Emotional Intelligence and Stress Coping Styles: A Study of Doctors of Private Hospitals in and Around Chandigarh

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ABSTRACT

Emotional Intelligence, or EI, describes an ability or capacity to perceive, assess, and manage the emotions of one's self, and of others. Goleman describes emotional intelligence as "managing feelings so that they are expressed appropriately and effectively, enabling people to work together smoothly toward their common goals." According to Goleman, the four major skills that make up emotional intelligence are: Self-Awareness, Self-Management, Social Awareness and Relationship Management. Stress is a fact of life and is inevitable in this competitive world. From individual point of view stress is our body's physical, chemical and mental reaction to circumstances that frighten, confuse, endanger or irritate us. It can lead to physiological discomfort, some kind of emotional unhappiness, and even strained relationship with others. EI has been linked with various stress coping strategies particularly rational/problem focused coping. The link between EI and stress is also established in the academic literature. Stress Coping strategies refer to the specific efforts, both behavioral and psychological, that people employ to master, tolerate, reduce, or minimize stressful events. Proposed study is an attempt to find out the relationship between emotional intelligence and stress coping styles among doctors of private hospitals in and around Chandigarh.

Keywords: Emotional Intelligence, Stress

Introduction

Emotional Intelligence, or EI, means an ability or capacity to perceive, assess, and manage the emotions of one's self, and of others. Goleman describes emotional intelligence as "managing feelings so that they are expressed appropriately and effectively, enabling people to work together smoothly toward their common goals." According to Goleman, emotional intelligence consists of four skills: Self-Awareness, Self-Management, Social Awareness and Relationship Management. Stress is a fact of life and is inevitable in this competitive world. From individual point of view, stress is our body's physical, chemical and mental reaction to circumstances that frighten, confuse, endanger or irritate us. It can lead to physiological discomfort, some kind of emotional unhappiness, and even strained relationship with others. EI has been linked with various stress coping strategies particularly rational/problem focused coping. The link between EI and stress is also established in the academic literature. Stress Coping strategies refer to the specific efforts, both behavioral and psychological, that people employ to master, tolerate, reduce, or minimize stressful events. There are three major stress coping styles: the problem focused coping style that emphasizes on reducing pressure or increasing stress management skills; avoidant-focused coping style focusing on confronting stress factor; and emotional-focused coping which includes cognitive strategies that delay solving or removing stress factor by giving a new name and meaning. New classification of four coping styles include logical, detached, emotional and avoidant styles. Logical coping is like problem-focused strategy and detached coping is an approach based the individual's tendency to get far away from the problem to face it and reduce the potential influence of emotions. Logical and detached coping is generally regarded as efficient styles and emotional and avoidant style as inefficient styles

High emotional intelligence levels are associated with coping strategies based on reflection and problem solving, while low levels are associated with coping strategies based on avoidance, rumination and superstition. Therefore, emotional intelligence plays

an important role in the emotional self-control and the individual's adaptive capacity to cope with stressful situations.

Models of Emotional Intelligence

Below is a brief summary of the three main models of emotional intelligence and how they differ.

- **Salovey/Mayer/Caruso**

In their mental ability model, they define emotional intelligence as "the ability to perceive accurately, appraise, and express emotion; the ability to access and/or generate feelings with thought; the ability to understand emotion and emotional knowledge; and the ability to regulate emotions to promote emotional and intellectual growth." Salovey, Mayer and Caruso have attempted to keep their definition research based to enable them to continue to refine their study in this field.

The Mayer/Salovey/Caruso ability model of emotional intelligence looks at two areas of Emotional Intelligence:

1. Experiential Emotional Intelligence (EEIQ) – which includes the ability to perceive, respond, and manipulate emotional information without necessarily understanding it.

2. Strategic Emotional Intelligence (SEIQ) – which includes the ability to understand and manage emotions without necessarily perceiving feelings well or fully experiencing them.

These two core areas of emotional intelligence are then broken into the "four branch model" (as it is often called). These include:

(i) Perceiving Emotion – is the ability to identify and express emotions and emotional needs accurately to others. It is the ability to decode emotional signals in facial expressions, tone of voice and artistic expression. This is considered an experiential component of emotional intelligence, as it is about a person's basic ability to process or "experience" emotional information.

(ii) Facilitating Thought – is the ability to use emotion to facilitate thinking, problem solving, reasoning and focus. This is about blending emotion and thinking while being aware of how emotion might be affecting your thoughts. This is also considered an experiential component of emotional intelligence.

(iii)Understanding Emotion – is defining complex emotional blends and understanding emotional transitions. This is the ability to understand how emotions might combine, change and manifest over time. This is considered a strategic component of emotional intelligence.

(iv) Managing Emotions – is the ability to manage emotions appropriately and successfully. It is the ability to be open to emotional information when important, and closed to it when it is not, then effectively include emotion into thought. This is considered a strategic component of emotional intelligence.

- **Bar-On**

The Bar-On model is considered a "mixed model" of emotional intelligence and is quite well known.

"According to the Bar-On model, emotional-social intelligence is a cross-section of interrelated emotional and social competencies, skills and facilitators that determine how well we understand and express ourselves, understand others and relate with them, and cope with daily demands, challenges and pressures. The emotional and

social competencies, skills and facilitators included in this broad definition of the construct are based on the 5 meta-factors defined below, that were confirmed by a series of second order factor analyses in the development of the Bar-On psychometric measure of this construct."

This Bar-On model looks at five core factors and fifteen sub components:

1. Intrapersonal - relates to self-awareness and self-expression, governing our ability to be aware of our emotions and ourselves in general, to understand our strengths and weaknesses, and to express our feelings and ourselves non-destructively. It consists of sub factors including self-regard, emotional self-awareness, assertiveness, independence and self-actualization.

2. Interpersonal - relates to our ability to be aware of others' feelings, concerns and needs, and to be able to establish and maintain cooperative, constructive and mutually satisfying relationships. It consists of sub factors including empathy, social responsibility and interpersonal relationships.

3. Stress Management - relates to emotional management and controlling our ability to deal with emotions so that they work for us and not against us. It consists of sub factors including stress, tolerance, and impulse control.

4. Adaptability - relates primarily to change management i.e., how we cope with and adapt to personal and interpersonal change as well as change in our immediate environment. It consists of sub factors including reality testing, flexibility, and problem solving.

5. General Mood - relates to our level of self-motivation. It consists of sub factors including optimism and happiness.
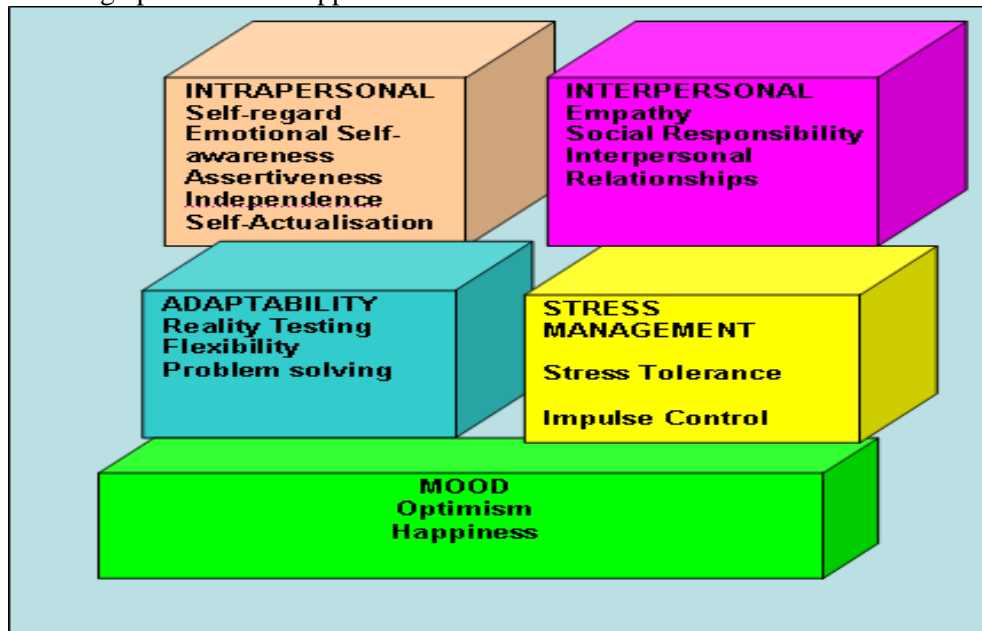
- **Goleman Model**

Goleman popularized this concept with the publication of his influential book Emotional Intelligence in 1995 that appeared on the cover page of TIME magazine. Goleman's later writings in the field of social and emotional intelligence have seen him rename the five original competencies, and combine them into four:

1. Self-Awareness - emotional self-awareness, accurate self-assessment, self-confidence.

2. Social Awareness - empathy, organizational awareness, service orientation.

3.Self-Management - self-control, trustworthiness, conscientiousness, adaptability, achievement orientation, initiative.

4. Social Skills - developing others, leadership, influence, communication, change catalyst, conflict management, building bonds, teamwork.

We have chosen to utilise the Goleman "mixed model" as the basis for our TTI emotional quotient. The Goleman model is relatively simple, yet powerful. It is easily applied in both a personal and professional setting, and tends to be more widely used and accepted in an organizational setting. At the same time, we must recognize, respect, and include the thoughts, contributions and commitment of other researchers and contributors in the field.

Need and Purpose of the study

This present study aims at exploring the relation between emotional intelligence and stress coping style among doctors of private hospital in and around Chandigarh. Emotional intelligence is an important trait for handling stress at work place. It is hypothesized that there will be significant influence of emotional intelligence on stress level among doctors in private hospitals. Emotional intelligence is assuming unprecedented importance due to growing concern of people management in the hospitals.

Scope of the Study

The study is limited to the doctors of private hospitals in and around Chandigarh. 120 doctors from two private hospitals-Fortis Healthcare Ltd and Mukat Hospital and Health Institute were randomly selected for this study.

Objectives

1. To study the emotional intelligence and stress coping style of the doctors of the private hospitals.
2. To find out the relationship between emotional intelligence and stress coping style of the doctors of the private hospitals.
3. To see the associations between emotional intelligence and stress coping style of the doctors of the private hospitals with demographic variables.
4. To find out the impact of emotional intelligence on stress level of doctors of the private hospitals.
5. To suggest and make recommendation for enhancing emotional intelligence.

Hypothesis

A hypothesis is a tentative statement about the relationship between two or more variables. A hypothesis is a specific, testable prediction about what you expect to happen in your study. The hypotheses for my studies are as follows:-

H1a.Doctors of few selected hospitals has high level of Emotional Intelligence.

H1b. Doctors of few selected hospitals have high level of Stress Coping Styles.

H2. There is a positive and significant relationship emotional intelligence and stress coping styles.

H3a. There is a positive and significant relationship between gender and stress coping styles.

H3b. There is a positive and significant relationship between marital status and stress coping styles.

H3c. There is a positive and significant relationship between experience and stress coping styles.

Data Collection Tool

Standardized questionnaire

Analysis and Interpretation

Analysis is done using Statistical Software (SPSS). Data interpretation is the study of scientific measurements and observations to develop evidence for responding to a query. The common tools used for data interpretation are electronic spreadsheets which are capable of sorting, graphing and searching data. In this study, following statistical tools have been used:

- **Correlation**
- **Analysis Of Variance (ANOVA)**
- **Independent t-test**

The present study focuses at studying emotional intelligence and its relation with stress coping styles in the private hospitals in and around Chandigarh. The doctors are mapped on these variables through questionnaire and standardized scale. To study the emotional

intelligence of the doctors a questionnaire framed by Wong and Law is used and stress coping styles are studied through Carver, Scheier and Weintraub model. Scoring is done through scoring keys and according to the norms in the manual. The scores are analyzed using statistical techniques viz. Means, Standard Deviations, Independent t-test, Analysis of Variance (ANOVA) and Pearson's Correlation.

Reliability Test

All variables have been taken for checking the reliability of data. Total number of data (N) is 101.

Reliability Statistics
Table 4.1

Cronbach's Alpha	N of Items
.826	44

The test for reliability has been conducted with the responses of emotional intelligence and stress coping style (α=0.826) and it is found that the Cronbach's alpha is above 0.7. Hence the scale can be considered reliable with the sample.

Normality Test

Table 4.2: Tests of Normality

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	Df	Sig.	Statistic	df	Sig.
SCS	.077	101	.153	.979	101	.099
EI	.124	101	.001	.906	101	.061

a. Lilliefors Significance Correction

SCS = Stress Coping Styles
EI = Emotional Intelligence

Conducting the tests of normality on the data of emotional intelligence and stress coping style support, the results obtained are Emotional Intelligence: $D(101) = 0.061$, Stress Coping Style: $D(101) = 0.099$.

Thus we can conclude that the data of emotional intelligence and stress coping style is normal. This is also verified by analyzing the Skewness, Kurtosis values and is clearly visible in the histogram and the Q-Q plot.

HYPOTHESIS TESTING:
In order to achieve the objective, hypothesis is formulated. Statistical measures like mean, standard deviation, descriptive, correlation, and ANOVA, are applied to the data collected from the doctors of few selected hospitals through questionnaire.

H1a.Doctors of few selected hospitals have high level of Emotional Intelligence.

H1b. Doctors of few selected hospitals have high level of Stress Coping Styles.

Descriptive Statistics
Table 4.3.1

	Mean	Std. Deviation	N
EI	50.0421	7.25420	101
SCS	77.1208	11.87271	101

SCS = Stress Coping Styles
EI = Emotional Intelligence

We have got information from 101 respondents (N = 101), and based on the descriptive statistics, as in the above table, for emotional intelligence, the calculated mean is 50.0421and for stress coping style, the calculated mean is 77.1208, which is above average on a scale of 1 to 5. Therefore, it is concluded that samples taken have high level of Emotional intelligence and Stress Coping Styles.

From the above result, it can be concluded that the **hypothesis H1a and hypothesis H1b** are **accepted**. The level of emotional intelligence and stress coping styles is moderately high among doctors of private hospitals.

H2. There is a positive and significant relationship emotional intelligence and stress coping styles.

Correlations
Table 4.3.2

		EI	SCS
EI	Pearson Correlation	1	.204[*]
	Sig. (2-tailed)		.040
	N	101	101
SCS	Pearson Correlation	.204[*]	1
	Sig. (2-tailed)	.040	
	N	101	101

*. Correlation is significant at the 0.05 level (2-tailed).

SCS = Stress Coping Styles
EI = Emotional Intelligence

From the above table it is concluded that there is a positive relation between emotional intelligence and stress coping style. The Sig. Value is .204 that is more than α=0.05. They are not highly correlated but they are moderately correlated with each other. Hence it is proved that doctor's high on emotional intelligence would be more effective to manage the stress.

From the above result, it can be concluded that the **hypothesis H2 is accepted**.

H3a. There is a positive and significant relationship between gender and stress coping styles.

T-Test

Group Statistics
Table 4.3.3

	Gender	N	Mean	Std. Deviation	Std. Error Mean
SCS	Male	46	81.3184	12.88567	1.89989
	Female	55	73.6101	9.75239	1.31501

Independent Samples Test
Table 4.3.3.1

	Levene's Test for Equality of Variances		t-test for Equality of Means				
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference
SCS Equal variances assumed	1.939	.167	3.747	99	.000	11.45494	3.05744
Equal variances not assumed			3.651	81.789	.000	11.45494	3.13725

SCS = Stress Coping Styles
An independent-sample t-test was conduct to compare the stress coping styles for male and females. There was no significant difference in score of males (M = 81.3184, SD = 12.88567) and females [M = 73.6101, SD = 9.75239; t (99) = .100]. The magnitude of the difference in the mean value is not very large.

From above it is proved that there is positive and significant relationship between gender and stress coping style.

From the above result, it can be concluded that the **hypothesis H3a is accepted.**

H3b. There is a positive and significant relationship between marital status and stress coping styles.

One-way

Test of Homogeneity of Variances
Table 4.3.3.2

SCS

Levene Statistic	df1	df2	Sig.
2.242	2	98	.112

ANOVA
Table 4.3.3.3

SCS

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	741.601	2	370.801	2.721	.071
Within Groups	13354.513	98	136.271		
Total	14096.114	100			

Multiple Comparisons
Table 4.3.3.4

SCS

(I) Marital Status	(J) Marital Status	Mean Difference (I-J)	Std. Error	Sig.
Married	Unmarried	-.73784	2.47685	.952
	Single	-10.86446	4.67084	.057

Unmarried	Married	.73784	2.47685	.952
	Single	-10.12662	4.82209	.095
Single	Married	10.86446	4.67084	.057
	Unmarried	10.12662	4.82209	.095

SCS = Stress Coping Styles

A one way between groups is conducted to explore the impact of marital status on stress coping style, as measured by life orientation test (LOT). Subjects are divided into three groups (group1 – married, group 2 – unmarried, group 3 - single). Here the significant value .071 it is greater than .05.

There is a no positive and significant relationship between marital status and stress coping styles.

From the above result, it can be concluded that the **hypothesis H3b is not accepted**.
H3c. There is a positive and significant relationship between experience and stress coping styles

One-way
Test of Homogeneity of Variances
Table 4.3.3.5
TSCSM

Levene Statistic	df1	df2	Sig.
1.560	2	98	.215

ANOVA
Table 4.3.3.6
SCS

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	170.148	2	85.074	.599	.552
Within Groups	13925.966	98	142.102		
Total	14096.114	100			

Multiple Comparisons
Table 4.3.3.7
SCS

(I) Experience	(J) Experience	Mean Difference (I-J)	Std. Error	Sig.
0 - 5 Years	5.1 - 10 Years	-2.24075	2.92707	.725
	More than 10 Years	-2.87509	2.80867	.564

5.1 - 10 Years	0 - 5 Years	2.24075	2.92707	.725
	More than 10 Years	-.63435	3.13799	.978
More than 10 Years	0 - 5 Years	2.87509	2.80867	.564
	5.1 - 10 Years	.63435	3.13799	.978

SCS = Stress Coping Styles

A one way between groups is conducted to explore the impact of experience on stress coping style, as measured by life orientation test (LOT). Subjects are divided into three groups (group1 – 0-5 years, group 2 – 5.1 – 10years, group 3 – more than 10 years). Here the significant value .215 it is greater than .05.

There is a no positive and significant relationship between experience and stress coping styles.

From the above result, it can be concluded that the **hypothesis H3c is not accepted**.

Findings of the study

Findings of the study are based on the result of the hypothesis tested in the present study. The results are as follows:

H1. Doctors of few selected hospitals have high level of Emotional Intelligence.

The hypothesis was supported as the level of the emotional intelligence among doctors was above the scale mean.

H2. Doctors of few selected hospitals have high level of Stress Coping Styles.

The hypothesis was supported as the level of the stress coping style among doctors was above the scale mean.

H3. It is expected that doctor's high emotional intelligence would be more effective to manage stress.

The hypothesis was supported as that they are not highly correlated but they are moderately correlated with each other. If doctors are highly emotional intelligent then they can easily manage their stress.

H4. There is a positive and significant relationship between gender and stress coping styles.

The hypothesis was supported that magnitude of the difference in the mean value is not very large. There is positive and significant relationship between gender and stress coping style.

H5. There is a positive and significant relationship between marital status and stress coping styles.

The hypothesis was supported that significant value .071 it is greater than .05. And there is a no positive and significant relationship between marital status and stress coping styles.

H6. There is a positive and significant relationship between experience and stress coping styles.

The hypothesis was supported that the significant value .215 it is greater than .05. And there is a no positive and significant relationship between experience and stress coping styles.

Recommendations

In the light of the suggestions given by the doctor's of the selected hospitals and the related review of literature, the following recommendations have been outlined for reviewing and revamping the HR practices and initiating training on emotional intelligent. Moreover focus should be on hiring employees having high emotional intelligence level. The numerous studies and research on emotional intelligent show that emotional intelligent can be enhanced by learning and behavior modification at any age.

- It is evident from the findings that all the doctors are somehow low on the emotional competencies of impulse control adaptability to change and assertiveness. Thus it is recommended on the basis of the findings and the suggestions given by the doctors in their interviews that the hospitals require to give them assertiveness training and teach them how to delay gratification of short term objectives for long – term gains.
- With regard to gender difference, the management feels that both male and female doctors need to learn the ability to be aware of their feeling, be assertive, independent and confident and develop the ability to adapt to change with ease and be empathetic towards others. This would require introducing various personality development programmes for doctors.
- The hospitals should concentrate on adopting women friendly strategies, as the women are under pressure to strike balance between work and family life. The hospital should provide frequent and timely mentoring and counseling to reduce their stress level along with other facilities like day care for children, family get together etc
- The hospital should try to take down the causes of excessive stress, which are visible through doctors' frustration, absenteeism, tardiness and short temperedness. They should introduce stress busting strategies like yoga, meditation and fitness programmers to enhance the doctors' effectiveness.
- The strenuous working schedules is another major cause of stress for the doctors which can be taken care of by introducing flexi timing, giving them empowerment, responsibility, more accountability, changing assignments, more autonomy and of course participation in decision making would go a long way in soliciting doctors commitment for the hospitals.
- The hospitals should provide playfully productive atmosphere and by generating energy, enthusiasm, creativity amongst its doctors they will work with more devotion and dedication.

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