

A COMPARATIVE STUDY TO FIND OUT EMOTIONAL QUOTIENT IN STUDENTS OF MGM MEDICAL COLLEGE, INDORE (MP), INDIA

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ABSTRACT

Background: Emotional intelligence/Quotient (EI/EQ) is a concept including perception, expression and control of emotions, self-control and empathy, communication, conflict resolution process, conscience. Nowadays there is an increasing incident of patient complaints about doctor's behaviour, care, interaction. This situation can easily be improved by increasing emotional intelligence.

Aims & Objective: To assess emotional intelligence, to study the level of anger and correlating level of anger with EI and empathy in medical postgraduates.

Materials and Methods: A cross sectional study was done on medical graduates & post graduates of various departments in the MGM Medical College & MY Hospital Indore using a pretested semi structured questionnaire. Data was analyzed using SPSS version 20.

Results: 53.3% of P.G. students, 43.3% of pre-final students and 58.3% 1st prof students adjust their behaviour according to whom they are interacting with. 43.3% P.G. Students and 48.3% of 1st prof students gets nervous sometimes while 51.7% of pre-final students don't get nervous without any reason. 9.6% of P.G. students, 10.4% of Pre-final students and 10.9% of 1st prof students had poor social awareness. 48.3% don't get their thoughts never get negative further, while 41.7% of pre-final and 46.7% of 1st prof students disagree of getting negative thoughts

Conclusion: According to our study social awareness was found to be least in 1st prof students. P.G. students were found to have lowest self-awareness and lowest self-management.

Key Words: Emotional Intelligence; Emotional Quotient; Medical Students

Introduction

"Emotional intelligence" is a concept including perception, expression and control of emotions, self-control and empathy, communication, conflict resolution process, conscience. Emotional intelligence is someone's ability: (a) To understand his feelings; (b) To listen to others and to feel them; (c) To express his emotions in a productive manner. Emotional Intelligence (EI) is "a type of social intelligence that involves the ability to monitor one's own and others' emotions, to discriminate among them, and to use this information to guide one's thinking and actions".^[1] This definition was later expanded to include the verbal and nonverbal appraisal and expression of emotions.^[1] According to Goleman (1995), emotional intelligence consists of five components: Knowing our emotions (self-awareness), managing them, motivating ourselves, recognizing emotions in others (empathy), and handling relationships.^[2] Emotional intelligence is also known as emotional quotient.

It is only recently that the concept began to be associated with patient-centered practice. Within the therapeutic relationships, professionals must respond to both the technical aspects of disease as well as associated emotional aspects.^[3-5] In the process, managing their own responses and emotions too, are of paramount importance.

Empathy is another important aspect in the doctor-patient relationship. It is described as "a cognitive attribute, which involves an understanding of the inner experiences and perspectives of the patient as a separate individual, combined with a capability to communicate this understanding to the patient.^[6] Empathy, whether independently developed, or as a part of EI, is an important skill to possess by any health care professional.

Nowadays there is an increasing incident of patient complaints about doctor's behaviour, care, interaction. This situation can easily be improved by increasing our emotional intelligence. EQ is more important than IQ for the success or failure of a student. IQ's may be based on a student's level of knowledge but EQ's are the level of a student's ability to emotionally judge situations and/or fit into groups by managing their personal interactions. EQ or Emotional Quotient is a measure of one's ability to notice and then manage interior and exterior perceptions of feelings and then control their reactions. Mood will always control ability to resolve problems making this an important skill to develop and use. Using a well-developed EQ will help to manage one's emotions. And developing a higher EQ can be done quite easily. IQ or Intelligence Quotient is a measure of intelligence. An IQ measures different types of abilities: verbal, memory, mathematical, spatial, and reasoning. Many experts feel IQ is a measure of

an individual's problem solving ability and not an actual measure of general intelligence.

Necessary social skills that a student needs are associated with high levels of EQ or emotional intelligence. If a student does not develop the EQ skills needed to successfully transverse the maturation process he or she will be left in a situation of having the intelligence to functionally work or play but not have the emotional skills to successfully work or play, thus limiting their potential future. They may have received good grades on tests in school classes but without a working high level of EQ they are unable to function as adult people in an adult world. Emotion, according to the experts, is an unconscious state, distinct from cognition (thinking), volition (will) or motivation. Intelligence, on the other hand, is "a set of cognitive abilities which allows us to acquire knowledge, to learn and to solve problems." Given this, IQ and EI seem like contradictions in terms, an oxymoron, an "us vs. them." But IQ/EQ tests notwithstanding, Emotional Intelligence are not the opposite of intelligence. Rather it is a unique intersection of the two that can enable you to use your emotions to help you solve problems and live a more effective life – both at home and at work.

Aims & Objectives: (1) To assess the emotional quotient of Post Graduate and under graduate students. (2) To compare emotional quotient of Post Graduate and under graduate students.

Materials and Methods

This was a cross sectional observational study. Study area was MGM Medical College & MY Hospital Indore. Sample size of 180 medical students was selected randomly. Sample size of 180 was reached by randomly selecting 60 postgraduates, 60 pre final MBBS students & 60 1st prof MBBS students. Duration of study was 3 months. A predesigned, pretested, semi structured questionnaire was used to collect the data. Questionnaire was prepared using the Likert Scale. Likert scale is a psychometric scale commonly used in questionnaires, and is the most widely used scale in survey research, such that the term is often used interchangeably with rating scale even though the two are not synonymous. Questionnaire also included the demographic questions when responding to a Likert questionnaire item, respondents specify their level of agreement to a statement. The scale is named after its inventor, psychologist Rensis Likert.

A Likert item is simply a statement which the respondent is asked to evaluate according to any kind of subjective or objective criteria; generally the level of agreement or

disagreement is measured. Often five ordered response levels are used, although many psychometricians advocate using seven or nine levels; a recent empirical study found that a 5- or 7- point scale may produce slightly higher mean scores relative to the highest possible attainable score, compared to those produced from a 10-point scale, and this difference was statistically significant. In terms of the other data characteristics, there was very little difference among the scale formats in terms of variation about the mean, skewness or kurtosis. The format of a typical five-level Likert item is: 1 – Strongly disagree; 2 – Disagree; 3 – Neither agree nor disagree; 4 – Agree; 5 – Strongly agree.

Statistics

After collection of the data using pretested questionnaire, data was analyzed using SPSS Version 20. Chi square test was calculated as the data was qualitative. Using this test we tried to compare the four components of Emotional Quotients among three subject groups. Data was organized in tabular form showing numbers and percentages.

Results

Over all we conclude that in our study we found that post graduate students have poor Emotional Quotient as compared to MBBS Pre final & 1st prof students. This may be due to their busy and hectic schedule of work at hospitals & lack of awareness about EQ. The below observations are presented on the analysis of individual questions used in questionnaire.

53.3% of P.G. students, 43.3% of pre-final students and 58.3% 1st prof students adjust their behaviour according to whom they are interacting with. 43.3% P.G. Students and 48.3% of 1st prof students get nervous sometimes while 51.7% of pre-final students don't get nervous without any reason. 26.7% don't have compulsive habits while 35% of 1st prof students sometimes feel of having compulsive habits that they can't even stop. 48.3% don't get negative thoughts ever, while 41.7% of pre-final and 46.7% of 1st prof students disagree of getting negative thoughts. 48.3% of P.G. students sometimes seems to have unstoppable bothering and 31.7% of pre-final and 43.3% and 1st prof students don't have unstoppable bothering. 43.3% of P.G. students, 41.7% of pre-final students and 36.7% of 1st prof students adjust their behavior with person whom they dislike also. 43.3% of P.G. students and 38.3% of 1st prof students sometimes need motivation to keep going while 40% of pre-final don't need motivation to keep themselves going. 45% of P.G. students and 40% of 1st prof students are not ashamed of how they look, While 60% of Pre-Final

students are never ashamed of how they look. 28.3% of P.G. students and 30% of pre-final students never express their anger while 35% of 1st prof students disagree from expressing their anger. 40% of P.G. students, 58.3% of Pre-final students and 46.7% of 1st prof students agrees that they listen carefully to person.

Table-1: Social Skill to interact with patients and colleagues

Option	P.G. Students		MBBS Pre-Final Students		MBBS 1 st Prof Students	
	N	%	N	%	N	%
Present	54	90	53	88.34	41	78.34
Absent/poor skills	06	10	07	11.66	19	21.66
Total	60	100	60	100	60	100

Chi Square= 11.93; p value=0.002 Significant

Table-2: Self-Awareness/clear perception of personality

Option	P.G. Students		MBBS Pre-Final Students		MBBS 1 st Prof Students	
	N	%	N	%	N	%
Aware	34	56.67	52	86.67	53	88.33
Not aware	26	43.33	08	13.33	07	11.67
Total	60	100	60	100	60	100

Chi Square= 21.67; p value <0.0001 Significant

Table-3: Social Awareness or Understanding of the other persons emotions, needs and concern

Option	P.G. Students		MBBS Pre-Final Students		MBBS 1 st Prof Students	
	N	%	N	%	N	%
Present	49	81.67	56	93.33	46	76.67
Absent/Poor	11	18.33	04	6.67	14	23.33
Total	60	100	60	100	60	100

Chi Square= 6.49; p value =0.039. Not significant

Table-4: Self-Management or dealing with self emotions

Option	P.G. Students		MBBS Pre-Final Students		MBBS 1 st Prof Students	
	N	%	N	%	N	%
Present	39	65	50	83.33	55	91.67
Absent/ poor	21	35	10	16.67	05	8.33
Total	60	100	60	100	60	100

Chi Square= 13.96; p value =0.0009 Significant

Discussion

Emotional intelligence (EQ) is more important than academic intelligence (IQ) in today's scenario to have a healthy relationship with the neighbours, colleagues and other members of the society in which we live. The present study is a small effort to understand the emotional intelligence level of medical students in MGM medical College and MY Hospital. We didn't found the exactly matching studies on review of literature but few related studies have been done in the past. One of such study was conducted in the psychiatry department of a tertiary care medical hospital during January 2008 and August 2009 after obtaining the approval for the study from the Institutional Review Board. In this study, On Emotional Quotient Self-Assessment checklist, more than 70% had poor emotional intelligence. Married males in the study were more confident and empathizing. Good control of emotions in self was associated with good relationship

with superiors and colleagues. Score on Clinical anger was moderate to severe in 10.6% of the subjects. Emotional Intelligence and clinical anger correlated negatively. Another study Emotional intelligence and perceived stress in healthcare students: a multi-institutional, multi-professional survey. No significant differences were found between males and females or among professional groups for the Emotional Intelligence measure. Dental students reported significantly higher stress than medical students. Emotional Intelligence was found to be only moderately stable in test-retest scores. Some evidence was found for Emotional Intelligence as a possible factor in mediating stress. Students in different health profession courses did not show significant differences in Emotional Intelligence. As compared to this we found in our study that 55 % of subjects have poor Emotional Intelligence.

While stress and EI showed a moderate relationship, results of this study do not allow the direction of relationship to be determined. The limitations and further research questions raised in this study are discussed along with the need for refinement of the EI construct and measures, particularly if Emotional Intelligence were to be considered as a possible selection criterion, as has been suggested by some authors.

According to our study 10% of P.G. students, 11.6% of Pre-final students and 21.6% of 1st prof students had poor social skills. This shows that 1st prof students have lowest social skill. According to our study 43.3% of P.G. students, 13.3% of pre-final students and 11.6% of 1st prof students have poor self-awareness. This shows that P.G. students have lowest self-awareness. According to our study 20.8% of P.G. students, 24.2% of Pre-final students and 21.7% of 1st prof students have poor empathy. This shows Pre-final students have lowest empathy. 40% of pre-final don't need motivation to keep themselves going.

According to our study 18.3% of P.G. students, 6.6% of Pre-final students and 23.3% of 1st prof students have poor social awareness. These shows 1st prof students have lowest social awareness. According to our study 35% of P.G. students, 16.6% of Pre-final and 8.3% of 1st prof students have poor self management. This shows that P.G. students have lowest self management.

Conclusion

Over all we conclude that in our study we found that post graduate students have poor Emotional Quotient as compared to MBBS Pre final & 1st prof students. Efforts should be made to make aware the medical professionals about EQ and some personality development classes

should be included in the curriculum to improve the EQ amongst medical professionals as they deal with people in the community to have a sound professional relationship with their patients and colleagues. In our study the new observation became evident is that subjects under study were ignorant about their social life and the concept of Emotional Quotient.

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