CHAPTER 1

INTRODUCTION AND DESIGN OF THE STUDY

Emotional Intelligence can be defined 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"

Mayer, Salovey, and Caruso

1.1 INTRODUCTION

Emotional Intelligence (EI) refers to individual differences in the capacity to perceive emotions, to use emotions in productive ways, and to understand and regulate emotions. Emotional Intelligence, defined in this manner, is an intellectual capacity that connects reasoning with feeling.

The difference between emotion and feeling is that feelings are easier to identify because they are faster. An emotion might be a deeper experience because it might affect more, but that is only because it is mixed into the rest of one’s system. That is, a depression affects more than just an isolated feeling of sadness. In other words, people can only have a few feelings at a time, but they can have many emotions at the same time. Emotions are mixed, but to feel something people have to be able to identify what it is or it is going to be so intense that one would be able to identify what it is. Emotions just feel deeper because it is all one’s feelings being affected at once.

Emotional Quotient (EQ) is the degree of awareness and skills required to manage and balance emotions. It leads to success and long-term happiness.
EQ is used interchangeably with Emotional Intelligence (EI). In simple terms, this can be defined as knowing what feels good, what feels bad and how to transform from the former to the latter. Unlike IQ, EQ/EI can be improved throughout life. Goleman has defined EI in terms of capacity to recognize one’s own feelings and those of others, enhancing self-motivation, managing one’s own emotions, and effectively handling other’s emotions. Salovey and Mayer defined EI as, “the verbal and non-verbal appraisal and expression of emotion, the regulation of emotion in the self and others, and the utilization of emotional content in problem solving.”

Emotional Intelligence is a combination of both head and heart. Right emotions, positive emotions, virtuously enrich intelligence in right directions bringing I.Q to practical achievement (not merely theoretical). Intelligence can give a logical framework for good and bad emotions and lead one to promote values in an organisation, bring profit on right royal way – integrity in business. According to psychology, no emotion is bad itself, not even anger. But one must know how to handle it. One must know how to regulate emotions intelligently.

According to much recent academic work, a good deal of one’s successes and failures in life are not attributable to one’s cognitive abilities as measured by tests of IQ, but, rather are attributable to one’s abilities to form and maintain social relationships, portray themselves positively, and manipulate how others perceive them. Those who lack such understanding may be said to lack Emotional Intelligence (EI), a type of intelligence that may be more important in reaching one’s goals than traditional intelligence as measured by tests of IQ.

Emotionally intelligent mind does not get affected by any kind of situation; their mind is always in a state of equanimity. Knowing a person in
perfect balance to handle the sensory impulse is known an emotionally intelligent person.

Emotional Intelligence is a type of social Intelligence that involves monitoring, discriminating between and using emotions to guide thinking and actions. EI is related to interpersonal and communication skills, and is important in the assessment and training of medical undergraduates. Different jobs also call for different types and levels of Emotional Intelligence.

Ultimately the aim of the research is to propose that medical colleges need to introduce awareness about EI to ensure that their students will not only succeed in medical college, but will also succeed as quality health care professionals in the context of primary patient care.

1.2 DEFINING EMOTION

Multiple definitions of emotion abound, ranging from the lay version of feeling a particular way to mood states to physiological changes to reactions to an event. Emotion is defined as an organized mental response to an event or entity. The emotion response is characterized by physiological, experiential, motivational and cognitive components. Emotions are shorter and more intense than moods. They not only arise in response to events, but also contain information about that event. This information is fed into our cognitive decision making processes. In sum, emotions are transient, intense reactions to an event, person or entity. Some scholars have even suggested that emotions are primarily a social phenomenon because they arise out of interactions. Since emotions arise in response to an event and are more intense than moods, they are significant precursors to action. While most emotion scholars recognize the transient nature of emotion, an alternate point of view exists that emotions could be more than transient reactions. Many
debates in psychology centre on the state vs. trait nature of emotion. Emotions could recur with every interaction that succeeds the first emotion-eliciting event. The effects of emotions could wear off with time resulting in a more diffused mood state. Simply adopting the predominant scholarly point of view that emotions are short term, intense reactions to an event is acceptable. Individual and group emotion plays an essential role in individual and group functioning. A prime challenge facing the twenty first century manager is that of managing an employee’s emotions in light of negative events such as downsizing, mergers and acquisitions, ethical scandals and technological insecurity.

Emotions are short lived, intense reactions to an event and impact work behaviours. It is crucial to distinguish between emotion and other related constructs such as affect, mood and attitudes. Regardless of how emotion is defined, it is short lived and influential in instigating action. This is an important distinction to make at this point because affect is a broad umbrella term that includes but is not limited to emotion (Fisher, 2000). Affect refers to longer lasting phenomenon characterized as positive or negative effect. These affect definitions include mood. Moods are longer in duration than emotions yet shorter in duration than. They are more diffused than emotions and lack a specific target. Moods activate in an individual’s cognitive background, have no specific target, are not as intense as emotions and persist for a longer duration.

Attitudinal constructs such as job satisfaction and affective commitment might be emotion laden constructs”, yet they are not emotion either as they are more diffused and longer lasting. They also encompass a significant cognitive and evaluative dimension. Empirical support for the above conceptual distinctions also exists. George found that state affect predicts helping behaviours beyond that possible by trait affect. Discrete emotions seem to predict organizational citizenship behaviours and workplace deviance behaviours over and above that indicated by overall affect.
The instigating nature of moods and emotions in organizational citizenship behaviours (OCBs) and workplace deviance behaviours (WDBs) is well documented in organizational literature.

Weiss and Cropanzano found that both cognitive and affective influences drive productive and counterproductive behaviours. The most defining research support for the effects of emotion on OCB and WDB stems from a recent study conducted by Lee K and Allen NJ.

They found that WDB was better predicted by a discrete negative emotion in the form of hostility than an overall negative affective state. Related research also indicates that positive emotions such as joviality, attention and interest are directly related to OCBs. The experience of positive emotions has been linked to better cognitive functioning, physical and psychological health. Similarly, negative emotion has been linked to unhealthy coping behaviours, lowered cardiovascular function and physical health problems. These findings have fulfilled a sudden surge of interest in affective influences on work behaviour. This surge might have led to the sidestepping of certain fundamental issues, such as construct validity, in emotion inquiry. After almost three decades since the first research on emotion, one needs to take a step back and question the validity of inferences drawn from emotion research. With this goal as the broad underlying motive, the following section offers a critique of emotion research, thus setting the stage for this study.

1.3 ASSESSMENT OF EMOTION RESEARCH

A reviewed contemporary emotion research from a range of sources including most top scholarly publications noted that several serious flaws that threaten the validity of associated inferences. First, they found that most
research does not define emotion in any valid fashion. Emotion definitions need to conform to the knowledge base in the area (i.e., basic psychological theories) and not tap into broad affective constructs. This review revealed that less than forty percent of 2606 papers explicitly stated and defined emotion. Either the remainder did not refer to established definitions of emotion or they referred to affect as emotion. The lack of sound definition adhering to theory is potentially a serious issue as it casts doubt on accumulated research on emotion.

With these basic definitional problems plaguing emotion research, the measurement of this dynamic construct is also in question. Recall that emotion is defined as a short-lived, intense reaction to a specific event. Emotion measurement typically asks respondents to report on how they felt at some point in the past, or across some past period (e.g., last week, last month, last six months and so on). Although, this measurement format is practical and relatively easy to implement, it is riddled by retrospective biases. Several scholars have called into question what they measure. Consequently, it is useful to distinguish the sources of knowledge that are tapped using differing emotion measurement schemes demonstrated that the traditional form of emotion measurement taps into semantic emotion knowledge. This type of knowledge reflects what people think they should have felt in the referenced period, rather than what they actually experienced. On the other hand, episodic emotion knowledge involves capturing emotional experiences very close to their actual occurrence. They are less coloured by retrospective biases. These authors recommend that both forms of knowledge are useful, albeit for differing research goals. If the goal is to tap one’s memory of an emotional experience, then semantic knowledge could be useful. If the stated goal is to tap into the experience of emotion itself, then episodic emotional knowledge is the best source. The first measurement issue concerns the contamination of data sources by retrospective biases.
The next issue plaguing emotion scholarship that emotion research tends to aggregate discrete emotions into an overall dimension of positive and negative emotion this practice is easy to implement and simplifies the study of emotion. The scientific reason for such aggregation is based upon underlying common variance within each dimension. All positive emotions stem from a primary appraisal of a favourable event, interaction or outcome expectancy. All negative emotions are evoked primarily through an unfavourable interaction or event. Most importantly, the common theme within each dimension is restricted to the eliciting event. Beyond the primary appraisal, each emotion is unique and rich in its own right. Conceptual foundations of discrete emotion theories suggest distinct effects for each emotion. Each emotion triggers differing secondary cognitive appraisals and is unique in its adaptation significance (Herrald MM & Tomaka J, 2002).

For example, anger and guilt both result from a primary appraisal of an unfavourable interaction or event. This primary appraisal is common to all negative emotions. However, anger and guilt differ in secondary appraisals and behavioural consequences. Anger results from a secondary appraisal of other blameworthiness for the unfavourable event. The individual might also foresee a less favourable future. Taken together, these appraisals translate into a core relational theme of a self-demeaning offense for anger. It is at this point of secondary appraisals that discrete emotions are labelled. Guilt, on the other hand, involves the secondary appraisals of self-blame and a less desirable future. These secondary appraisals translate into a Core Relational Theme (CRT) of violation of societal or personal standards. Furthermore, anger leads to emotion-focused coping and aggressive behaviours whereas guilt leads to emotion-focused coping and compliance at the cost of personal well-being. Similarly, all positive emotions stem from a primary appraisal of a favourable event or interaction. For example, pride and happiness both
result from a primary appraisal of a favourable interaction or event. However, pride differs from happiness because it is elicited only in the event of a secondary appraisal of self-satisfaction. Research indicates a negative effect of excessive pride on task focus. The point of these illustrations is that while positive and negative emotions have common underlying features, each positive and/or negative emotion is sufficiently distinct to merit its own research agenda.

Emotions are necessarily dynamic and any real test of emotion theories requires measurement at multiple points in time.

Consider the Broaden and Build theory’s position that positive emotion is self-reinforcing. Repeated experiences of positive emotions lead to beneficial health and cognitive effects. This theory further contends that resilient individuals use positive emotions to buffer negative emotions and cope with adversity. This self-reinforcing effect cannot be tested for without a measurement scheme that captures emotion at several time points.

Larsen’s point out that all emotion measurement is at best probabilistic in nature. In order to enhance the probability of capturing unique true score variance, measures at multiple points in time are required. A within person, event based design is essential to the alignment of levels of theory and measurement.

1.4 MEANING OF EMOTIONAL INTELLIGENCE

Emotional Intelligence is all about Performance. Developing one’s Emotional Intelligence (EI) will improve performance. Developing EI will take time, but will lead to sustainable behaviour changes that will improve the ways to manage oneself and to work with others. Just some of the advantages of developing one’s Emotional Intelligence are:
improved relationships;
- improved communication with others;
- better empathy skills;
- acting with integrity;
- respect from others;
- improved career prospects;
- managing change more confidently;
- fewer power games at work;
- feeling confident and positive;
- reduced stress levels;
- increased creativity;
- learning from mistakes

Through skilled facilitation and coaching, EI development for individuals, teams and whole organizations will lead to a more productive, successful and sustainable business culture.

There has been a massive growth in the popularity of EI since Daniel Goleman’s publication, Emotional Intelligence: Why it can matter more than IQ (1996). Increasingly, people have recognized the important role emotions play in our actions. In his series of ‘Inner Game’ books, Timothy Gallwey explains performance in a simple equation:

\[ P = p - i \]

(Performance = potential - interferences)

Emotions are involved in everything, every action, decision and judgement. Emotionally intelligent people recognize this and use their thinking to manage their emotions rather than being managed by them.
1.5 CONCEPT OF EMOTIONAL INTELLIGENCE

The concept of Emotional Intelligence (EI) was first proposed by Mayer & Salovey (1990) which was then popularized by Goleman. “Why it can matter more than IQ”. Since then, this area has got much attention in the field of leadership, human resource management and organizational behaviour. EI came up from the work of social intelligence by Thorndike (1920) & Gardner’s (1983) concept of intrapersonal and interpersonal intelligence. In 1927, Thorndike classified Intelligence into three types: Abstract Intelligence which is related to verbal concepts, Concrete Intelligence which is related to shapes and matter and thirdly Social Intelligence now termed as Emotional Intelligence. It shows that it is not a new concept. The researchers have defined EI as a distinct psychological skill that can be consistently gauged.

Salovey & Mayer defined Emotional Intelligence as, the subset of social intelligence that involves the ability to monitor one’s own and others’ feelings and emotions, to discriminate among them and to use this information to guide one’s thinking and actions. Their model includes features of intelligence, adjustability and encouragement.

Emotion and how people manage it is an important part of personality that would immensely affect their health. Mental health is one of the overall health dimensions and refers to all methods and measures used to prevent psychological disorders. Emotional Intelligence plays a mediatory role between the mental health and stress. Those with higher Emotional Intelligence have more ability to cope with the environmental conflicts than those without. Emotional awareness and its regulation also lead to better stress management and performance of tasks.
Medical Students face numerous occupational stressors including shift work, high work load, frequent contacts with patients suffering and death, etc. For all these stressors, they are prone to develop irresolvable conflicts that would ultimately result in work-related issues that affect the administrative system.

Bradberry, studied a number of individuals in the work environment and found that 90% of those with excellent job performance had high Emotional Intelligence. Some researchers believe that some forms of Emotional Intelligence would keep people safe from stress and lead to more compatibility. For instance, the capability to control emotions is associated with maintaining a positive mood and thus, prevents depression. They also showed that the adolescents who were able to control the others' emotions benefited from more social support and were more satisfied.

Although pure rational capabilities cannot well predict the success in work and life, Emotional Intelligence and mental health can be good predictors of success in job situations. Doctors are among the groups who have close relationships with people, have the responsibility of maintaining the people's health, and are faced with patients many of whom suffering from incurable diseases. Therefore, they may encounter severe physical and psychological pressures resulting in dissatisfaction.

Emotional Intelligence and mental health can help people solve their occupational problems and raise committed doctors. Emotional Intelligence skills, particularly “self-awareness,” helps the doctors to get familiar with their emotions, behaviors, and reactions because self-awareness is the process of understanding one's thoughts, conflicts, motivations, and limitations and describes how other people would be affected by these issues. The ability to consider and control one's and the other’s emotions and differentiate between them is of course quite important in the life of medical students.
1.6 CHARACTERISTICS OF EMOTIONAL INTELLIGENCE

The term Emotional Intelligence encompasses the following five characteristics and abilities as discussed by Goleman (1995).

1.6.1 Self awareness

Knowing one’s emotions, recognizing feelings as they occur and discriminating between them is being emotionally literate. Being able to identify and label specific feelings in oneself and others; being able to discuss emotions and communicate clearly and directly. The ability to empathize with, feel compassion for validate, motivate, inspire, encourage and soothe others. The ability to make intelligent decisions using a healthy balance of emotions and reason. Being neither too emotional nor too rational. The ability to manage and take responsibility for one’s own emotions, especially the responsibility for self-motivation and personal happiness. Recognizing and naming one’s own emotions, knowledge of the causes of emotions, recognizing the difference between feelings and actions.

1.6.2 Mood management

Handling feelings so that they are relevant to the current situation and react appropriately. Frustration tolerance and anger management, eliminating verbal pull-downs, fights and group disruptions, better able to express anger appropriately without resorting to violence, fewer suspensions or expulsions, less aggressive or self-destructive behaviour, more positive feelings about self, school and family, better at handling stress.
1.6.3. Self-motivation

Gathering up one’s feelings and directing oneself towards a goal, despite self-doubt, inertia, and impulsiveness. More responsible, better able to focus on task at hand and pay attention, less impulsive, more self-controlled and improved scores on achievement tests.

1.6.4. Empathy

Recognizing feelings in others and tuning into their verbal and nonverbal cues. Better able to take another person’s perspective, improved empathy and sensitive to others feelings, better at listening to others. Affiliative persons are friendly, sociable and helpful in dealing with people and open about their feelings. They make good companions because they are pleasant and agreeable. Others feel comfortable with them and like them. In other words, affiliative persons have superior emotional and social skills in dealing with others, derive gratification and reward from their interpersonal contacts, and tend to be source of happiness to others.

1.6.5. Managing relationships

Handling interpersonal interaction, conflict resolution, and negotiations. Increased ability to analyze and understand relationships better at resolving conflicts and negotiating disagreements, better at solving problems in relationships, more assertive and skilled at communication. More popular and outgoing, more “prosocial” and harmonious in groups, more sharing, cooperation, and helpfulness, more democratic in dealing with others.

1.7 DIFFERENT APPROACHES TO EMOTIONAL INTELLIGENCE (EI)

With the rapid worldwide growth of EI training and literature, it is not
surprising that a number of different theories have emerged about what EI actually is.

1.7.1 Emotional Intelligence (EI) and personality

EI is not another term for personality. Personalities are relatively fixed, whereas all aspects of EI can be changed. EI is about how one chooses to manage the personalities one had. For example, both an extrovert and an introvert may have low levels of personal power, regularly putting them into the victim role and blaming others. It would be beneficial for both of these personality types to develop their personal power. So the focus here is on changing attitudes and behaviours, not on changing one’s personality.

1.7.2 Emotional Intelligence (EI) and motivation

EI is closely connected to motivation. Taken literally, the word ‘motivation’ means ‘move emotions’. Highly developed EI, gives a better understanding of what drives and triggers positive and negative feelings within people. These positive feelings can be linked to values, attitudes, beliefs, needs, desires, likes and dislikes. For example, if someone really like mountain climbing because he enjoy the activity itself and have a belief that mountain climbing is good for him as it will improve his health. If a friend calls and invites to climbing with him at the weekend, the mere thought of mountain climbing is likely to trigger positive feelings. Similarly, if one had a bad accident mountain climbing once and developed an attitude that it is a dangerous sport, one may experience negative feelings and thus lack motivation to go along with a friend.
1.7.3 Emotional Intelligence (EI) and competencies

Some theories of EI view Emotional Intelligence as a set of competencies that can be learnt simply through training. However, EI is viewed as an interrelated mix of attitudes that will have an impact on competencies. For example, a training course can teach how to become a better listener. Taught alone, active listening skills is essentially behaviour training. Improved listening is likely to happen as a result of developing regards for and awareness of others, but teaching the competencies to do this alone may not lead to any lasting behaviour change. EI looks at the roots underpinning behaviour, not just at the surface actions one observe on the outside.

1.8 EMOTIONAL INTELLIGENCE AT WORK

Since its inception in the early 1990s, the construct of Emotional Intelligence has received considerable attention in applied and academic text and has been identified as an important part of an individual’s ability to successfully contribute to an organization’s success. Although psychologists have been studying aspects of EI in organizations for decades, the concept is still relatively new. While there are several conceptual definitions of Emotional Intelligence, they all share several theoretical underpinnings, which include an awareness of one’s own emotions, an awareness of emotions in others, and understanding of emotions, and the ability to manage one’s own emotions and the emotions of others.

Although there is a general agreement of EI as a non-academic intelligence with predictive value beyond general intelligence or “g”, there is a growing debate as to how EI should be operationalized. The two prominent models of Emotional Intelligence include an ability-based model and a skill based model, which differ in their conceptual approach to the application of
EI. The ability model defines EI according to intelligence theory, emphasizing the cognitive elements of EI and uses a performance-based assessment method known as the MSCEIT to discriminate various levels of EI. Specifically, Mayer and Salovey defined Emotional Intelligence as the ability to monitor one’s own and other’s feelings and emotions, to discriminate among them, and to use this information to guide one’s thinking and actions. The skills based model is trait-based and encompasses a broader set of competencies. In this framework, Bar-On defines Emotional Intelligence as a cross section of interrelated emotional and social competencies, skills and facilitators that determine how effectively we understand and express ourselves, understand others and relate with them, and cope with daily demands. A measurement tool that underpins the skills based model is the Emotional Quotient Inventory. In case, each model and its respective inventory has been examined empirically and accepted as a valid measure of Emotional Intelligence.

1.9 EMOTIONAL INTELLIGENCE AMONG MEDICAL STUDENTS

Emotional Intelligence (EI) is one element in a broad spectrum of skills that enables an individual to create value for oneself and others. Emotional Intelligence is increasingly made reference to in medicine and other healthcare disciplines where it is suggested that it is important for professional mental health as well as effective practice. EI helps one to build stronger relationships, succeed at work, and achieve career and personal goals. The concept of EI was introduced over a decade ago by Salovey and Mayer and is described as 'a type of social intelligence that involves the ability to monitor one's own and other's emotions, to discriminate among them, and to use this information to guide one's thinking and actions'.
EI impacts many different aspects of daily life, such as the way one behaves and the way they interact with others. Assessing Emotional Intelligence among physicians will create a caring environment in medicine. Emotional Intelligence could help medical students to become more sensitive towards their patients. It is believed that Emotional Intelligence may explain differences in the quality of intrapersonal and interpersonal relationships and contribute to job performance and job satisfaction and predict success.

1.10 STATEMENT OF THE PROBLEM

Emotional Intelligence has been associated with positive outcome process in varied professions. There is a paucity of Indian literature on the subject, especially involving medical undergraduates. Managing emotions in social context are clearly important for success in a variety of interpersonal as well as career-related domains. EI is related to interpersonal and communication skills, and is important in the assessment and training of medical undergraduates.

Emotional Intelligence is a social construct that reflects an individual’s inter-personal and intra-personal skills such as self-awareness, regulation of one’s own emotions, communication skills, empathy and professionalism. An Emotional Intelligence assessment is a necessary component of a Physician’s skill test. Medical students should not only have biomedical knowledge, but also emotional and social knowledge that will foster better doctor-patient relationships. The fundamental benefit of allowing for emotional praxis to take place, therefore, is that it will lead not only to better healthcare and mutual professional respect, but possibly to less organizational tension over the long term.

Physicians are expected by society to uphold the highest of moral and ethical standards and display professionalism in their field. Therefore an extensive research can pave way for more balanced selection criteria in
medical students that not only accounts for academic intelligence, but also Emotional Intelligence.

1.11 NEED OF THE STUDY

Emotional Intelligence has moved from “nice to have” to “need to have”. Improvement in patient safety requires health care professionals to evolve from emotional unawareness to Emotional Intelligence. This will not only benefit the professionals, the healthcare team, and the wider organization but most importantly has the potential to improve patient safety.

The importance of Emotional Intelligence is emphasized because human relations in organizations are affected by emotional factors more than by rational factors. One promising means for assessing desirable cognitive and non-cognitive abilities or aptitudes is measuring Emotional Intelligence. It makes sense that EI related abilities might be important in physicians interactions with patients and in building the rapport and trust necessary to establish a solid patient-doctor relationship. We must sharply focus our modern day medicine upon primary patient care and professionalism and train students that are not only academically competent, but also emotionally intelligent.

In an ever-changing environment, physicians are being asked to be more patient friendly. Physicians often receive minimal training on Emotional Intelligence. Knowing that Emotional Intelligence facilitates a doctor's overall success and that it can be learned, it becomes important to look at doctors and their Emotional Intelligence. The researcher has planned to focus and evaluate the relevance of EI as higher mental ability in medical students.