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A Study of Emotional Intelligence among Doctors

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Abstract:

The Purpose of this study was to examine the effect of types of hospitals and length of service on emotional intelligence of doctors. Types of hospitals and length of service are independent variables and emotional intelligence is dependent variable in this study. Emotional Intelligence Scale (constructed by Anukool Hyde, Sanjot Pethe and Upinder Dhar) was used to collect data. Data were collected by random sample of 150 doctors (75 doctors from government hospitals and 75 doctors from private hospitals), from different hospitals of Meerut and J.P. Nagar districts. The data were analyzed through Mean and ANOVA. The result indicates that types of hospitals and length of service positively and significantly affect the emotional intelligence. The doctors of private hospitals have better emotional intelligence than the doctors of government hospitals. The length of service of the doctors has also found an influencing factor of emotional intelligence.

Keywords: Emotional intelligence, Types of hospitals, Length of service, Doctors

1. Introduction

Emotional intelligence is a general assessment of a person's abilities to control emotion and to sense, understand and respond (not react) to others' emotions while managing complex people and relationships. Such behavior generally translates into better decision-making, richer relationships and higher long term job satisfaction. Emotional intelligence (EI) is a theoretical construct that has mass appeal. First developed in the business world, EI is now viewed as an essential element for effective functioning in the market place (Cooper and Sawaf 1997). The application of the five basic EI abilities—self-awareness, self-regulation, self-motivation, social awareness and social skills—to the practice of the art of medicine is intuitively sound and clearly applicable to the patient-physician relationship (Freshman and Rubino 2002). EI could be a key element in maximizing effective patient care and thus increasing patient satisfaction and clinical outcomes.

Emotional intelligence (EI) refers to the ability to be able to identify, express, understand and regulate emotions, either negatively or positively, in oneself and in others (Matthews, Zeidner & Roberts 2004). Cartwright and Salloway (2007) defined emotional intelligence as "Emotional Intelligence is the ability to understand, accept and recognize our own emotions and feelings, including their impact on ourselves and other people, and to use this knowledge to improve us from stress and health problem owing to the characteristics of their work and their contact with patients and death. Emotional intelligence may explain the individual difference in dealing with different professions. There are many studies, which reveal that emotional intelligence is an important factor to handle the problems related to different occupations.

In the 1990s, Salovey and Meyer proposed the first formal definition and model of the construct of emotional intelligence (Petrides, Furnham & Mavroveli 2007). Emotional intelligence has received widespread international attention and has been linked to various disciplines such as business (Druskat & Wolff 2001), nursing (Bellack *et al.* 2001), medicine (Carrothers, Gregory & Gallagher 2000) and education (Hargreaves 2000).

As a result of the growing acknowledgement by professionals towards the importance and relevance of emotions to work outcomes, the research on the topic continued to gain momentum, but it was not until the publication of Goleman's best seller Emotional Intelligence: Why It Can Matter More Than IQ, that the term became widely popularized. Gibb's 1995 Time magazine article highlighted Goleman's book, and was the first in a string of mainstream media Goleman's book, and was the first in a string of mainstream media interest in emotional intelligence. Thereafter, articles on emotional intelligence began to appear with increasing frequency across a wide range of academic and popular outlets.

Emotional Intelligence (EI) is a relatively new area of research in the Indian context. The growing interest in the construct of emotional intelligence can be attributed to the recent theories taking broader conceptualizations of intelligence. The work of Goleman (1995; 1998), Mayer and Salovey (1997) and Salovey and Mayer (1990) focused on emotional intelligence. There are however, two major conceptualizations of emotional intelligence, the ability models focus on the interplay of emotion and intelligence as traditionally defined, while the mixed models describe a composite conception of intelligence that includes mental abilities, and other dispositions and traits (Bar-On, 1997; Goleman, 1995). Some recent empirical studies of Mayer, Caruso and Lopes (2001) have found

the usefulness of emotional intelligence as an important construct related to positive outcomes, such as pro-social behaviour, parental warmth, and positive family and peer relationship. In addition, the studies of Brackett, Mayer and Warney (2003) show, that lower emotional intelligence is related to negative outcomes, including illegal drug and alcohol use, deviant behaviour and poor relations with friends.

Emotional Intelligence becoming a new requirement for physicians and healthcare teams in general. It is also fundamental to a number of factors that impact healthcare providers' bottom lines and are increasingly valuable to healthcare administrators:

- Patient satisfaction surveys
- Interprofessional teamwork
- Clinical integration
- Risk reduction
- Transitions of care
- Physician leadership and alignment with hospital and health system goals
- Transparency
- Openness to change
- Reputation (including prestigious rankings like)

There's a strong body of research showing emotional intelligence isn't just nice to have. It has a real effect on patient outcomes. We know that doctors as a group are extremely bright people. But when it comes to EI, they're as variable as the rest of us. We all know exceptional physicians whose empathy and caring attitude earn the respect of patients. And unfortunately, physicians' lapses in listening skills, communication or cultural competency sometimes lead to tragedy. Studies suggested that healthcare professionals who show empathy and take mindful time to read people are more successful at treating patients in general. The practice of "deep listening" plays a significant role. The average patient comes to a doctor with about four key questions, but many patients complain that they only get to ask one or two before they are cut off mid-sentence — with the first interruption occurring within about 18 to 20 seconds. So having a provider who listens is a great satisfier — not to mention potentially suffer and more effective. So, doctors may ask, what about the time constraints of the busy healthcare environment? Well, evidence suggests a little extra time with patients goes a long way. There are evidences that primary care doctors who spent just three extra minutes on average per patient were significantly less likely to have a history of malpractice suits.

Emotional Intelligence has emerged as an interesting topic in social and organizational psychology (Law, Wong, and Song 2004) and appears to play a critical role in key organizational outcomes, such as job performance and Job Satisfaction, especially when the focus is on human interaction (Van Rooy, and, Viswesvaran 2004, Kafetsios and Zampetakis 2008, Sy, Tram and O'Hara 2006, Goleman 2001). Importantly, in the health care setting, physicians who are more competent in recognizing emotions, concerns and needs of patients are more successful in treating them (Goleman 2001, Friedman, Di Matteo 1982). Therefore, the interpersonal communication between the patient and the physician plays a major role in patient outcomes, and emotionally intelligent physicians consist of a valuable resource for hospitals.

Deshpande (2009) investigated the impact of various factors on ethical behaviour of 180 hospital employees. He found that ethical behaviour of peers, ethical behaviour of successful managers, and emotional intelligence had a significant positive impact on ethical behaviour of respondents. Jordi and Hansenne (2009) investigated the relationships between emotional intelligence, performance, and cohesiveness in nursing teams. The results suggested, that emotional intelligence and, more specifically, emotional regulation may provide an interesting new way of enhancing nursing teams, cohesion and patient/client outcomes. Manohar and Satyanarayana (2011), in their journal article "Emotional Intelligence and Self Mastery by Doctors - An Empirical Study" it is concluded that there exists a significant difference among doctors in self mastery with respect to their experience, which can be stated that self development in doctors is dependent on self awareness levels in doctors. Self mastery is dependent on self management levels in doctors.

David Rees (1995) in his article "Work-related stress in health service employees" found doctors do not seem to be taking sickness absence resulting from stress, suggesting that stressed doctors continue to work. Doctors may find it more difficult than the other health professionals to seek help for stress related problems. If this is the case, then one might consider introducing programs to educate and inform and agencies to provide help with whatever problems stress is causing. However, if the culture in which doctors operate is not supportive of such services then little will change and the problems of stress among doctors will continue. Pillay (2008) in his article "Work satisfaction of medical doctors in the South African private health sector" explored about doctors who received incentives to reduce services were less likely to be satisfied is consistent with previous research and supports the general concern that the use of incentives to influence doctors' resource use may have a negative effect on the quality of care. High quality care is also unlikely to flourish in an environment where providers are coerced into relationships with funders. The fact that doctors who received incentives to reduce services were much more dissatisfied also suggests that they had no choice but to accept insured patients on the terms of the insurer. Funders can create win-win situations by trying to achieve their cost and quality objectives by limiting perverse incentives and by aligning incentives to the quality of care and patient satisfaction. Barbara White et al (1997) in her article "Stress in female doctors" emphasized the importance of changing career concerns over the life cycle. Many women encountered a stage in which they contemplated leaving the rigid structure of hospital medicine for the greater flexibility of general practice. This must surely have unfavorable implications for the future of hospitals medicine. As Godley claimed, "women have proved their intelligence,

competence and commitment. Those who have reached the top are justifiably proud of their success in a 'man's world'. But more should be done to remove the additional barriers to women in medicine and to make it as easy, or as difficult, as it is for men".

Brightman (2007) in his article "Medical talent management: A model for physician deployment" estimates physicians who are contemplating leaving the bedside will benefit from engaging in a structured process that involves clarifying their dominant work styles and then exploring a range of high-fit jobs/careers. Healthcare organizations that provide easy access to such a process can expect to enjoy significant gains in physician morale and performance as well as the ability to attract and retain the best medical talent. Litwinenko and Cooper (1995) in their article "The impact of trust status on health care workers" identified the need to examine occupational stress from both an organizational and from a work-group perspective. On the organizational level, the cohort has moved through the transitional stages of change relatively unscathed. Inter-occupation group analyses, however, have revealed problems specific to particular groups. The study further shows that no one in the organization is immune from the effects of stress. Research has traditionally identified the most vulnerable employees as being those in largely repetitive jobs, who are the lowest paid and have relatively little autonomy and control. Here, the findings support research into the experience of change within private sector industries which suggests that change should not be implemented as a general strategy but carefully targeted to meet the needs of specific groups within the organization

2. Objective

The objective of this study was to examine the effect of types of hospitals and length of service on emotional intelligence of doctors

3. Hypotheses

1. There will be no significant effect of types of hospitals (government and private) on emotional intelligence of doctors.
2. There will be no significant effect of length of service on emotional intelligence of doctors.

4. Method

4.1. Experimental Design

The experimental design for this study was 2×3 factorial design. There were two independent variables and one dependent variable. The first independent variable was types of hospitals that was varied at two levels i.e. government and private hospitals. The second independent variable was length of service that was varied at three levels i.e. 1-3 years' length of service, 5-7 years' length of service and above 9 years' length of service. The dependent variable was emotional intelligence.

4.2. Participants

The sample comprised of total 150 doctors. Equal numbers of doctors were selected from government and private hospitals. Further, in each group there were three categories according to their length of service i.e. 1-3 years' length of service, 5-7 years' length of service and above 9 years' length of service. Thus there were 25 subjects in each category

4.3. Tool Used

Emotional Intelligence Scale constructed by Anukool Hyde, Sanjyot Pethe and Upinder Dhar) was used. This scale consists of 34 items. Each item is to be related on five-point scale. This scale was administered on 200 executives and the scores obtained were subjected to factor analysis, and then ten relevant (important) factors were identified. The final form of the scale measures ten factors is self-awareness, empathy, self-motivation, emotional stability, managing relations, integrity, self-development, value orientation, commitment and altruistic behaviour. The reliability of the emotional intelligence scale was determined by calculating reliability coefficient on a sample of 200 subjects. The split-half reliability coefficient was found to be **0.88**. In order to find out the validity of the coefficient of reliability (Garett, 1981), the reliability index was calculated, which indicated high validity on account of being **0.93**.

5. Results

The purpose of the present investigation was to examine the effect of types of hospitals and length of service on emotional intelligence of doctors. For this purpose, 2×3 factorial design was used. ANOVA and mean scores were calculated. ANOVA is shown in table no. 1. Mean scores are shown in table no. 2 and 3. To test the significance of mean differences; Newman-Keuls test is also used. The summary of results of Newman-Keuls is shown in table no.4. Analysis of variance table indicates that F value for factor A (1,144) =9.74, $P < .01$, which is significant. It means type of hospital is an influencing factor for emotional intelligence. The computed F value for factor B is (2,144) =29.58, $P < .01$, which is also significant. It means that length of service is also an influencing factor for emotional intelligence. The inspection of table no-4 indicates that among all the three comparisons, only two comparisons are found significant at 01 level. This significant comparison is found between B_1 and B_3 , B_2 and B_3 . It means that these factors are associated to each other. The other comparisons have failed to touch any significant level.

Source of Variance	SS	Df	MS	F
A (types of hospitals)	6402.66	1	6402.66	9.74**
B (length of service)	38893.17	2	19446.59	29.58**
AxB	9734.78	2	4867.39	7.40**
Within treatment (error)	94660.88	144	657.37	
Total	149691.49	149		

Table 1: Summary of Analysis of Variance for emotional intelligence

**F.99 (1,144) = 6.81

**F.99 (2,144) = 4.75

**F.99 (2,144) = 4.7

Factor-A (Types of hospitals)			Factor-B (Length of service)		
Mean scores	A ₁ (Government hospitals)	A ₂ (private hospitals)	B ₁ (1-3 yrs length of service)	B ₂ (5-7 yrs length of service)	B ₃ (above 9 yrs length of service)
		95.96	109.03	88.04	94.48

Table 2: Mean scores of emotional intelligence for Factor A (Types of hospitals) and factor B (Length of service)

Factor-(A) Types of hospitals→ Factor-(B) Length of service ↓	(A ₁) Government hospitals	(A ₂) Private hospitals
(B ₁) 1-3 yrs.	81.92	94.16
(B ₂) 5-7 yrs.	97.6	91.36
(B ₃) above 9 yrs.	108.36	141.56

Table 3: Mean scores of emotional intelligence for the interaction of AxB types of hospitals x length of service)

Ordered Means	Ordered Means		
	(B ₁) 88.04	(B ₂) 94.48	(B ₃) 124.96
(B ₁) 88.04		6.44	36.92**
(B ₂) 94.48			30.48**

Table 4: Summary table of Newman-Keuls test for mean comparisons for factor B (length of service) on Emotional Intelligence

**Denotes significant at .01 level of confidence.

6. Discussion

In the present research, it is found that types of hospitals are an influencing factor for affecting the level of confidence. Mean scores also shows that doctors of private hospitals have higher emotional intelligence than the doctors of government hospitals. Hence Hypothesis 1 is rejected. Agdelen, Erosoz & Sarp, (2010) have studied on working conditions of government and private hospital doctors in North Cyprus and suggested that majority of the government hospitals doctors are unsatisfied with the aspect of working conditions whereas the satisfaction level of private hospital is higher than that of government hospital doctors.

The question arises why private services in the hospitals provided to doctors have more positive effect on emotional intelligence as compared to the services provided to the doctors of government hospitals. The suggestive explanation is that there are various reasons and opportunities which affect positively the level of emotional intelligence. One aspect may be, in private hospitals there is a lot of need to approach the wide range of patients through many advanced techniques and facilities. Due to the competition in market each and every private organization wants to prove itself the best in service providing. These services are fully concerned with hi-tech equipments, healthy and grooming, social and psychological environment and all advanced facilities. Due to these working conditions workers have more opportunities and options to train themselves in context to enhance their emotional competencies. Suki et al (2011) contributed a journal article "Do patients' perceptions exceed their expectations in private healthcare settings?" revealed that the customer's perceptions did not exceed their expectations as the customers nowadays have very high expectations, especially when it comes to medical treatment they are receiving and thus this article found that the hospital management should look further into improving the areas that have been highlighted. It would be recommended to future researchers that this type of survey be conducted on a larger scale to assist all private healthcare providers to render better service to their customers. It would also be beneficial if all private healthcare providers would participate and help facilitate and expand the research scope.

Another aspect in private organization is the management control which acknowledges and determines the work of each employee through the achievement of targets and feedback from the patients. In the private hospitals workers have to submit monthly progress report to the management and the management also takes feedback from the patients about the workers' behaviour and also the

facilities provided by them. So regular assessment of the workers in the private hospitals pressurized them to improve and enhance their emotional intelligence. Because they know very well that if they found loose in their work, they can be fired any time. While in the government hospitals there is no need to present monthly progress report. So they feel very free. Thus, they show less exposure to the patients, it may also a reason, that the doctors of private hospitals have more emotional intelligence than doctors of government hospitals.

The effect of factor B is also found significant. The research reveals that length of service is also an influential factor which affects the level of emotional intelligence. Hence Hypothesis 2 is also rejected. The finding clearly reveals that the level of emotional intelligence in the doctors and who are servicing above 9 years have significantly higher level of emotional intelligence as compared to other two levels of length of services. Now, the question is why the increasing level of length of service has positive effect on emotional intelligence. The suggestive explanation is "experience is the best teacher" therefore, as long as the experience related to service increases there are more opportunities to face the various problems and challenges related to job, to sort out these challenges makes the man perfect in dealing the complex level of problems. As long as the service year increases workers have a lot of responsibilities and liabilities toward their position. This event makes them more concerned related to their job issues. The next possible suggestion is that due to their long experience they get to learn more about cause and effect relationship. This makes them empathic, acknowledged, problem concerned, good listener, makes them full of patience and increases their communication skills and so forth. These experienced people get easily where the problem lies, and till what extent it is solvable and how? All these things make them rich in emotional capabilities. Humpel and Caputi (2001) have found a significant relationship between emotional competency and nurse's year of experience, with the relationship in direct proportion.

On the contrary the less experienced people have fewer opportunities to expose themselves with the different type of challenges and demands of job. The new people are full of energy, full of confidence but lack of patience which makes them impulsive and vulnerable towards the moments at once. They do not fully aware about the cause and effect relationship, their communication skills related to various challenges of job. For example, if a patient gets expired after a long treatment in the hospital, this situation works as a collision for both, the family members and the clinical staff. In this typical situation a senior and experienced doctor knows well how to deal with the family members and other attendants, at this time there is a great flood of emotions, stress loss of loved ones and economical imbalance in family members to confront. So, seniority makes the doctor compatible to solve out such problem.

On the contrary what will happen with junior doctors and clinical staff? They will get impulsive without empathic concern with the patient's family. In this situation both sides will get violent and the organization may get suffer. Therefore, it may be said that increasing level of length of service makes the man experienced and more learned. They have more chances to train themselves and this training makes them more emotionally intelligent. Anand and Suriyam (2010) examined emotional intelligence and its relationship with leadership practices. They concluded that the executives differ significantly in their emotional intelligence based on their length of service in the organization. So, it may be said that length of service is an influential variable to affect the level of emotional intelligence.

7. Conclusion

It may be concluded that the paper shows types of hospitals and length of service both are influential factor of emotional intelligence. The empirical evidences also support the research that doctors of private hospitals have higher emotional intelligence than the doctors of government hospitals. To sum up it can be said that due to increasing years in the service it makes the senior doctors more compatible and emotionally intelligence than the junior doctors.

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