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An Empricial Investigation Into Doctor's Emotional Intelligence – Chennai City

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ABSTRACT:

Examining the emotional intelligence of physicians working in both public and private institutions was the aim of the study. In order to complete this study, we divided the 160 doctors into two groups: 80 from private hospitals (40 men and 40 women) and 80 from public hospitals (40 men and 40 women). Information was gathered from various public and private hospitals. Compared to private physicians, public physicians have a higher mean score. But compared to women, male doctors had more emotional intelligence. Gender and hospital types did not interact to affect any of the variables or overall emotional intelligence.

KEYWORDS: GENDER, HOSPITALS, EMOTIONAL INTELLIGENCE

INTRODUCTION:

Emotional quotient (EQ), another name for emotional intelligence (EI), is the capacity to recognize, utilize, comprehend, control, and deal with emotions. Emotional recognition of one's own and other people's feelings, using emotional information to inform behavior and thought processes, differentiating and naming emotions, and modifying emotions to fit changing circumstances are all components of high emotional intelligence. Emotional literacy is part of this.

First used in 1964, the term gained popularity in psychologist and scientific writer Daniel Goleman's 1995 best-selling book Emotional Intelligence. While some academics contend that emotional intelligence is innate, others contend that it may be developed and enhanced.

Dr. Rekha Tomar (2016) investigated how nurses' emotional intelligence was impacted by hospital kinds and duration of service. A total of 150 nurses—75 from public and 75 from private hospitals—were chosen at random from several Meerut hospitals. Following data analysis (using Mean and ANOVA), she discovered that hospital types and length of care have a positive and substantial impact on emotional intelligence. The emotional intelligence of private hospital nurses was higher than that of public hospital nurses. Additionally, it was discovered that the nurses' length of service had an impact on their emotional intelligence.

A study on occupational self-efficacy and emotional intelligence among physicians employed by public and private hospitals in Nagpur was carried out by Ramakant V. Gadiwan et al. (2016). According to their findings, there was no discernible difference between the emotional intelligence and occupational self-efficacy scores of physicians employed in public and private hospitals. Emotional intelligence and occupational self-efficacy were revealed to be significantly correlated negatively. On the other hand, there was a notable difference in occupational self-efficacy and emotional intelligence between male and female physicians working at public and private hospitals. Compared to men, female doctors scored higher on occupational self-efficacy and emotional intelligence. Additionally, this study found no discernible differences between physicians employed by private and public hospitals.

According to research by Anil Choubey, Santosh Singh, and Rakesh Pandey (2009), the association between stress and health was considerably regulated by two aspects of emotional intelligence: the capacity to recognize, express, and use emotions. Another significant discovery was that, although the capacity to recognize and communicate emotions was found to have a negative impact on a person's health, the results of the moderated regression analyses showed that it was a beneficial resource in high-stress situations.

According to Codier et al. (2008), clinical staff nurses' emotional intelligence ratings had a favorable correlation with retention and performance level metrics. Higher emotional intelligence scores were associated with better performance, more successful careers, and higher job retention among clinical staff nurses.

According to a research by Godkin and Godkin (2004), patients say they feel cared for when they are regarded as unique persons, given assistance in managing their disease, and think that nurses anticipate their needs, are accessible to them, and seem secure in their work. According to McQueen (2004), medical staff members frequently have an emotional bond with the patients they are caring for in a hospital; yet, this idea is typically overlooked throughout training.

According to Harter (2002), employees with low EQ are more likely to experience the stresses of uncertainty at work, such as the possibility of losing their jobs, whereas employees with greater EQ are less influenced by this circumstance and frequently participate in negative work behavior. Ernst et al. (2001) discovered that doctors who were warm, approachable, and comforting were more successful than those who conducted consultations in a professional setting.

OBJECTIVES:

1. To assess the emotional intelligence of physicians working in both public and private hospitals.
2. To assess the emotional intelligence of both male and female physicians working in public and private institutions.

HYPOTHESIS:

1. The emotional intelligence of physicians working in public and private institutions will differ significantly.
2. There will be a notable disparity in the emotional intelligence of male and female physicians working in public and private institutions.

SAMPLE SIZE:

Sample size consist of 160 doctors which has been divided based on the hospitals (ie) Private (80) and Public hospitals (80). Data was collected from different private and public Hospitals in and around Chennai.

INTERPRETATION:

TABLE 1: Demonstrating the disparity in emotional intelligence between private and public hospital doctors

FACTORS	PRIVATE		PUBLIC	
	M	σ	M	σ
Capacity to communicate and evaluate feelings	70.60	9.50	79.46	10.16
Capacity to use feelings	64.87	9.13	69.72	8.24
The capacity to control one's own emotions	44.88	7.4	47.93	7.64
Capacity to control others' emotions	34.57	4.88	35.86	5.62
TOTAL	241.9	26.1	288.4	26.95

Table 1: At the 0.01 level of confidence, Table 1 demonstrated a significant difference between doctors from private and public hospitals. However, there was no discernible difference between them in terms of "ability to manage emotions in others."

TABLE 2: Demonstrating the disparity in emotional intelligence between male and female doctors of private hospitals

FACTORS	MALE		FEMALE	
	M	σ	M	σ
Capacity to communicate and evaluate feelings	73.37	9.8	67.8	8.3
Capacity to use feelings	68.27	8.49	61.47	8.55
The capacity to control one's own emotions	47.10	7.97	42.67	6.28
Capacity to control others' emotions	35.87	5.02	33.27	4.41
TOTAL	224.6	26.5	205.2	21.9

Table 2 In terms of "Ability to utilize emotions, Ability to manage emotions in self, and total emotional intelligence," the above table showed a substantial difference between male and female doctors working in private hospitals at a 0.01 level of confidence. Therefore, at the 0.05 level of confidence, the factor on "Ability to express and appraise emotions" and "Ability to manage emotions in others" indicated a significant difference. Compared to women, male doctors have higher mean scores on all emotional intelligence metrics.

TABLE 3: Demonstrating the disparity in emotional intelligence between male and female doctors of public hospitals

FACTORS	MALE		FEMALE	
	M	σ	M	σ
Capacity to communicate and evaluate feelings	79.45	10.2	70.70	7.77
Capacity to use feelings	72.82	7.39	66.62	7.95
The capacity to control one's own emotions	51.75	7.01	44.12	6.28
Capacity to control others' emotions	37.12	5.74	34.00	4.88
TOTAL	241.7	25.1	215.1	21.8

Table 3 At the 0.01 level of confidence, this table likewise revealed a significant difference between male and female public hospital doctors. However, at the 0.05 level of confidence, there was a significant difference in the emotional intelligence components of ability to express and appraise emotions. Compared to public women, public male doctors displayed significantly higher mean values.

TABLE 4: Demonstrating the disparity in emotional intelligence male doctors of private and public hospitals

FACTORS	MALE		MALE	
	M	σ	M	σ
Capacity to communicate and evaluate feelings	73.33	9.88	79.45	10.22
Capacity to use feelings	68.27	8.49	72.82	7.39
The capacity to control one's own emotions	47.10	7.97	51.75	7.01
Capacity to control others' emotions	35.87	5.02	37.72	5.74
TOTAL	224.6	26.5	241.7	25.12

Table 4 showed that, at the 0.01 level of confidence, there was a significant difference between male doctors working in private and public institutions. However, at the 0.05 level of confidence, the emotional intelligence aspects of ability to express and appraise emotions and ability to utilize emotions are significant. On the ability to manage emotions in others component of emotional intelligence, however, there was no discernible variation.

TABLE 5: Demonstrating the disparity in emotional intelligence female doctors of private and public hospitals

FACTORS	FEMALE		FEMALE	
	M	σ	M	σ
Capacity to communicate and evaluate feelings	67.82	8.33	70.70	7.77
Capacity to use feelings	61.47	8.55	66.62	7.95
The capacity to control one's own emotions	42.67	6.28	44.12	6.28
Capacity to control others' emotions	33.27	4.41	34.00	4.88
TOTAL	205.2	21.9	215.1	21.82

TABLE 5: The aforementioned data showed a significant difference, at the 0.01 level, between female doctors working in private and public hospitals on the Ability to utilize emotion's aspect. However, the overall emotional intelligence scores were significant at the 0.05 level of confidence. However, there was no discernible difference between female doctors working in public and private hospitals on the emotional intelligence metric of "ability to express and appraise emotions, ability to manage emotions in oneself, and ability to manage emotions in others."

CONCLUSION:

According to the results, doctors at public hospitals are more emotionally intelligent than those at private institutions. It was also noted that, in compared to women, male doctors had a higher level of emotional intelligence. Nevertheless, no correlation was observed between hospital kinds and gender and any of the emotional intelligence measures.

According to the results of our study, hospitals should be cautious when hiring doctors with high emotional intelligence because this will ensure that they have a positive work attitude. Emotionally intelligent employees should be prioritized during the hiring process (Clarke, 2010). Because, in medical sector, emotional intelligence seems a dominant factor that plays an important role to make affective relationship and cooperation within patient and teams, especially in complex and stressful work environment.

Thus, this discovery can also be applied while preparing students for careers in medicine. When interacting with students, medical faculty members should also take emotional intelligence into account. There should be more research done on this topic.

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