

A study of Emotional Intelligence and Quality of Life among Doctors in Pandemic Covid 19

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Abstract

The study's goal was to look at the emotional intelligence and well-being of physicians working in private health care facilities. For fulfillment of this study, we comprised total 100 doctors and divide them into two groups of private hospitals (50 male & 50 female). For measuring emotional intelligence, Emotional Intelligence Scale (MSREIS-R) constructed by Rakesh Pandey and Tulika Anand (2013) and for assessing quality of life, PGI Quality of Life Scale administered on them. Data was collected from different private hospitals of Saharanpur, Shamli & Muzaffarnagar district of Uttar Pradesh (India). For this study data analyzed by using parametric statistical technique (M, SD, 't' test and Pearson 'r'). Male and female doctors differed significantly on the factors of emotional intelligence and quality of life. There is a favourable correlation between emotional intelligence and life satisfaction.

Keywords: Emotional Intelligence, Quality of life, Private Hospitals, Life Satisfaction.

Introduction

Researchers and behaviourists both paid increased attention to the social and emotional aspects of intelligence in the latter few decades of the twentieth century (Jeffery, 2005). Emotional intelligence, according to Radha (2008), has become virtually indispensable in all aspects of human functioning. A new field in social and organisational psychology, emotional intelligence, has evolved, and it has also been shown to have a substantial impact in

important organisational outcomes such as work performance and job satisfaction, especially where human contact is the emphasis. (Goleman 2001).

There are several ways in which emotional intelligence may improve a person's quality of life, including being less impulsive and controlling, having a better temperament, dealing with stress more successfully, and speaking to oneself with confidence. Meaningful success and satisfaction in daily life are examples of quality of life. When an organisation responds to an employee's needs, it builds mechanisms that allow them to actively engage in the decisions determining their life at work. This is known as QWL," according to Robbins (1990). In a study conducted by Goodale, et al., many participants said that "quality of life" includes psychological well-being, work environment, realising or pursuing one's purpose in life, and the social environment provided to others. (1975).

Medical practitioners' quality of life is influenced by their emotional intelligence. Over the last 25 years, research into the characteristics that lead to workplace performance has identified factors that are associated to workplace intelligence. These research drew on quantitative data on performance from a variety of businesses and sectors, furthering understanding in the area of emotional intelligence (Lynn, 2002). A study conducted by Puliyakkadi, et al. (2020) at a Kerala government medical college examined the relationship between emotional intelligence, its dimensions, and socio-demographic variables in a cross-section of 70 doctors. Senior professors had a higher score on the component of controlling personal emotions ($P = 0.01$) and overall emotional intelligence ($P = 0.04$) than interns and younger residents, according to their research. Physicians in the nonclinical department, on the other hand, scored higher on overall emotional intelligence than doctors in the clinical section ($P = 0.01$).

Adhikari (2019) did a study in Nepal where emotional intelligence has rarely been conducted among medical professionals. Survey research was conducted by using convenient sampling with 150 medical professionals including doctors, nurses, pharmacists, and lab technicians. His finding showed that emotional intelligence is affected by gender, religion, and education of medical professionals. Results also showed that practicing professionals are more emotionally intelligent as compared to would-be (i.e. interns) professionals. Practicing professionals are similar to would-be professionals in terms of the perception of emotions but different in terms of management of emotions, utilization of emotions and social skills.

Devi and Hajamohideen (2018) The goal of this research was to find out how happy the nurses who worked in a select number of private hospitals were with their jobs. There was a cross-sectional study of 253 nurses. Findings from the study show that 67.2% of nurses are dissatisfied with their working conditions. Nurses' job satisfaction was shown to be strongly influenced by their amount of education, monthly compensation, place of employment, and work environment. (p 0.05).

The conscious measurement of quality of life has lately been a major study focus for medical professionals. Although bad emotions among medical professionals induced by psychiatric disease have been documented in several research, positive psychology has seldom been

employed to investigate their overall health or quality of life (Liang and Steve, 2013). Furthermore, constant interaction between clinical physicians and their patients might produce strain, which has an impact on doctors' and nurses' mental health. The doctor-patient interaction has a significant impact on physicians' job performance (Yang, et al 2013). As a result, in such a difficult situation, physicians' and nurses' mental health is a key worry. They are unsatisfied with their current employment situation (Lim, et.al 2004). Occupational strain is linked to burnout, excessive emotional tiredness, cynicism, and poor perceived professional competence (Wu, et al, 2013). This has a negative effect on the well-being of doctors as a whole. Emotional intelligence and doctor quality of life were examined as a result of the previous results, and the gender disparities were also examined.

Objectives:

1. To investigate emotional intelligence of doctors of private hospitals.
2. To measure quality of life of doctors of private hospitals.
3. To determine the relationship between emotional intelligence and quality of life among doctors.

Hypotheses:

1. There will be significant difference in emotional intelligence of male and female doctors of private hospitals.
2. Significant difference will be found between quality of life of male and female doctors of private hospitals.
3. There will be significant relationship between the variable of emotional intelligence and quality of life of doctors.

Methodology:

Sample:

The total sample comprised of 100 doctors, then bifurcated in terms of gender (50 males & 50 females). Only those participants included in the sample who are working at least 5 years continuously in the same hospitals and only private hospitals doctors are included as a sample in pandemic period. For measuring Emotional intelligence of doctors Emotional Intelligence Scale constructed by Rakesh Pandey and Tulika Anand was administered (2013). The scale measures four factors namely; the ability to understand and express one's feelings Emotional intelligence, or EQ One's capacity to manage one's own emotions and the ability to handle the emotions of others is characterised as emotional intelligence. To measure quality of life of doctors PGI Quality of Life Scale developed by A.C. Moudgil, S.K Verma and Kuldeep Kaur (1986) was used. Data was collected from different private hospitals of Saharanpur, Shamli & Muzaffarnagar district of Uttar Pradesh state (India). Obtained data was analyzed by using Mean, SDs, t-test & Pearson's 'r' statistical techniques.

Procedure:

The subjects were doctors of private hospitals approached individually with respect to gender and years of working experience in the same hospitals. Their permission to participate in the research was obtained. The participants were asked to complete the questionnaire that had been presented to them. Prior to the presentation of the surveys, brief instructions were provided.

Result and Interpretation:

The obtained data were analysed in two ways: first, to understand the connection between the variables, and second, Male and female doctors have different levels of emotional intelligence and quality of life.

Table-1 Showing difference between emotional intelligence of male and female doctors of private hospitals.

| Factors of Emotional Intelligence | Male (N=50) | | Female (N=50) | | t-value |
|------------------------------------------|-------------|----------|---------------|----------|---------|
| | M | σ | M | σ | |
| Ability to express and appraise emotions | 73.1 | 8.55 | 69.22 | 8.22 | 2.30* |
| Ability to utilize emotions | 67.76 | 8.39 | 64.58 | 7.11 | 2.04* |
| Ability to manage emotions in self | 45.48 | 7.01 | 42.42 | 5.79 | 2.38* |
| Ability to manage emotions in others | 33.62 | 4.56 | 33.78 | 4.44 | 0.17 ns |
| Total | 218.53 | 24.33 | 207 | 20.07 | 2.58** |

At a 0.01 level of confidence, the above table revealed a substantial difference between male and female physicians at private hospitals. However, at the 0.05 level of confidence, the criteria Ability to express and assess emotions, Ability to use emotions, and Ability to regulate emotions in others of emotional intelligence indicated a significant difference. However, there was no significant difference in the component Ability to control emotions in one's own self-awareness of emotional intelligence. Male public physicians had a higher mean value than female public doctors.

Table-2 Showing difference between quality of life of male and female doctors of private hospitals.

| Gender | N | M | σ | t-value |
|--------|----|-------|----------|---------|
| Male | 50 | 98.09 | 8.52 | 2.73** |
| Female | 50 | 94.14 | 8.89 | |

In Table 2, the quality of life of male and female medical professionals working in private hospitals differed significantly ($t=2.73$, $p<0.01$). Male medical practitioners have a higher quality of life than females, according to the mean value.

Table-3 Relationship between emotional intelligence and quality of life among doctors of private hospitals.

| | 1 | 2 | 3 | 4 | 5 | 6 |
|-----------------------------------------------------------------------|-----|-----|-----|-----|-----|---|
| Emotional Intelligence | 1 | | | | | |
| Emotional intelligence (the ability to express and evaluate emotions) | .49 | 1 | | | | |
| The ability to use emotions | .26 | .25 | 1 | | | |
| Self-control is the ability to regulate one's emotions. | .56 | .12 | .28 | 1 | | |
| Ability to control others' emotions | .42 | .21 | .24 | .29 | 1 | |
| Quality of Life | .26 | .18 | .07 | .09 | .06 | 1 |

Table 3 demonstrated that emotional intelligence of doctor is moderately correlated with its factors namely; Ability to express and evaluate emotions, together with the capacity to regulate one's own and others' emotions. Whereas, low level relationship depicted between emotional intelligence and its factor, Ability to utilize emotions. And the factors of emotional intelligence correlated at low level with each-other. Emotional intelligence was shown to have a modest correlation with participants' quality of life.

Discussion

Emotional intelligence and the quality of life of doctors at private hospitals were the focus of this study. The obtained findings revealed a considerable difference in emotional intelligence among private physicians, specifically: ability to express and assess emotions, capacity to utilise and regulate one's own and one's own emotions. Results indicated that Male doctors of private hospital showed more emotionally intelligent as compare to female doctors of private hospital. This difference may be due to fact that India has patriarchal society, where males have more access to social environments and other public societies. That’s why males get more chances to overt their emotions as compared to females.

Sahua and Das (2016) also found similar results to our study, they examined the difference in emotional intelligence among 300 healthcare employees in hospitals with respect to gender and found that male health care employees scored higher on emotional stability, managing relationship, value orientation and commitment than the females.

Ajmal and Javed et al. (2017) Emotional intelligence differences between male and female medical students were also examined. They discovered a considerable disparity between male and female scores. Male medical students achieved higher score on emotional intelligence than that of females. They further suggested that males are more emotionally intelligent than the females.

Result of this study also showed that male doctors have better quality of life than female. Obtained results may be in line with the fact that our society is male dominated society and there are lots of expectations from women. Matthias Hipp et al. (2015) performed a survey on the quality of life and occupational stress among German oncological doctors, which supports our findings. A total of 261 people took part in this poll. Male individuals had a much greater global quality of life than female ones, according to the researchers.

Likewise, Shanafelt et.al. (2005) There were no significant variations in occupational stress, but female medical oncologists reported a lower level of overall well-being. An emotional intelligence-quality-of-life correlation was also discovered by researchers. The findings are backed up by a research conducted by Hakim, et al. (2015), About 200 medical students, who studied the relationship between quality of life and emotional intelligence and health. They discovered a positive correlation between life satisfaction and emotional intelligence and overall health.

Conclusion:

On the basis of obtained findings it is concluded that male doctors are high in emotional intelligent comparison of female in pandemic period. It is also noted that male doctors have better quality of life than female. The elements of emotional intelligence and the variable of quality of life were discovered to have a positive link.

Limitation and Suggestion

1. Small sample was the limitation of this study, so the larger sample size for further studies gets more reliable and valid results.
2. We included only some area of Uttar Pradesh state. Other state should be included for more significant results.
3. In further research duration of service should also include in the research design for getting more reliable results.

Compliance with Ethical Standards

Disclosure of potential conflicts of interest: As we authors declaring that, we don't have any conflicts of interest

On behalf of all authors, the corresponding author states that there is no conflict of interest.

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