df	–	
	p-value	–	
Self-Control	Spearman's rho	−0.053	–
	df	126	–
	p-value	0.276	–

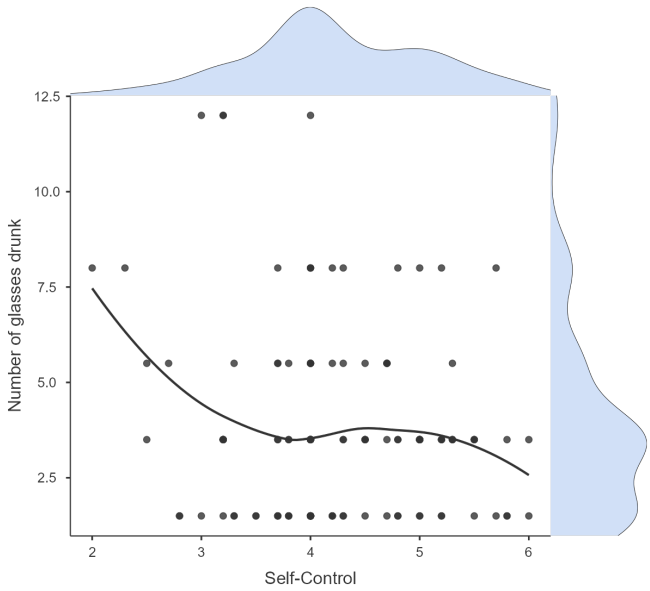

Fig. 6: Correlation between respondents' self-control values and the number of drinks of alcohol consumed on one occasion

Tab. 9: Correlation of alcohol consumption risk and TEIQue and all its individual components

Alcohol consumption risk values		
TEIQue	Spearman's rho	−0.157
	df	126
	p-value	0.039
Sociability	Spearman's rho	−0.076
	df	126
	p-value	0.198
Emotionality	Spearman's rho	−0.125
	df	126
	p-value	0.081
Self-Control	Spearman's rho	−0.202
	df	126
	p-value	0.011
Well-being	Spearman's rho	−0.144
	df	126
	p-value	0.052
Adaptation + Motivation	Spearman's rho	−0.136
	df	126
	p-value	0.064

Tab. 9 and Fig. 7 show the results of testing the main hypothesis H_4: *Lower levels of overall trait emotional intelligence and its individual components (well-being, self-control, emotionality, sociability, adaptation and motivation) are associated with chronic risky alcohol consumption.* The hypothesis is tested using the Spearman correlation matrix. The present

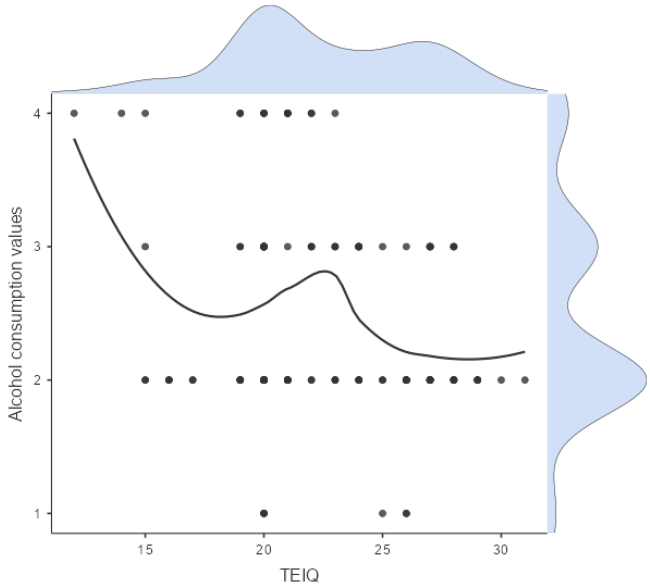

Fig. 7: Correlation of alcohol consumption risk and TEIQue

study examined the correlation between risky alcohol consumption and the global TEIQue, as well as the individual subcomponents. For the global TEIQue, the significance level (p) is 0.039, which is less than 0.05. This indicates that there is a statistically significant difference between the values, and the null hypothesis can be rejected. The Spearman's value is -0.157, indicating a negative correlation. Hypothesis H_4 is hereby accepted.

For the variable designated as "Sociability," the p-value is 0.198. This value is greater than 0.05, which is the critical value for determining statistical significance. This finding suggests that there is no statistically significant difference between the values. The Spearman's value is -0.076, indicating a negligible negative correlation. For the Emotionality variable, the p-value is 0.081, which is greater than 0.05. This indicates that the variable is statistically significant at the 5% level. This finding suggests that there is no statistically significant difference between the values. The Spearman's value is -0.125, indicating a negative correlation. For the variable designated as "Self-Control," the statistical significance level (p) was determined to be 0.011. This value is less than 0.05, indicating that there is a statistically significant difference between the observed values. The Spearman's value is -0.202, indicating a negative correlation. For the purpose of determining well-being, the significance level (p) was found to be 0.052, which is therefore greater than 0.05. This finding suggests that there is no statistically significant difference between the values. The Spearman's value is -0.144, indicating a negative correlation. For the purpose of determining statistical significance, the p-value for the Adaptation + Motivation variable was determined to be 0.064. This value is greater than the 0.05 threshold, indicating that the variable is statistically significant at the 5% level. This finding suggests that there is no statistically significant difference between the values. The Spearman's value is -0.136, indicating a negative correlation.

A thorough examination of the subdimensions of TEI revealed that self-control emerged as the most robust protective factor against excessive alcohol consumption. These results serve to reinforce the conceptual framework proposed by Bar-On (2006), which posits that emotionally intelligent individuals possess higher resilience to stressors and are less likely

to engage in maladaptive coping strategies such as binge drinking. This finding aligns with the results of studies conducted on university populations, which indicate that students with higher TEI scores report a lower prevalence of alcohol-related problems and healthier lifestyle choices (Muli and Lagan, 2017). These findings suggest that individuals with higher emotional intelligence may possess better stress management and emotional regulation skills, potentially reducing their reliance on alcohol as a coping mechanism (Davlyatov, 2013).

In summary, the present study offers empirical evidence that TEI is a crucial factor in understanding alcohol consumption behaviors among Generation Z. However, the study's findings also highlight the need for future research to explore the interplay between emotional intelligence, peer networks, and risk behaviors in greater depth, as well as to delve more deeply into the nuanced effects of social influence and gender-specific patterns. These findings contribute to the expanding corpus of research supporting the role of emotional intelligence in health-related behaviors, particularly among young adults. This study underscores the potential for EI-based interventions in university and workplace settings by linking EI to alcohol consumption (Annamalai et al., 2024).

5 DISCUSSION

The objective of the present study was to examine the relationship between risky alcohol consumption and trait emotional intelligence among former and current university students from Generation Z with a focus on economics and management. The objective of this study was to determine whether specific components of these two constructs influence each other. The study successfully tested four hypotheses, of which one was accepted and three were rejected.

Risky Alcohol Consumption Among Generation Z (H_1)

The results of the study indicated that 60.2% of the respondents exhibited a score suggesting abstinence or low-risk drinking, while 39.8% demonstrated risky, hazardous, or even addictive alcohol consumption. This finding contradicts the hypothesis that Generation Z members in higher education would exhibit higher levels of risky alcohol consumption. Although extant research indicates that university students frequently report elevated alcohol use due to social benefits and cultural norms (Blank et al., 2016), the results suggest a shift in behavior. The observed discrepancy may be attributable to evolving social norms, heightened awareness of alcohol-related risks, or response bias in self-reported alcohol use. These findings may also be indicative of a generational shift in health consciousness and the influence of digital spaces on self-presentation and behavioral norms.

Gender Differences in Alcohol Consumption (H_2)

A subsequent statistical analysis confirmed that males exhibited higher alcohol risk scores than females. This finding is consistent with prior research indicating that males generally consume higher amounts of alcohol than females, despite a global increase in female drinking patterns (Moinuddin et al., 2016). As posited by Wilsnack et al. (2009), the observed gender disparities are likely attributable to biological factors, including variations in alcohol metabolism, muscle mass, and body water composition. From a psychosocial perspective, social learning theory (Bandura, 1991) posits that behaviors observed and socially reinforced, such as excessive alcohol consumption among male peer groups, have the potential to normalize risky behaviors in men to a greater extent than in women.

Self-Control and Alcohol Consumption (H_3)

The analysis did not confirm a statistically significant relationship between self-control, a component of trait emotional intelligence, and

the ability to stop drinking once it has been initiated. Despite the observed negative correlation, the substantial proportion of respondents who had never encountered this situation (68%) precluded the ability to draw definitive conclusions. According to Morutwa and Plattner (2014) and Bandura (1991), individuals with greater self-efficacy and impulse control are less prone to maladaptive coping strategies, including alcohol misuse. This assertion is supported by previous studies and models of self-regulation. The absence of statistical significance in this study may be attributable to limitations in measurement or to the context-specific nature of drinking episodes. This finding underscores the necessity for more situationally nuanced tools in future research.

Trait Emotional Intelligence (and its individual components) and Alcohol Consumption (H_4)

A significant negative correlation was identified between emotional intelligence and risky alcohol consumption (H_4), thereby supporting the hypothesis that lower levels of overall trait emotional intelligence are associated with chronic risky alcohol consumption and increased addiction risk. This finding aligns with the conclusions of previous studies (e.g., Schutte et al., 2011) that have identified a correlation between poor emotional regulation and substance abuse. From a theoretical standpoint, individuals with lower trait emotional intelligence may encounter difficulties in identifying, comprehending, and regulating emotional states. This proclivity for emotional dysregulation renders them more susceptible to the use of alcohol as a maladaptive coping mechanism. Emotional intelligence frameworks, such as those developed by Goleman (2011) and Bar-On (2006), underscore the significance of emotional awareness and impulse control in adaptive behavior.

Furthermore, recent literature suggests that emotional intelligence not only mitigates stress but also buffers against loneliness, a key factor in the development of addictive behaviors. For Generation Z, who often report higher levels of digital social interaction but lower quality of real-life support networks, emotional isolation may serve as a significant mediator between emotional intelligence and alcohol use. This perspective is corroborated by Annamalai et al. (2024), who determined that emotional intelligence functions as a protective factor against feelings of loneliness and, consequently, against the utilization of maladaptive coping mechanisms, such as substance use.

Among the subscales of emotional intelligence, a statistically significant negative correlation was observed only for the Self-Control subscale. This finding serves to reinforce the theoretical role of impulse regulation in preventing risky behaviors. While hypothesis H_3 did not find significance in individual alcohol-related behavior (e.g., inability to stop drinking once started), the broader pattern supports the idea that trait-level self-control is inversely related to overall alcohol risk. This discrepancy underscores the value of multidimensional assessment and supports theoretical models that view self-control as a core mechanism of behavioral regulation (Bandura, 1991; Baumeister et al., 2007).

6 CONCLUSION

The present study examined the relationship between risky alcohol consumption and trait emotional intelligence (TEI) among Generation Z university students specializing in economics and management. The findings offer significant insights into the relationship between emotional intelligence and drinking behaviors within this demographic.

Following a thorough evaluation of the five hypotheses, two were found to be valid, while the remaining three were deemed to be invalid. The most significant result was the confirmation of a negative correlation between risky alcohol consumption and TEI, suggesting that individuals with lower TEI scores are more prone to higher-risk alcohol use. However, these

expectations were not met, as TEI did not have a significant impact on the ability to regulate alcohol intake during single drinking sessions. Moreover, while extant research has demonstrated a consistent correlation between university students and high-risk drinking behaviors, this study found that the majority of Generation Z respondents engaged in low-risk alcohol consumption, indicating a potential generational shift in drinking patterns.

6.1 Future Research

While the present study provides important insights, further research is necessary to deepen our understanding of the relationship between trait emotional intelligence (TEI) and alcohol consumption in Generation Z. Longitudinal studies have the potential to track individuals over time to examine how changes in TEI influence drinking behaviors and whether interventions targeting emotional intelligence can lead to sustained reductions in risky alcohol consumption. For instance, a longitudinal study that follows university students from their first year through early adulthood could yield valuable data on the long-term interplay between emotional regulation and drinking habits.

Cross-cultural comparisons would also be valuable in determining whether similar trends exist across different sociocultural environments. Future research could examine whether the relationship between TEI and alcohol consumption differs in countries with varying drinking norms. For example, a comparison could be made between students in cultures with high alcohol consumption (e.g., the Czech Republic and Germany) and those with stricter regulations or lower consumption rates (e.g., Middle Eastern countries and Scandinavian nations). Such studies could offer insights into the role of cultural attitudes in moderating the impact of emotional intelligence on alcohol use.

Furthermore, subsequent research endeavors should prioritize the assessment of the efficacy of TEI-based interventions in diminishing risky alcohol consumption. Controlled experimental studies could assess different training programs—such as cognitive-behavioral workshops, mindfulness techniques, or emotional self-regulation courses—delivered in university settings, workplace environments, or even through digital platforms. The measurement of outcomes, including alterations in drinking patterns, stress coping strategies, and emotional regulation skills, prior to and following participation, would yield valuable data concerning the real-world impact of these interventions.

Subsequent studies could investigate the long-term effectiveness of TEI interventions by conducting follow-up assessments between six months and several years post-intervention. This would assist in ascertaining whether TEI enhancements are maintained over time and whether they result in enduring behavioral modifications, such as a reduction in binge drinking or the development of enhanced emotional coping mechanisms.

Furthermore, digital and AI-driven interventions are a rapidly expanding field of interest. It is imperative that research explore the potential of mobile applications, artificial intelligence-based emotional coaching, or biofeedback tools that offer real-time emotional self-regulation techniques and behavioral tracking to reduce impulsive alcohol consumption. A comparative analysis of the effectiveness of in-person versus digital TEI training could offer valuable insights for scalable and accessible mental health solutions.

6.2 Practical Implications

The findings underscore the viability of prospective strategies for curtailing risky alcohol use among Generation Z. Given the established correlation between lower TEI and heightened alcohol risk, the integration of interventions designed to enhance emotional intelligence—including resilience training, emotional regulation programs, and stress management workshops—within university settings holds considerable promise in fostering responsible drinking behaviors. In the Czech university context, alcohol consumption is deeply embedded in student life—especially during adaptation weeks and throughout the semester—with drinking serving as the primary means of

socialization, group bonding, and even identity formation. At most Czech universities, students are actively encouraged to drink during official and unofficial events, making alcohol the main "linking part" of the student experience and creating a significant barrier to healthier forms of social engagement.

To address this challenge, universities should take the lead by embedding EI skill-building directly into the student experience and shifting away from alcohol-centered events. For example, instead of traditional adaptation week parties that promote drinking, universities could implement structured EI skill-building workshops, peer-led support groups, and mindfulness sessions. These programs could be modeled after successful initiatives such as the University of Michigan's "Wellness Coaching," where first-year students attend a series of practical workshops focused on managing stress, recognizing emotional triggers, and practicing refusal skills in social drinking situations. Workshops could be led by trained peer mentors and incorporate real-life scenarios, such as responding to pressure to drink at parties or on social media (Wolverine Wellness, 2025). Universities could also take inspiration from the Czech Technical University in Prague (ČVUT), which offers a dedicated mental wellbeing webpage and a mental health manual that includes guidance on understanding and managing emotions (Vavřichová, 2025).

In addition, students could be encouraged to use digital tools like the app SuperBetter, which gamifies resilience-building and emotion regulation, or Czech app Nepanikař, which provides coping strategies and tracks emotional well-being. Universities could also implement annual EI assessments for all students, with those identified as high-risk being offered personalized counseling that integrates cognitive-behavioral therapy (CBT) and emotion-regulation training, as demonstrated effective in reducing substance cravings.

By replacing alcohol-centered activities with EI-based programs and non-alcoholic social events, Czech universities can break the cycle of normalization and create a campus culture that supports healthier coping mechanisms and more inclusive forms of connection. Such changes align with recommendations from Czech public health authorities and European best practices, where alcohol-free weeks and well-being festivals have successfully reduced risky drinking among students. Ultimately, these interventions can help foster safer and more supportive student communities.

These findings link to the broader links between emotional intelligence and mental health. Strengthening emotional regulation and self-awareness not only contributes to healthier drinking habits but also serves as a protective factor against stress, anxiety, and other mental health issues. In this context, Czech institutions have started to respond with systematic support. The National Institute of Mental Health (NIMH) is currently leading several initiatives focused on mental health and emotional resilience in the workplace. One of them, the HARMONY project, launched in 2025 in collaboration with eight European countries, aims to develop tools, supported by artificial intelligence, to enhance emotional well-being and prevent mental health deterioration in small and medium-sized enterprises. The qualitative research part of the project, aimed at university teachers, is currently underway. The aim is to map current educational approaches in universities in this area, emerging trends and challenges that educators face when teaching or supporting students (NIMH, 2025; HARMONY, 2024). Additionally, the ongoing Mental Health Promotion and Prevention Project at NIMH provides Czech organizations with practical frameworks for assessing and supporting employee well-being. This includes guidance on how to address common psychological challenges such as burnout, anxiety, and alcohol misuse. These efforts demonstrate a growing national commitment to fostering healthier coping mechanisms and creating emotionally intelligent environments, both in academia and in the workforce (NIMH, 2024).

To further strengthen the practical relevance of this study, several concrete applications of EI-based interventions can be proposed. Universities could incorporate short, skills-based workshops on emotional self-regulation, stress

management, and refusal skills directly into student adaptation programs. Peer-led mentoring and wellness coaching (such as the University of Michigan's Wellness Coaching) could be adapted within the Czech university context to promote emotional awareness and healthier coping strategies. Moreover, universities may consider integrating emotional intelligence development into existing soft skills or mental health curricula to normalize discussions of emotion regulation and reduce alcohol-centered socialization patterns.

Beyond academia, employers can apply similar approaches by embedding EI-focused resilience training and emotional regulation modules into onboarding and employee well-being programs for young professionals. These measures would translate the study's findings into practical, scalable interventions supporting both public health and workplace well-being across Generation Z populations.

Building on these recommendations, several specific program formats can be considered:

1. *University-based programs.* Interactive EI workshops could be implemented during adaptation weeks or as part of first-year seminars. They should cover (a) recognition of emotional triggers linked to alcohol use, (b) practical self-regulation techniques such as mindfulness, breathing strategies, and cognitive reframing, and (c) assertive communication and peer-pressure resistance. These workshops can be delivered by trained psychologists or peer mentors and complemented by follow-up discussion circles that promote reflection and mutual support. A peer mentoring network could also be established, connecting senior students trained in emotional intelligence and psychological support with new students to foster healthy coping mechanisms and stress management. This model could be localized within Czech universities' counseling centers.
2. *Curriculum and digital learning integration.* Emotional intelligence training can be embedded into elective courses such as Soft Skills Development or Mental Health and Resilience. Credit-bearing modules might include reflective journaling, scenario-based simulations (e.g., managing social pressure to drink), and digital tools for tracking emotions and coping strategies. Mobile applications such as SATI or the Czech app Nepanikař could be integrated into student wellness portals, offering self-guided exercises in emotional regulation and stress prevention.
3. *Campus-wide well-being initiatives.* To reduce the cultural normalization of alcohol in student social life, universities could organize Alcohol-Free Weeks or Well-being Festivals featuring mindfulness workshops, sports events, and creative expressive activities such as art therapy or theater-based emotional training. These events could be co-created by student organizations to promote alcohol-free community building and positive mental health.
4. *Workplace applications.* Employers can build upon these strategies by introducing resilience and EI development modules into onboarding programs for young employees. Short-term digital courses, webinars, or blended learning programs can focus on recognizing emotional triggers, managing workplace stress, and developing adaptive coping skills. For small and medium-sized enterprises, these modules could be integrated into broader mental health initiatives—such as the Czech National Institute of Mental Health's HARMONY project—to support emotional well-being, reduce burnout, and prevent maladaptive behaviors, including alcohol misuse.

Through these targeted and context-sensitive interventions, universities and employers can actively foster emotional intelligence as a protective factor against risky drinking. Implementing such programs would directly translate the study's findings into actionable practice, contributing to healthier, more emotionally resilient Generation Z communities.

6.3 Limitations

A potential limitation of this study is the possibility of social desirability bias, in which respondents may have underreported their

alcohol consumption due to concerns about negative perceptions, despite the assurance of anonymity. Future research could address this by incorporating qualitative methods, such as interviews or focus groups, to foster a more open discussion about alcohol use. A further limitation pertains to the reliance on self-assessment for the measurement of trait emotional intelligence, a practice that is susceptible to influences such as respondents' current mood, situational factors, and subjective self-perception. In order to enhance the precision of the findings, subsequent studies may benefit from the integration of diverse assessment techniques, such as observer ratings or behavioral indicators of emotional intelligence. Moreover, while the study's sample size was adequate for statistical analysis, it is possible that this limited the strength of the detected correlations. In subsequent research, the sample size could be augmented to enhance the robustness of findings and facilitate subgroup analyses based on demographic or cultural factors.

The present study contributes to the existing body of knowledge by offering insights into the relationship between emotional intelligence and alcohol consumption behaviors among Generation Z. Unlike previous studies, which often emphasized high levels of risky drinking among college students, our results show that low-risk behavior prevails among Generation Z respondents. This may signal a generational shift in attitudes toward alcohol and a greater emphasis on healthier lifestyles. Although the literature often reports a gradual blurring of gender differences in alcohol consumption, our data confirm that these differences still persist among Generation Z and are statistically significant. This suggests that gender continues to be a strong predictor of risky drinking, even in the context of the younger generation. These findings have implications for the development of targeted intervention programs that promote emotional resilience and responsible alcohol use. Such programs could be integrated into educational curricula, workplace training for young professionals, and broader public health initiatives aimed at fostering healthier emotional coping strategies.

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