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ORIGINAL

# Effectiveness of a psychoeducational intervention program in the development of social-emotional skills in dentistry students

# Efectividad de un programa de intervención psicoeducativa en el desarrollo de competencias socioemocionales en estudiantes de Estomatología

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## ABSTRACT

**Introduction:** higher education in Cuba emphasizes the training of well-rounded professionals who can effectively integrate the academic and human aspects of the educational process. This approach is particularly relevant in the field of dentistry, where professional practice involves constant interaction with patients and collaborative work within healthcare teams, requiring the development of skills that go beyond technical and scientific expertise, including social-emotional skills. In this context, the present study aims to propose a psychoeducational intervention program designed to develop social-emotional skills among students in the Stomatology Program at the University of Medical Sciences of Villa Clara, Cuba.

**Development:** the research is based on the systematic use of theoretical and empirical methods, as well as statistical procedures and mathematical data analysis. These methods enabled the design of a psychoeducational intervention program structured around a general objective, a theoretical foundation, the identification of beneficiaries, necessary resources, and areas of intervention organized into diagnosis, planning, implementation, and evaluation. Each of these areas consists of specific objectives, tasks, sessions, and coherently articulated activities. The assessment conducted by specialists indicated favorable criteria regarding the relevance, internal coherence, and feasibility of the proposed program.

**Conclusions:** the results support the theoretical and methodological viability of a psychoeducational intervention program designed to develop social-emotional skills among dental students. However, evaluating its effectiveness based on practical implementation is a topic for future research. The scientific contributions presented are part of an undergraduate thesis for the Bachelor's Degree in Psychology at the Central University "Marta Abreu" of Las Villas.

**Keywords:** Social-Emotional Skills; Psychoeducational Intervention; Higher Education; Dental Students; Professional Training.

## RESUMEN

**Introducción:** la Educación Superior en Cuba subraya la formación de un profesional integral que articule sólidamente los componentes académicos y humanos del proceso formativo. Este enfoque adquiere particular relevancia en la carrera de Estomatología, donde el ejercicio profesional implica una interacción constante con pacientes y el trabajo colaborativo en equipos de salud, lo que demanda el desarrollo de competencias que trascienden el dominio técnico-científico, entre ellas las competencias socioemocionales. En este contexto, el presente estudio tiene como objetivo proponer un programa de intervención psicoeducativa orientado al desarrollo de competencias socioemocionales en estudiantes de la carrera de Estomatología de la Universidad de Ciencias Médicas de Villa Clara, Cuba.

**Desarrollo:** la investigación se sustenta en el empleo sistemático de métodos del nivel teórico y empírico del conocimiento, así como en procedimientos estadísticos y de procesamiento matemático de la información. Estos métodos permitieron el diseño de un programa de intervención psicoeducativa estructurado a partir de un objetivo general, una fundamentación teórica, la identificación de beneficiarios, recursos necesarios y áreas de intervención organizadas en diagnóstico, planeación, ejecución y evaluación. Cada una de estas áreas se conforma mediante objetivos específicos, tareas, sesiones y actividades coherentemente articuladas. La valoración realizada por especialistas evidenció criterios favorables respecto a la pertinencia, coherencia interna y factibilidad del programa propuesto.

**Conclusiones:** los resultados obtenidos respaldan la viabilidad teórica y metodológica del programa de intervención psicoeducativa diseñado para el desarrollo de competencias socioemocionales en estudiantes de Estomatología. No

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obstante, la evaluación de su efectividad a partir de la implementación práctica constituye una proyección futura de la investigación. Los aportes científicos que se presentan forman parte de una tesis de pregrado correspondiente a la Licenciatura en Psicología de la Universidad Central "Marta Abreu" de Las Villas.

**Palabras clave:** Competencias Socioemocionales; Intervención Psicoeducativa; Educación Superior; Estudiantes de Estomatología; Formación Profesional.

## INTRODUCTION

According to the United Nations Educational, Scientific and Cultural Organization (UNESCO), higher education promotes personal development; stimulates the exchange of knowledge, research, and innovation; and equips students with the necessary competencies to respond to the constant evolution of the labor market.[1]

Current transformations, such as the digitalization and growing ecological awareness of economies, make it necessary to strengthen the development of skills among young people and adults to meet both individual demands and those of the labor market and society.[1] Cuba, as part of this global landscape, has emphasized the organization of the higher education system to address these demands, promoting a professional model that integrates academic and human aspects.[2] In this endeavor, the training and development of social-emotional competencies take on particular relevance.

Different authors define the concept of social-emotional competencies from various perspectives. Notable among these are the criteria of Goleman[3], Mayer et al.[4], Bar-On[5], Repetto[6], Bisquerra[7], Repetto et al.[8], and Suárez et al.[9].

For Goleman[3], social-emotional competencies refer to the ability to recognize and manage one's own and others' emotions. Mayer et al.[4], Bar-On[5], Repetto[6], and Bisquerra[7] acknowledge that these competencies presuppose the development of skills such as self-awareness, motivation, and conflict resolution. Suárez et al.[9] prioritize the bidirectional exchange between individuals and their environment. Moreover, Repetto et al.[8] view them as a series of behaviors related to emotional and social aspects that can be transferred to work situations and contexts, leading to greater effectiveness in professional performance. This is the definition adopted by the present study.

In the specific case of the dentistry program, the fields of practice for professionals include health promotion, prevention, and education; clinical care; health administration; teaching; and research.[10] In these settings, they must establish trusting relationships with patients, manage emotionally demanding situations, and lead clinical and community environments; therefore, they require not only specialized knowledge but also social-emotional competencies.

The search for alternatives to foster social-emotional competencies among dental students has been the subject of research by foreign authors[11,12,13] and national authors.[14,15]

Understanding the need for the training and development of these types of competencies in the field of dentistry, coupled with the recognition of the scarcity of national studies on the subject, serves as the motivation for this study, which defines its general objective as follows: To propose a psychoeducational intervention program for the development of social-emotional competencies among dental students at the University of Medical Sciences of Villa Clara, Cuba.

## DEVELOPMENT

A descriptive-correlational study based on a mixed-methods research approach[16] was conducted between September 2024 and May 2025 in the Stomatology Program at the Faculty of Stomatology, University of Medical Sciences of Villa Clara, Cuba.

The (finite) population consisted of 100 % of the third-year students in the program, and the sample, selected using nonprobabilistic purposive sampling, comprised 18 students (100 %) on the basis of the following criteria:

- Homogeneity in terms of the year of study, the specialty studied, the age range, and group membership.
- Heterogeneity regarding origin, sex, race, marital status, and standard of living.
- Mastery of the course content covered during the three years of the program, meaning they should possess a higher level of knowledge, skills, and attitudes associated with their professional profile, as a contribution to the formation and development of socioemotional competencies.
- The existence of stronger interpersonal relationships.
- The connection to the professional performance of one of the authors of this study.

As part of the research process, informed consent was obtained from the administration of the School of Stomatology and from the research participants (faculty and students). Anonymity and confidentiality were guaranteed.

To reveal the theoretical and methodological foundations of the research object (the development of socioemotional competencies in students), patterns were identified, inferences were made, conclusions were reached, and the psychoeducational intervention program was structured according to the relationships between its components; methods from the theoretical level of knowledge were used: analytical-synthetic, inductive-deductive, and systems approaches.

Among the methods at the empirical level of knowledge, the following were employed:

- Participant observation: participants were present throughout the research process, with the aim of systematically assessing the development of students' social-emotional competencies.
- Document analysis: to identify how attention to social-emotional competencies is conceptualized in the program's normative documents (Professional Model, Teaching Process Plan, and Methodological and Organizational Guidelines).

- Interviews were conducted with the aim of understanding teachers' perceptions, practices, and challenges regarding the development of social-emotional competencies.
- Survey: to gather students' opinions on the organization, content, and methodology of the psychoeducational intervention program and to have them evaluate changes in their self-perception of their social-emotional competencies.
- Data triangulation: to compare the data obtained using different methods and instruments and identify patterns.
- Expert judgment: to record experts' assessments regarding the content validation of the research instruments and the evaluation of the relevance and feasibility of the proposed psychoeducational intervention program.

The following techniques were used:

- Situational test on behaviors indicative of mastery of social-emotional competencies (ConDCes): this test is aimed at understanding students' criteria regarding how these competencies manifest in other members of the class group.[17]
- Social-Emotional Competence Scale: this scale is designed to assess each student's understanding of how these competencies manifest in them.[18]

These techniques were administered online because this method has been shown to be just as effective as traditional surveys conducted in person using a printed questionnaire.[19]

In designing the research instruments and techniques, the criteria of Repetto et al.[8] were adopted for the conceptualization of the dependent variable (development of social-emotional competencies) and its operationalization across the following dimensions: self-awareness, emotional self-regulation, interpersonal regulation, empathy, motivation, conflict resolution, and teamwork.

The percentage analysis (procedure) enabled a quantitative study of the indicators derived from the applied instruments, leading to well-grounded qualitative and e-analyses and assessments. Nonparametric statistical methods were applied, such as Cronbach's alpha in the content validation of the ConDCes test, Kendall's coefficient to determine the strength of agreement among specialists in assessing the relevance and feasibility of the psychoeducational intervention program, and the chi-square test in the statistical evaluation of the degree of consensus among specialists. Statistical Software for the Social Sciences (SPSS) v27[20] facilitated the application of these methods and the appropriate statistical analysis of the collected data.

To design and optimize the psychoeducational intervention program, the DeepSeek-R1 language model[21] was utilized as an artificial intelligence assistant for tasks such as structuring sessions, refining specific objectives, and generating dynamics adapted to digital environments (infographics, audio, and video). The generated proposals were critically evaluated and revised by the researchers.

**Patterns in the Diagnosis**

The triangulation of the data obtained through the application of methods (participant observation, document analysis, and interviews) and techniques (ConDCes test and social-emotional competencies scale) allowed for the identification of patterns in terms of strengths and weaknesses.

The following were identified as strengths:

- The program's regulatory documents explicitly address the humanistic and community-oriented components of professional training, which supports the development of social-emotional competencies.
- Faculty members recognize the need for and importance of developing these competencies for the holistic education of students.
- Students demonstrate strength in the development of certain dimensions of these competencies: they show awareness of their own emotions (self-awareness), express consistent interest in their studies, the profession, and the social context (motivation), and are collaborative, sharing information and knowledge (teamwork).

Weaknesses included the following:

- The program's regulatory documents do not sufficiently specify pedagogical strategies for the systematic strengthening of the dimensions of social-emotional competencies.
- Faculty members demonstrate gaps in their knowledge of these competencies, which become cognitive and attitudinal barriers.
- Students exhibit limitations in the development of these competencies, particularly in their ability to respond empathetically to others' deep or atypical emotions (empathy) and to manage emotions in conflict situations (emotional self-regulation, interpersonal regulation, and conflict resolution).

The patterns identified align with previous findings by authors such as Souto[22], Vega et al.[12], and Soto et al.[23].

To address the weaknesses outlined, a psychoeducational intervention program was designed.

**Presentation of the psychoeducational intervention program for the development of social-emotional competencies among dental students**

The main objective of the psychoeducational intervention program is to stimulate the development of social-emotional competencies among students in the Stomatology Program at the University of Medical Sciences of Villa Clara. It is based on the models of Mayer et al.[4], Mayer et al.[24], and Petrides et al.[25], which focus on stable behavioral attributes and personality variables,

as well as on the model by Fernández et al.[26], which includes motivation among other dimensions.

It is grounded in the significant contributions of various authors regarding psychoeducational intervention programs: Méndez[27], De la Cruz[28], and Ramírez et al.[29].

In its design, the criteria of Salmerón et al.[30] are followed; they consider it one of the ways to help address the limitations identified in the needs assessment, asserting that, as a scientific outcome, through its tasks, it should contribute to the transformation and modification of the research subject, and they propose a structure for its presentation in a research report.

Students and the facilitator (researchers) participate in the process of designing, implementing, and evaluating the psychoeducational intervention program. Students in the dentistry program are identified as direct beneficiaries. Professors and other educational agents involved in the comprehensive training of these students are considered indirect beneficiaries. However, by extension, the psychoeducational intervention program will also benefit patients and the quality of dental services.[31]

The psychoeducational intervention program requires material resources for the application of methods, techniques, and instruments, as well as for the completion of tasks, sessions, and activities. These resources are selected on the basis of those available at the Faculty of Stomatology of the University of Medical Sciences of Villa Clara. These include a suitable venue, a computer, a television, projection equipment, mobile devices, paper, and pencils. A distinctive feature of the psychoeducational intervention program is its adaptation for online implementation, both in the use of diagnostic and assessment tools and in the conduct of interactive sessions via a WhatsApp group, utilizing infographics, audio files, and videos.[32]

The psychoeducational intervention program for the development of social-emotional competencies among students in the Stomatology program also consists of four areas, namely, diagnosis, planning, implementation, and evaluation, each with specific objectives, tasks, sessions, and activities. In this paper, owing to the need for conciseness and to protect the scientific results of an ongoing research study, only one of the sessions from Area III—Implementation—will be described in full.

*Area I. Diagnosis of the development of social-emotional competencies among dental students*

Objective: to determine the current state of the development of social-emotional competencies among students in a dentistry program.

Tasks:

- Development of the ConDCes test to be administered to students for diagnosis. Validation of the ConDCes test.
- Pilot testing of the ConDCes test.

Application of the techniques: the ConDCes test and the social-emotional skills scale to the students in the sample.

Processing of the information.

Identifying patterns in the initial diagnosis.

Session(s):

- Session 1. Initial assessment: administration of the ConDCes test.
- Session 2. Initial assessment: administration of the social-emotional competencies scale.

*Area II. Planning a psychoeducational intervention program for the development of social-emotional competencies among dental students*

Objective: to design a psychoeducational intervention program for the development of social-emotional competencies among dental students.

Tasks:

Provide information on the diagnostic results to the students in the sample. A psychoeducational intervention program for the development of social-emotional competencies should be proposed as a potential solution.

Students' expectations regarding their participation in the psychoeducational intervention program should be adjusted.

Design the psychoeducational intervention program.

Session(s): Session 3. The psychoeducational intervention program for the development of social-emotional competencies as an alternative for addressing diagnostic findings.

*Area III. Implementation of the psychoeducational intervention program for the development of social-emotional competencies among students in the Stomatology program*

Objective: to implement a psychoeducational intervention program for the development of social-emotional competencies among students in the Stomatology program.

Tasks:

- Implementation of the psychoeducational intervention program.
- Application of the participant observation guide.

Session(s): this area consists of four sessions that address the dimensions of social-emotional competencies, for which specific objectives are defined. Their titles are evocative and creative, with a metaphorical approach linked to the training of dental professionals. Each session included 4 activities and lasted 45 minutes.

- Session 4. Exploring My Emotional Map.
- Session 5. Connecting from the Root: Empathy in Action.

- Session 6. Clinical Synergy: Weaving Solutions.
- Session 7. Igniting the vocational engine: emotion, meaning, and connection.

As an example, the first of these sessions is explained below: Session 4. Exploring my emotional map.

Specific objective: to identify one's own emotions and apply self-regulation techniques, strengthening the management of social-emotional competencies in both personal and professional contexts.

Activities:

1. Activity 1. Introduction and Welcome (10 minutes):
   - The facilitator greets the group and leads the icebreaker activity: Each student shares an emotion they are feeling at that moment and explains why.
   - The facilitator explains the session's objective, defines social-emotional competencies and their dimensions, and explores their importance for students' academic, personal, and professional performance.

2. Activity 2. The Emotional Thermometer (15 minutes):
   - Students receive an image of a thermometer with emotional scales (e.g., joy, sadness, and anger).
   - The facilitator instructed them to identify emotions experienced during their professional training, describe them, and associate them with the situations that triggered them and the responses they adopted in those situations.
   - The facilitator guides a discussion on how emotions influence academic, personal, and professional performance.

3. Activity 3: Emotional Self-Regulation Techniques (15 minutes):
   - The facilitator explains techniques for emotional self-regulation: diaphragmatic breathing, active pauses, and cognitive restructuring.
   - Students select and practice different techniques for emotional self-regulation in response to the situations they have experienced and share their experiences with the group.

4. Activity 4: Closing and guidelines for the next session (5 minutes):
   - The facilitator asks students to identify situations during the week that require the application of emotional self-regulation techniques so that they can share their experiences in the next session.
   - The facilitator invites students to explore empathy as one of the dimensions of social-emotional competence and its importance for the performance of a future dentist.

*Area IV. Evaluation of the psychoeducational intervention program for the development of social-emotional competencies in dental students*

Objective: to evaluate the effectiveness of a psychoeducational intervention program for the development of social-emotional competencies among dental students.

Tasks:

- Development of the satisfaction questionnaire.
- Administration of the satisfaction questionnaire.
- Processing of the information.
- Sharing of results.

Session(s): Session 8. Administration of the satisfaction questionnaire.

Interdependent relationships exist among the structural components of the psychoeducational intervention program. The diagnosis serves as the starting point and essential reference for planning, which is realized through implementation. Evaluation is based on what has been implemented and contributes to the systematic updating of the diagnosis to inform subsequent decisions.

From this perspective, the psychoeducational intervention program addresses the socioemotional competencies required for professional practice, as well as the psychoeducational needs of students in this regard, to promote their personal development and future employment.

However, although the psychoeducational intervention program defines students as its direct beneficiaries, it also aims to address the limitations identified in the program's regulatory documents, as well as to mitigate the cognitive and attitudinal shortcomings observed in faculty members, to the extent that they are incorporated into the process.

**Evaluation of the psychoeducational intervention program**

Prior to its implementation, the psychoeducational intervention program was reviewed by five specialists. All hold a Ph.D.: two in Health Sciences, two in Psychology, and one in Education.

A questionnaire administered to the specialists allows for the recording of their value judgments. They opine that the psychoeducational intervention program addresses the weaknesses identified in the diagnosis and focuses on dimensions of the socioemotional competencies essential for professional practice. They believe that it can contribute to the well-being and academic performance of future dentists and promote better patient relationships and the management of professional stress. They note that the methodology, which is based on interactive activities, allows for a contextualized and experiential application, while the online

format makes it feasible.

They acknowledge that it does not require complex infrastructure or expensive materials and can be facilitated by trained faculty without additional specialized training; it is replicable in other health specialties and at different universities across the country without logistical difficulties; it allows for progressive integration into the academic curriculum without affecting the teaching load; and its structure enables adjustments, on the basis of student feedback, for continuous improvement.

Finally, they suggest the following:

- Create long-term reinforcement or follow-up sessions with students.
- The psychoeducational intervention program should be supplemented with clinical simulations to demonstrate the development of social-emotional skills in real-world scenarios.
- Offer optional resources for in-depth study of specific techniques.
- Explore the use of other interactive platforms to complement and diversify the dynamics.

The strength of agreement and the degree of consensus among specialists confirm the relevance and feasibility of the proposed psychoeducational intervention program. Their suggestions will be considered in the refinement of the scientific findings.

## CONCLUSIONS

In the context of the dentistry program, the development of socioemotional competencies is crucial to ensuring quality dental care. However, the diagnosis reveals the existence of weaknesses that require the search for scientific solutions.

The proposed psychoeducational intervention program represents a significant contribution to addressing the weaknesses identified in the development of socioemotional competencies among dental students, particularly in the dimensions of empathy, emotional self-regulation, interpersonal regulation, and conflict resolution.

Its relevance and feasibility are endorsed by the specialists consulted.

This psychoeducational intervention program is part of the scientific findings of an undergraduate thesis for the Bachelor's Degree in Psychology at the Faculty of Social Sciences, "Marta Abreu" Central University of Las Villas. Evaluating its effectiveness on the basis of its practical application constitutes a task for future research.

## FINANCING

None.

## CONFLICT OF INTEREST

The authors declare that there are no conflicts of interest.

## AUTHORSHIP CONTRIBUTION

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## BIBLIOGRAPHIC REFERENCES

1. UNESCO. What you need to know about higher education. 2025. https://www.unesco.org/es/higher-education/need-know

2. Horruitiner P. La Universidad cubana: el modelo de formación. La Habana: Editorial Félix Varela; 2006.

3. Goleman D. Inteligencia emocional. Barcelona: Kairós; 1996.

4. Mayer JD, Salovey P. What is emotional intelligence? In: Salovey P, Sluyter DJ, eds. Emotional development and emotional intelligence. New York: Basic Books; 1997. p. 3-34.

5. Bar-On R. The Emotional Quotient Inventory (EQ-i): A test of emotional intelligence. Toronto: Multi-Health Systems; 1997.

6. Repetto E. La competencia emocional y las intervenciones para su desarrollo. In: Repetto E, ed. Modelos de Orientación e Intervención Psicopedagógica, Vol. 2. Madrid: UNED; 2003. p. 454-482.

7. Bisquerra R. Diseño, aplicación y evaluación de programas de educación emocional. In: Iglesias MJ, ed. El reto de la educación emocional en nuestra sociedad. A Coruña: Universidade da Coruña; 2004. p. 121-161.

8. Repetto E, Beltrán SG, Garay-Gordovil A, Pena M. Validación del inventario de competencias socioemocionales ICS-I y ICS-P. Revista Española de Orientación y Psicopedagogía. 2006;17(2):213-223. https://www.redalyc.org/articulo.oa?id=338230775005

9. Suárez X, Castro N. Competencias socioemocionales y resiliencia en estudiantes vulnerables. Revista de Psicología. 2022;40(2):879-904. doi: 10.18800/psico.202202.009

10. Ministerio de Educación Superior. Plan de Estudio E. Carrera Estomatología. La Habana: Editorial Félix Varela; 2020.

11. Macaya X, Vergara P, Rubí GP. Competencias emocionales: una asignatura complementaria en el Plan de estudios de la carrera de Odontología. Humanidades Médicas. 2018;18(1):109-121. http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S1727-81202018000100010

12. Vega J, Bello Z, Medina J, Alfonso A. Competencias emocionales en estudiantes de Ciencias de la Salud. Revista Científica Sinapsis. 2019;14(1). https://dialnet.unirioja.es/servlet/articulo?codigo=7471188

13. Muzevic P. Competencias socioemocionales y profesionales en la inserción laboral en odontología [tesis de maestría]. Universidad Internacional Iberoamericana; 2023. http://rid.unrn.edu.ar/handle/20.500.12049/10386

14. Tan N, Soler M, García SY. Necesidad de regulación emocional en práctica estomatológica. Humanidades Médicas. 2022;22(2):454-470. http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S1727-81202022000200454

15. Tan N, Soler M. Sustento epistemológico del proceso de educación emocional en Estomatología. Mendive. 2025;23(1):e3887. https://mendive.upr.edu.cu/index.php/MendiveUPR/article/view/3887

16. Hernández R, Fernández C, Baptista P. Metodología de la investigación. 6ª ed. México: McGraw-Hill; 2014.

17. Murguía M. Intervención psicoeducativa para el desarrollo de competencias socioemocionales. Villa Clara: Universidad Central "Marta Abreu" de Las Villas; 2025.

18. Vizcaíno AE, Chou L, Fernández E, Klimenko O, Otero I. Validez y confiabilidad de Escala de Competencias Socioemocionales en universitarios cubanos. Revista de Estudios y Experiencias en Educación. 2025;24(54):123-140. doi: 10.21703/rexe.v24i54.2780.

19. Gosling SD, Vazire S, Srivastava S, John OP. Should we trust web-based studies? A comparative analysis of six preconceptions about Internet questionnaires. American Psychologist. 2004;59(2):93-104. doi: 10.1037/0003-066X.59.2.93

20. SPSS v27. Software estadístico para las ciencias sociales. 2022. https://www.mediafire.com/file/8pypo4fsix2bg3n/SPSS-27-ICP.rar/file

21. DeepSeek. DeepSeek-R1: Modelo de lenguaje para asistencia en investigación educativa. 2024. https://www.deepseek.com

22. Souto MM. Desarrollo de competencias emocionales en la Educación Superior. Tarragona: Universitat Rovira i Virgili; 2012. https://www.tdx.cat/handle/10803/101525

23. Soto AM, Baños JE, Pérez J, Moyano E. Competencias transversales en Odontología en Chile. International Journal of Odontostomatology. 2021;15(4):928-937. doi: 10.4067/S0718-381X2021000400928

24. Mayer JD, Salovey P, Caruso DR. Models of emotional intelligence. In: Sternberg R, ed. Handbook of intelligence. Cambridge: Cambridge University Press; 2000. p. 396-420.

25. Petrides KV, Furnham A. Trait emotional intelligence: psychometric investigation with reference to established trait taxonomies. European Journal of Personality. 2001;15:425-448. https://www.psychometriclab.com/adminsdata/files/EJP%20(2001)%20T_EI.pdf

26. Fernández P, Extremera N. La inteligencia emocional y la educación de las emociones desde el Modelo de Mayer y Salovey. Revista Interuniversitaria de Formación del Profesorado. 2005;19(3):63-93. https://www.redalyc.org/articulo.oa?id=27411927005

27. Méndez A. Programa psicoeducativo "PROTEC" para la atención de jóvenes con traumatismos craneoencefálicos... Villa Clara: Universidad Central "Marta Abreu" de Las Villas; 2015. https://fototeca.uh.cu/s/scriptorium/item/2180372

28. De la Cruz L, Matos DD, Cutiño A. Programa de intervención psicoeducativa para adolescentes. EduSol. 2020;20(70):57-73. http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S1729-80912020000100057

29. Ramírez E, Vizcaíno AE. La psicoeducación y su alcance en adultos en el contexto laboral. Didáctica y Educación.

2020;11(6):107-123. https://revistas.ult.edu.cu/index.php/didascalia/article/view/1107

30. Salmerón E, Quintana O. Los resultados científicos de la investigación: el programa como resultado científico. Universidad Pedagógica “Félix Varela”; 2010.

31. Harandi R, Sanjdari Z, Farhadi S. Association between Decision-Making Styles and Socioemotional Skills in Dental Students. Journal of Research in Dental and Maxillofacial Sciences 2024;9:144–50. https://doi.org/10.61186/jrdms.9.3.144.

32. Plessas A, Paisi M, Bryce M, Burns L, O’Brien T, Hanoch Y, et al. Mental health and wellbeing interventions in the dental sector: a systematic review. Evidence-Based Dentistry 2022. https://doi.org/10.1038/s41432-022-0831-0.