



## **EMOTIONAL INTELLIGENCE AMONG WOMEN DOCTORS – A STUDY**

**Mrs. N. Vishnu Priya**

Ph.D Research Scholar, PG & Research Department of Management Science,  
PARK's College (Autonomous), Chinnakkarai, Tirupur 641605, Tamil Nadu, India.

&

**Dr. D. Gnana Sentthil Kumar**

Associate Professor, PG & Research Department of Management Science,  
PARK's College (Autonomous), Chinnakkarai, Tirupur 641605, Tamil Nadu, India.

### **ABSTRACT**

*The study was aimed to examine the effect of type of hospital (private or government) on Emotional intelligence level of the woman doctors working there. Type of hospital is an independent variable and Emotional intelligence is a dependent variable. Data was collected through a well structured questionnaire using incidental purposive sampling technique among woman doctors of Tirupur. The sample size was 64 among which 20 were government doctors and 44 were private doctors. The analysis of the collected Data was carried out using Percentage, chi square, Weighted average and Kruskal wallis tests. The results explained that the doctors of private hospitals had higher levels of Emotional intelligence than government doctors. For most of the demographic variables, no significant difference was found among the respondents of the two different types of hospitals.*

**Keywords:** emotional intelligence, Tirupur, type of hospital, woman doctors.

### **Introduction**

Emotional intelligence is that “something” (a particular quality) in each person that affects how he manages his behaviour, guides himself out of social complications, and makes personal decisions that helps achieve positive results.

According to Goleman, (1995, 1998) Emotional intelligence is the ability to be aware of and to handle one's emotions in varying situations. He says that Emotional intelligence includes qualities such as self-awareness, self-regulation, motivation, empathy, and social

skill. Emotional intelligence can be acquired and is not inborn. Salovey & Mayer (1990) explain Emotional intelligence as the ability to perceive emotions, to access and generate emotions so as to assist thought, to understand emotions and emotional knowledge and to reflectively regulate emotions so as to promote Emotional and intellectual growth.

A women doctor helps the society in many ways, women doctors are known to be more polite and have more patience than most of their male counterparts, lady patients feel more comfortable to talk to lady doctors and children always seem to enjoy treatment from lady doctors. Medical career is a profession in which crisis and pressure crop up without forewarning. Regardless of a doctor's choice to trim down her work time, if she has to be flourishing, she has to work tough in this job which is easier said than done.

In India, women constituted 51% of the students joining medical colleges, filling up 23,522 seats in 2014-15 compared to 22,934 men. This increase is in maintenance with the global trend. Pakistan and Bangladesh have much higher proportions of women in medical colleges, 70% and 60%, respectively.

However, there is a severe dearth of female doctors in India probably due to the above said reason. According to a paper titled Human Resources for Health in India, published in 2011 in the medical journal Lancet, only 17% of all allopathic doctors and 6% of those in rural areas are women. This means there was less than one female allopathic doctor per 10,000 population in rural areas (0.5), whereas the ratio is 6.5 in urban areas. The tendency of more women joining the medical profession is welcomed as female doctors are seen as more dedicated and compassionate.

This study tries to analyse whether there is variability in the level of Emotional intelligence of women doctors and type of hospital.

### **Need for the study**

Medical profession is a hands-on job in which emergencies and pressures occur without warning at hospitals. Despite the female doctor's decision to reduce her schedule, if she has to be successful, she has to work hard in this profession which she may find difficult. This study would help understand if demographic variables have an impact on Emotional intelligence. The present study is related to identify the variability in the levels of EI among the respondents of different types of hospitals among women doctors of Tirupur.

## Objectives of the study

- To understand the association between demographic factors and the type of hospital where the women doctors worked.
- To study whether the levels of Emotional Intelligence among the respondents of different types of hospitals was similar.

## Hypothesis tested

- Whether there exists an association between the type of hospital of the working women and selected demographic factors.
- Whether there exists variability in the levels of EI among the respondents of different types of hospitals.

## Limitations of the study

The study covered woman doctors of Tirupur city only and the number of sample was limited. The level of Emotional Intelligence was calculated using 10 components of Emotional intelligence, so the results may only be indicative in nature.

## Methodology

The sample respondents of the study comprised of 64 woman doctors of Tirupur city. Data for the study was collected with the help of a well structured questionnaire. The EI questions were set based on Hay group's 10 situational based questions, with 5 answers each. The answers were assigned marks, from 5 to 1 (5 being the highest mark given) with the help of experienced psychologists. The marks that each respondent got for all the 10 answers were taken together to indicate their EI level. **Sampling Technique and size:** Incidental purposive sampling technique was adopted to select the respondents. The term Incidental purposive sampling is applied to those samples which are readily available. The basic assumption of this technique is that, with good judgment and an appropriate strategy, one can hand pick the cases to be included in the sample and thus develop samples that are satisfactory in relation to one's needs (Guilford, 1973). 100 questionnaires were distributed among woman doctors out of which 64 completely filled in questionnaires fit for analysis were received. The study used percentage analysis, ranking, weighted average and Kruskal Wallis H test methods for analysing the data.

## Literature review

Not many studies have been conducted regarding the current topic. Dr. Rekha Tomar (2016) examined the effect of types of hospitals and length of service on Emotional intelligence of doctors. The result indicated that types of hospitals and length of service positively and significantly affected the Emotional intelligence. The doctors of private hospitals had better Emotional intelligence than the doctors of government hospitals. The length of service of the doctors was also was an influencing factor of Emotional intelligence.

Several studies relating to Emotional intelligence (EI) (in general), has been carried out and has been proposed as a complementary measure of human potential (Bar-On 2000; Goleman, 1995; Mayer et al., 2000). There are two different views of EI: one sees EI as a personality component involving predispositions and tendencies to behave (Petrides & Furnham, 2001; the other sees EI as ability (Mayer et al. 2000). EI from the theoretical perspective was understood specifically to be the cooperative combination of intelligence and emotion (e.g., Ciarrochi, Chan, & Caputi, 2000; Roberts, Zeidner, & Matthews, 2001). Various authors have theorised that high Emotional intelligence would lead to greater feelings of Emotional well-being (Goleman,1995; Saarni, 1999; Salovey, Mayer, Goldman, Turvey, & Palfai, 1995)

Levalekar, Kulkarni, & Jagtap, (2010); Soleymani and Akram (2009); Ortese & Tor-Anyiin, (2008); Bricker (2008); Schutte, et al, (2001) focused on Emotional intelligence and marital satisfaction in India. The results showed a positive association between both Emotional intelligence and marital satisfaction.

## Analysis and discussion

The following section presents the analysis of the data collected.

### 1. Demographic profile of the respondents

**Table 1**  
**Demographic profile of the respondents**

Sl. No	Characteristics	No. of Respondents		
		Government	Private	Total
1	Type of Hospital	20 (31.3)	44 (68.7)	64 (100)
2	Age			
	1) Less than 35	9 (45)	13 (29.5)	22 (34.4)
	2) 36 to 45	9 (45)	6 (36.4)	25 (39.1)
	3) 46 to 55	1 (5)	7 (15.9)	8 (12.5)
	4) 56 to 65	1 (5)	7 (15.9)	8 (12.5)

	5) Above 66	0 (0)	1 (2.3)	1 (1.5)
<b>3</b>	<b>Branch of Specialisation</b>			
	1) Gynaecology	5 (25)	14 (31.8)	19 (29.7)
	2) Paediatrics	3 (15)	3 (6.8)	6 (9.4)
	3) Dentistry	0 (0)	10 (22.7)	10 (15.6)
	4) General	8 (40)	15 (34.1)	23 (35.9)
	5) Others	4 (20)	2 (4.5)	6 (9.4)
<b>4</b>	<b>Years of Experience</b>			
	1) <14	14 (70)	21 (47.7)	35 (54.9)
	2) 15 to 24	4 (20)	11 (25)	15 (23.5)
	3) 25 to 34	2 (10)	7 (15.9)	9 (14.1)
	4) 35 to 44	0 (0)	4 (9.1)	4 (6.3)
	5) 45 to 54	0 (0)	1 (2.3)	1 (1.5)
<b>5</b>	<b>Marital Status</b>			
	1) Unmarried	2 (10)	7 (15.9)	9 (14.1)
	2) Married	18 (90)	35 (79.6)	53 (82.8)
	3) Married but single	0 (0)	2 (4.5)	2 (3.1)
<b>6</b>	<b>Family Type</b>			
	1) Nuclear Family	14 (70)	29 (65.9)	43 (67.2)
	2) Joint Family	6 (30)	15 (34.1)	21 (32.8)

Source – Primary data through field survey. Numbers in brackets indicate percentage

**Demographic profile of the respondents** can be explained from Table 1. 39.1 percent of the respondents were between 36 and 45 years. 68.7 percent of them worked in private hospitals or clinics. 35.9 percent of the respondents practiced as general doctors. 54.9 percent of the respondents had less than 5 years of experience in the field. 82.8 percent of them were married while 67.2 percent of them lived in nuclear families.

## 2. Association between demographic factors and type of hospital of the women doctors - Chi-Square Test

To find out the association between the type of hospital in which the women doctors were engaged and selected socio demographic factors, chi-square test was applied.

The null hypothesis tested was

$H_0$  : The type of hospital of the working women was independent of the selected socio demographic factors.

$H_a$  : The type of hospital of the working women was not independent of the selected socio demographic factors.

The calculated chi-square values along with table values are given in table 2

**Table 2****Association between type of hospital and demographic factors**

S.No	Variable	Calculated $\chi^2$ values	Degrees of freedom	$\chi^2_{0.05}$	Inference
1	Age	4.291	4	9.448	H <sub>0</sub> – Accepted
2	Experience	4.008	4	9.448	H <sub>0</sub> – Accepted
3	Marital status	1.432	2	5.991	H <sub>0</sub> – Accepted
4	Family type	0.104	1	3.841	H <sub>0</sub> – Accepted

Source – Primary data through field survey.

Comparing the calculated values  $\chi^2$  with the theoretical values of  $\chi^2_{0.05}$ , it could be inferred that the respondents were independent of the factors - age, experience, marital status and family type

### 3. Factors that encouraged the woman doctors to take up their profession

**Table 3****Factors that encouraged the respondents to take up the profession**

Sl. No	Variable	Government Doctors	Private Doctors	Total
1	True service to the society	20 (1)	44 (1)	64 (1)
2	Lead a meaningful life	12 (4)	16 (6)	28 (5)
3	Childhood dream	15 (3)	32 (3)	47 (3)
4	Desire to have self identity	20 (1)	44 (1)	64 (1)
5	To be dominant	10 (5)	18 (5)	28 (5)
6	To be a contributing part of the society	18 (2)	41 (2)	59 (2)
7	To have pride in yourself	18 (2)	28 (4)	43 (4)

Source – Primary data through field survey. Numbers in brackets indicate ranks

According to table 3, when the respondents were asked as to what made them take up this particular profession, every one of them agreed that it was true service that they would be doing to the society and also that they felt it was very important to have self identities. The second agreed fact by 59 of them was that they wanted to be a contributing part of the society. 47 of the respondents said that it was their childhood dream to be a doctor, which ranked 3<sup>rd</sup>. 43 respondents took up the profession as they felt proud to be called Doctors, giving it the 4<sup>th</sup> rank. 28 of them felt that a doctor's life was a meaningful one and also they could be dominant, which got the 5<sup>th</sup> rank.

#### 4. Emotional Intelligence

The total Emotional intelligence level of all the 10 statements put together were calculated and divided into low, medium and high. Total scores upto 20 was marked as low Emotional intelligence, between 21 and 35 was marked as medium Emotional intelligence and 36 to 50 were marked as high Emotional intelligence which are represented in the table below.

**Table 4**  
**Emotional intelligence level of the respondents**

Sl No	Level of Emotional Intelligence	No. of Respondents		
		Government Doctors	Private Doctors	Total
1	Low	-	-	-
2	Medium	11 (55)	21 (47.7)	32 (50)
3	High	9 (45)	23 (52.3)	32 (50)
<b>TOTAL</b>		<b>20 (100)</b>	<b>44 (100)</b>	<b>64 (100)</b>

Source – Primary data through field survey. Numbers in brackets indicate percentage

The above table elucidates that 55 percent of the Government doctors were medium on Emotional intelligence where as 52.3 percent of them showed high Emotional intelligence

#### 5 Mean score analysis

Mean scores were derived for the Emotional intelligence factors and ranks were assigned based on the average mean score of all the statements for each factor individually which are as represented in the forthcoming tables.

**Table 5**  
**Emotional intelligence factors**

Sl. No.	Variable	Government		Private	
		Mean Score	Rank	Mean Score	Rank
1	Self control	3.6	4.5	4.1	1
2	Emotional awareness	3.4	6	3.1	8.5
3	Optimism	3.8	2	3.5	5
4	Adaptability	3.0	9.5	3.1	8.5
5	Influence	3.2	7.5	3.3	6

6	Communication	3.6	4.5	4.1	1
7	Conflict mgmt	3.0	9.5	3.2	7
8	Team capability	3.7	3	3.7	4
9	Mentoring	4.4	1	4.1	1
10	Initiative	3.2	7.5	3.0	10
<b>Average score</b>		<b>3.5</b>		<b>3.5</b>	

Source: Primary data through field survey

The average mean score for the Emotional intelligence factors among government doctors as well as private doctors was calculated to be 3.5

Based on the average mean score, the government doctors were strong in mentoring as its mean score was 4.4 which is way above the average mean score. Next came optimism with 3.8 as its mean score, Team capability had a mean score of 3.7, self control and communication had 3.6 proving that he government doctors were good in these factors also. They were somewhat good in Emotional awareness with 3.4. Factors like influence and initiative was calculated to be 3.2 whereas adaptability and conflict management were 3 showing that these factors were not strong among the government doctors.

On the basis of the calculated average mean score 3.5, the private doctors were strong in self control, communication, and mentoring with their mean score being 4.1. Next came tem capability with 3.7 as its mean score, optimism had 3.5 which was exactly the same as the average mean score. Influence and conflict management abilities came next with 3.3 and 3.2 respectively. Private doctors showed not good abilities of Emotional awareness and adaptability with mean scores of 3.1. Initiative had the least score of 3 showing lower abilities of it among them.

## 6. Kruskal Wallis H Test

### Variability in the level of Emotional intelligence – Kruskal Wallis H test

To find out whether there existed any significant difference in the level of Emotional intelligence factors of the respondents working in different hospital types, Kruskal Wallis  $\chi^2$  test was applied.

#### The null hypothesis tested was

H<sub>0</sub>: There was no significant difference in the Emotional intelligence factors among the respondents of the two different types of hospitals.

H<sub>a</sub> : Emotional intelligence factors differed.

The calculated  $\chi^2$  values are given in the following table.

**Table 6**  
**Variability in the level of Emotional intelligence factors**  
**Kruskal wallis  $\chi^2$  test**

Sl. No.	Variable	H Value	Degrees of freedom	$\chi^2$ 0.05	Inference
1	Self control	3.991	1	3.841	Reject H <sub>0</sub>
2	Emotional awareness	1.022	1	3.841	Accept H <sub>0</sub>
3	Optimism	4.153	1	3.841	Reject H <sub>0</sub>
4	Adaptability	0.017	1	3.841	Accept H <sub>0</sub>
5	Influence	0.011	1	3.841	Accept H <sub>0</sub>
6	Communication	1.175	1	3.841	Accept H <sub>0</sub>
7	Conflict management	0.464	1	3.841	Accept H <sub>0</sub>
8	Team capability	0.740	1	3.841	Accept H <sub>0</sub>
9	Mentoring	0.651	1	3.841	Accept H <sub>0</sub>
10	Initiative	2.199	1	3.841	Accept H <sub>0</sub>

Source: Primary data through field survey

The calculated value was less than the table value, for factors such as Emotional awareness, adaptability, influence, communication, conflict management, team capability, mentoring and initiative. So the null hypothesis was accepted for these factors, which explained that there was no significant difference between these factors of Emotional intelligence among government and private respondents.

For factors such as self control and optimism, the calculated values were greater than the table values so the null hypothesis was rejected. The alternate hypothesis was accepted explaining that there was a significant difference between these Emotional intelligence factors among government and private respondents.

### Findings of the study

- All the respondents agreed that it was true service that they would be doing to the society and also that they felt it was very important to have self identities.
- Majority 55 percent of the Government doctors showed medium Emotional intelligence where as 52.3 percent of them among the private doctors showed high Emotional intelligence.

- The respondents were independent of the factors - age, experience, marital status and family type
- Government doctors were strong in mentoring, optimism team capability and self control as its mean scores were above the average mean score 3.5.
- Private Doctors were strong in self control, communication, mentoring, team capability and optimism with mean scores above 3.5, the average mean score.
- There was no significant difference among doctors belonging to different type of hospitals among factors such as Emotional awareness, adaptability, influence, communication, conflict management, team capability, mentoring and initiative these factors of Emotional intelligence among government and private respondents.
- There was a significant difference between the Emotional intelligence factors like self control and optimism among government and private respondents.

## **Conclusion**

From the study among 64 woman doctors amidst whom 20 and 44 of them were working in government and private hospitals respectively, it is understood that though the levels of Emotional intelligence varied between the respondents of the two different types of hospitals which was in tune with Dr. Rekha's (2016) study, the variability in the levels of Emotional intelligence was not seen significantly which is in contrast with the findings of Dr. Rekha Tomar (2016) whose study indicated that types of hospitals and length of service positively and significantly affected the Emotional intelligence.

## **References**

- Bar-On, R. (2000). Emotional and social intelligence: Insights from the Emotional quotient inventory. In R. Bar-On & J. D. A. Parker (Eds.), Handbook of Emotional intelligence. San Francisco
- Bricker,D.(2008).The link between marital satisfaction and Emotional intelligence. Retrieved from <http://hdl.handle.net/10210/1420>
- Ciarrochi, J. V., Chan, A. Y. C., & Caputi, P. (2000). A critical evaluation of the Emotional intelligence construct. *Personality & Individual Differences*, 28, 539- 561.
- Dr. Rekha Tomar (2016) A Study of Emotional Intelligence among Doctors, *International Journal of Innovative Research & Development*, May, 2016 Vol 5 Issue 6
- Goleman, D. (1995). *Emotional intelligence* (pp. 43-44). New York: Bantam Books.

- Goleman, D. (1998). Working with Emotional intelligence. New York: Bantam Books.
- Guilford J.P and Fruchter, B., “Fundamental Statistics and Psychology and Education”, 5<sup>th</sup> Edn, 1973, Mc.Graw Hill, Tokyo, Kogakusha
- Lavalekar, A.,& Kulkarni, P., Jagtap, P. (2010).Emotional intelligence and marital satisfaction. Journal of psychological researches (JPR), 5,(2),185-194, 2010
- Mayer, J. D., Caruso, D. R., & Salovey, P. (2000). Selecting a measure of Emotional intelligence: The case for ability scales. In R. Bar-On & J. D. A. Parker (Eds.), Handbook of Emotional intelligence (pp. 320-342). San Fransisco: Jossey-Bass..
- Ortese, T.P.,& Tor-Anyiin,A.S.(2008).Effects of Emotional intelligence on marital adjustment of couples of Nigeria. Retrieved from <http://www.ajol.info/index.php/ifep/article/viewFile/23804/31887>.
- Petrides, K. V., & Furnham, A. (2001). Trait Emotional intelligence: Psychometric investigation with reference to established trait taxonomies. European Journal of Personality, 15, 425-448.
- Roberts, R. D., Zeidner, M., & Matthews, G. (2001). Does Emotional intelligence meet traditional standards for an intelligence? Some new data and conclusions. Emotion, 1, 196-231
- Saarni, C. (1999). The development of emotional competence. New York: Guilford Press.
- Salovey, P., & Mayer, J. D. (1990). Emotional intelligence. Imagination, Cognition and Personality, 9, 185-211
- Salovey, P., Mayer, J. D., Goldman, S. L., Turvey, C., & Palfai, T. P. (1995). Emotional attention, clarity, and repair: Exploring Emotional intelligence using the trait meta-mood scale. In J. W. Pennebaker (Ed.), Emotion, disclosure, & health (pp. 125-154). Washington, DC: American Psychological Association.
- Schutte.(2001).Emotional intelligence and interpersonal relations. The journal of social psychology, 141(4), 523-536.
- Soleymani, A.A., & Akram, M,(2009). A study of the relationship between Emotional intelligence and marital satisfaction. Pazhouhesh- nameye tariati,5(19),131-150.