CHAPTER 1

INTRODUCTION

1.1 GENERAL

Emotional Intelligence is an art of controlling and regulating in a turbulent situation. People acquire knowledge from various sources and with this knowledge they practice to regulate the feelings and emotions of individuals and also to control others’ emotions with the same knowledge. This practice of emotional intelligence is quite common and much easier in manufacturing sector. But at the same time emotional intelligence is much complex in service oriented organizations in general and it is too complex in the health care organizations. The human resources are labeled in the various categories in health care organizations such as Doctors, Nurses, Ward boys, Midwives and Technicians. Among the occupation status, the role of Doctors is to play a predominant role to bring reputation for the Doctors and as well as for the hospitals. Simultaneously, it is witnessed that in a huge multi specialty hospitals, deaths are also quite common. Though the doctors taking much effort to save the life of the person through proper diagnosis, systematic conduction of operations and also taking special care in the post-operation period, a few cases loses their lives unfortunately. At this juncture, the close relatives of the patients become highly emotional and finally they put all the blame only on the doctors and react ferociously against the doctors for the sudden demise of the patient. This is a crucial period for the Doctors to face the most critical situations. The intelligence gained from various sources helps the doctors to regulate himself and then tactically face the relatives of
the patients to control their emotions. The major job of the doctors is to regulate and control the emotions expressions and behavior of the employees working under them and simultaneously they should learn the strategy to manage the patient and their relatives, whom they are at high level of emotions.

1.2 NEED FOR THE STUDY

Principally and significantly, the doctors are extensively working with people who are with ailments, for maximum number of hours in every day basis, and also engaged with relationship among their superiors, peers, subordinates; medical representatives in addition to their personal relationship with their family and friends. This has intensive effect on their mental and physical state of life. Hence, it becomes mandatory that their life has to deploy emotional intelligence, as their way of life to better manage their mind and body, for enhanced living. This study aspires to learn and evaluate the emotional intelligence of Doctors of Professional protection linked social security scheme in Indian Medical Association – Tamilnadu. Indian Medical Association is the only national voluntary organization which effectively represents, Doctors of Modern Scientific System of Medicine, which takes care of doctors well being, and thus contributing better medical practitioners to the community by and large. The Indian Medical Association – Tamilnadu State Branch (IMA – TNSB) is the state branch of Indian Medical Association, representing the entire spectrum of the modern allopathic medicine and its specialties in the State of Tamilnadu. Thus, there is a high need for this study on Doctors of IMA – TNSB.

1.3 OVERVIEW OF EMOTIONAL INTELLIGENCE

The ability of a person to know one’s own emotion and of the others, to formulate a better relationship and accomplish the needful job is Emotional Intelligence (EI), which is profoundly termed as people skills. EI
have become the core component of an organization across globe, more valuable than technical skills, and thus it is the hot topic of contemporary management, focused by a number of researchers recently. The behavioral pattern with respect to their emotions and the environment of work is studied to calculate the outcome of emotions, organizational citizenship, employee’s performance, organizational effectiveness and commitment for effective leadership. The other authors has conceived the theory for EI, and stated that it is the subset of social intelligence, which prominence the ability of a person to manage the emotions of his own, and also the emotions of others feelings, regulating them with discrimination, accomplishing the selected aims. They planned a model which consisted of four components of abilities chiefly, to perceive accurately, appraise and express emotion; to access and or generate feeling when they facilitate thought; to appreciate emotion and concern emotional knowledge; and to regulate emotions, to support emotions and intellectual augmentation. But Daniel Goleman (1995), proposed an EI model, with two components namely, personal competence and social competence. The personal competencies include self – awareness, self – regulation and self –motivation and the social component includes empathy and social skills.

Self-awareness is the capability to distinguish and recognize one’s own status of moods, emotions, drives and their effects on others. Self-confidence, pragmatic self-assessment and often a self-deprecating intellect of humor are among characteristics of self-awareness. Self – regulation is the capability to control emotions, to remain calm, encounter problem and resistance, manage stress skillfully, finding ways to handle fears, anxieties, anger and sadness and to stay focused on the tasks performed. Motivation relates to expanding energy in a specific direction for a specific purpose. It submits to the emotional tendency directing or facilitating the accomplishment of goals. Social skills also profoundly termed as interpersonal skills submits to a person’s ability and proficiency in managing
relationship with others and building effective networks. Empathy is a person’s capability in sensing the emotional composition of other’s sensitivity and perception and taking dynamic attention in their apprehension and setbacks.

The environments and the culture of working in organizations are changing. This phenomenal changing is due to the new yardstick that determines the way of accomplishment of works with high effectiveness and efficiency. Immaterial of the type of work and field a performer is employed, the new rules determines star performer which vastly rely on imitativeness, empathy, adaptability and persuasiveness, instead of one’s education or commonly related as Intelligence Quotient. No man is single and thus accomplishing selected aims is through working with people. Here, every person is expected to learn, what to do? and how to do? Thus, the combination of Intelligence Quotient (IQ) and Emotional Quotient (EQ) comes into focus. IQ determines what to do and EQ determines how to do. Organizations accomplish selected aims with people working together for it, thus mandatory to work in teams. Management of team performances requires people skills, which is possibly only by maintaining the environment by Emotional Intelligence (EI).

The organizations are estimated by the recent surveys globally on the lacuna what they have on employees is about the social skills to get their goals done. The managerial positions are expected to believe in improvisation of listening and oral communication, adaptability and creative response to obstacles, personal management efficiencies by confidence building, motivation to work toward goals, a sense of wanting to develop one’s career and take satisfaction in successful work accomplishments. Improving group inter-personal effectiveness, cooperativeness and teamwork, skills at negotiating disagreements, effectiveness in organizations, wanting to make a
contribution for leadership potential are required at high magnitudes for better production with the well being of employees. By a study for the most desired qualities to work with people in organizations have stated communication skills, interpersonal skills and initiative intuitiveness, which are again made possible only by emotional intelligence. The conception of intelligence is constantly inferred in diverse means such as instinct, awareness, reasoning, learning, knowledge, and understanding, having along with emotional knowledge, retaining, planning and problem solving. Acquiring the ability and application of sustained knowledge from one’s emotions and the emotions of others, enabling preferences with control on oneself and also on others guiding towards accomplishments of effective constructive changes. Making it together, being effective in leading changes with the ability to understand self, and work with others. The perspective of the contemporary situation focusing on the intelligence quotient will pave a way to massive crisis among the mental and physical domain of human factor globally. The priority should be transferred IQ to EQ, to forbid the crisis. Thus EI is the capacity for recognizing ones’ own feelings and those of others, for motivating oneself, for managing emotions well in one and in relationships.

The relationship behaviors are essential in a variety of magnitude and proportions to people at different spheres of work and this study focuses the allopathic medical Doctors, healthcare providers, concerning, problem solving, restoring, promoting and maintaining for human beings through study, diagnosis and treatment of disease, and also the other physical with mental ailments. An emotional competence is a learned capability based on emotional intelligence that results in outstanding performance at work. Emotional competencies cluster into groups each based on a common underlying emotional intelligence capacity. Ones emotional intelligence determines the potential for learning the practical skills that are based on its five elements self-awareness, self-regulation, motivation, empathy and social
skills, which gives initiative, achievement drive and adaptability for influence, team leadership and political awareness towards empathy, self-confidence and developing others to accomplish selected aims.

1.3.1 Contribution of Daniel Goleman

Daniel Goleman, is a science journalist, psychologist and an author, did more than ten books on leadership, education, psychology and ecological crisis. He made exceptional efforts in psychology and brain sciences and renowned as a psychological journalist in The New York Times. His outstanding efforts are established from his bestselling books, internationally distinguished books namely, Emotional Intelligence (Bantam Books 1995), Working with Emotional Intelligence (Bantam Books 1998), Primal Leadership: The Hidden Driver of Great Performance (Harvard Business School Press 2001), Social Intelligence: The New Science of Social Relationships (Bantam Books 2006). This study establishes his core components declared and acknowledged by his work in “Working with Emotional Intelligence”, published in 1998. The competencies identified, evaluated and acknowledged principally for the people working with emotions, profoundly termed as “Emotional Labors”. Thus typically suitable for this study on Doctors, who are naturally employed on human relationships, extremely in all factors of family, personal, and professional relationships.

Extensively they are exposed to man to man relationships and prone to emotions, all round the clock. Most number of hours are spend towards professional relationships and particularly their professional work is with pain, suffering, distress, inability, disability in physical as well as mental factors of their patients. During this course of treatment they again into relationships with sub ordinates and peers, thus their mental and physical components are highly expected to be maintained with intelligence, eminently
termed as emotional intelligence. Goleman, explores concept of personal competencies and interpersonal competencies for acquiring and maintaining emotional intelligence and this study is performed in the basis of them. The personal competencies include self-awareness, self-regulation and motivation. The interpersonal competencies include empathy and social skills.

1.3.2 Self-awareness

Knowing one’s internal states, preferences, resources and intuitions is the phenomena of self-awareness, which comprises emotional awareness, accurate self-assessment and self-confidence. Recognizing one’s emotions and their effects is self-awareness, knowing one’s strengths and limits is self-assessment and a strong sense of one’s self-worth and capabilities is self-confident. The recognition of how one’s emotions affect the performance, and the ability to use their values to guide decision making is emphasized. An honest sense of one’s personal strengths and limits, a clear vision of where one needs to improve, and the ability to learn from experience is stressed. The courage that comes from certainty about ones capabilities, values and goals are accentuated in this factor.

1.3.3 Self-regulation

Managing one’s internal states, impulses and resources with self-control, trustworthiness, conscientiousness with innovation and adaptability is self-regulation. Keeping disruptive emotions and impulses in check is self-control, maintaining honesty, integrity and taking responsibility for personal performance is trustworthiness, taking responsibility for personal performance is conscientiousness, being comfortable with novel ideas, approaches and new information paves innovation and flexibility in handling change sustains adaptability. These features comprise to enhance self-regulation to situations and persons within oneself to acquire emotional intelligence.
1.3.4 Self-motivation

Emotional tendencies that guide or facilitate reaching goals with achievement drive, commitment, initiative and optimism is motivation. Striving to improve or meet a standard of excellence initiates achievement drive, aligning with the goals of the group or organization incurs commitment, readiness to act on opportunities, displaying proactively and persistence sustains initiative tendency and persistence in pursuing goals despite obstacles and setbacks gives optimism. These factors play the phenomenon of motivation with high drive towards result orientation, actively seeking opportunities with high persistence to accomplish selected aims.

1.3.5 Empathy

Awareness on others’ feelings, needs and concerns by understanding to develop them with service orientation, leveraging diversity, sustaining political awareness is empathy. Sensing others’ feelings and perspectives and taking an active interest in their needs, further, sensing others’ development needs and bolstering their abilities, with perfect anticipation, recognition and meeting other’s needs by cultivating opportunities through different kinds of people by reading a groups’ emotional currents and power relationships earns empathized atmosphere. Empathy contributes much for the state of emotional stability in inter-personal relationships, accomplishing mutual goals, with a single or in groups also.

1.3.6 Social skills

Social skills enhancement is the adeptness at including desirable responses in others by perfect induction, effective communication, leadership, managing conflicts being a change catalyst, building bonds by collaboration and cooperation elevating team capabilities. Wielding effective tactics for
persuasion gives influence, listening openly and sending convincing messages paves effective communication, negotiating and resolving disagreements by inspiring and guiding individuals and groups, initiating and managing change with nurturing instrumental relationships, working with others towards shared goals and thus creating group synergy in pursuing collective goals puts one with formidable social skills. Thus the inter-personal relationship management and instigating needful change with every single and in groups to accomplish works in a social platform with better relationship by enhanced collaboration and cooperation.

Thus, this study have identified the vital and specific parameters, as above stated to calculate the emotional intelligence of people through the theory of Daniel Goleman (1998), Working with Emotional Intelligence, which this study finds much appropriate for the evaluation of emotional intelligence of Doctors of Professional Protection Linking Social Security Scheme of Indian Medical Association – Tamilnadu State Branch.

1.4 OVERVIEW OF PPLSSS OF IMA-TNSB

The Indian Medical Association (IMA) is the only national voluntary organization for the welfare of modern Doctors of India, which has a state branch for each state across the nation. Each state branch of IMA functions with a number of regional offices within each state and union territory. Indian Medical Association – Tamilnadu State Branch (IMA-TNSB), functions for the welfare of Doctors of Tamilnadu, affiliated to IMA head quarters, New Delhi. There are a number of schemes and programs designed, implemented and continuously improved for the welfare of Doctors. This study focuses the Professional Protection Linked Social Security Scheme (PPLSSS) and its welfare measures for the Doctors of Tamilnadu. The overview of the above is given below.
1.4.1 Indian Medical Association

Indian Medical Association (IMA) is the only representative, national voluntary organization of Doctors of Modern Scientific system of Medicine, which looks after the interest of Doctors of the community at large. The initiative to formulate an organization for Doctors was from 1928, while the Indian freedom struggle was prominent. The Doctors of that period though along with the liberation of our nation from the British, a body for the welfare of Doctors is also mandatory. Hence, a national organization for the welfare of Doctors was formulated and reached an agreement with the British Medical Association that they will not have any branch in India but mutually affiliated which is still present. Indian Medical Association helped in organization of the World Body and thus became its founder member in the year 1946. IMA is well organized and established to all 28 states and 7 union territories of India. It has over 1, 95, 000 Doctors as its members through over 1800 local branches spread all over the country. Promotion and advancement of medical and allied sciences in all their different branches, the improvement of public health and medical education in India and the maintenance of honor and dignity of medical profession are the objectives of the IMA. There are various vital privileges for the members of IMA and this attracts Doctors to obtain membership across India, which has increased predominantly in recent years, by the unique features and prominence of activities, welfare schemes and assistance extended by IMA to Doctors and for the profession.

1.4.2 Indian Medical Association – Tamilnadu State Branch

The Tamilnadu state branch of IMA is called as Indian Medical Association – Tamilnadu State Branch formulated to protect the honor and dignity of medical profession and to promote medicare functioning with 143 regional centers with membership more than 22, 500 Doctors. It is the voluntary organization, representing the entire spectrum of modern allopathic
medicine and its specialties in Tamilnadu State, affiliated to the IMA Head Quarters, New Delhi. The organization was formulated in the year 1940, by a band of Doctors who were dedicated to the profession and deeply committed in upholding the dignity of the medical profession and also for the continuous improvement of the quality of the medical service to the people of Tamilnadu especially to the needy and poor. The Doctors hailing from the Chennai city and from rural districts of Tiruchirapalli, Coimbatore, Vellore, Salem and Tirunelveli took an active part in building up of IMA-TNSB. Today, IMA-TNSB has branches in all the towns, having more than 143 regional centers in 32 districts of state of Tamilnadu. Among the 22,500 members of IMA-TNSB, more than 99% of them are Life Time Membership holders.

The IMA-TNSB has its own constitution which is being amended from time to time. It is governed and guided by the State President who is elected directed by all its members. He is being assisted by four Vice-Presidents, the Honorary State Secretary and other office bearers of IMA-TNSB, in the implementation of the IMA programs and projects. The State office of IMA Tamilnadu is always located at the town of Honorary State Secretary. The members of the governing state council are being elected by proportional representation, i.e; One state council member is elected for every 25 members every year. The state council meets once in 3 months and decides about the policies and programs of the IMA – TNSB. It also acts as an electoral college to elect all office bearers of all wings of IMA-TNSB. The deliberations are recorded and the minutes are being circulated to the members. The Annual State Medical Conference of IMA Tamilnadu and Annual General Body Meeting are held every year in the month of May and are being attended by more than 1000 delegates from various places. The New President of IMA-TNSB is installed on that occasion. Various Awards / Certificates / Medals are being awarded to Branches / Individuals for their best performance / Outstanding activities during the function. IMA-TNSB has federal type of relation with the IMA Head Quarters, New Delhi. The All
India IMA (HQ) President is elected by an electoral college consisting of Central Council Members, CWC Members and Past President of IMA HQ. The National President of IMA (HQ), New Delhi is being helped by four Vice-Presidents and Honorary Secretary General. The IMA HQ has a representation. All India Medical Conference of IMA is being held every year at different states. The state council is a continuous body. Additions and alterations if any in the list maintained at the state office shall be effective each year on 31st of March. The Local branch shall have the privilege of electing their representatives to the state council at their annual general body meeting each year.

1.4.3 Activities of IMA – TNSB

The different wings of IMA – TNSB are functioning effectively to the satisfaction of the members. The branch members of IMA are always in the forefront, in serving the public of Tamilnadu in various ways. They are conducting community service through free general health Diabetic detection camps, Blood donation camps, Eye camps, etc. regularly in rural and semi-urban areas. IMA is also helping the Tamilnadu Government in the implementation of their health programs. The IMA-TNSB has won the appreciation recently from World Health Organization (WHO) for the assistance given for the success of the Revised National Tuberculosis Control Programme (RNTCP) from Dr. Wares and Dr. R. Reuben Garnish of Regional Officer of WHO for the South East Asia at New Delhi. IMA-TNSB is also taking active part in National AIDS Control, Filaria Control and other health programs actively.

1.4.4 Main Objectives of IMA-TNSB

The Indian Medical Association – Tamilnadu State Branch has the following as its main objectives.
• To serve the patients in a better way.
• To maintain high professional standard in the practice of medicine.
• To protect the dignity and the honor of the medical profession.
• To render Community Service and also co-operate with the Government in the implementation of its Health care Programs.
• To offer professional protection to the members through various schemes.
• To conduct CME programs to the medical practitioners.
• To have family get together and to promote fellowship among its members.

1.4.5 Schemes of IMA-TNSB

IMA-TNSB has various wings and each wing is assigned with specific responsibilities. The wings that are functioning under IMA-TNSB are 24 in number, including four main schemes for the welfare of the Doctors who has enrolled to IMA-TNSB as well as to those schemes and they are as follows.

• Professional Protection Linked Social Security Scheme (PPLSSS)
  ➢ Hospital Protection Scheme of PPLSSS (HPS of PPLSSS)
  ➢ Family Benefit Scheme of PPLSSS (FBS of PPLSSS)
• Family Security Scheme (FSS)
The above schemes of IMA-TNSB has earned overwhelming response from its members and the association has coined respective committee to maintain the efficacy of is functions to attract other Doctors to become its members, thus enabling the usefulness of it. The PPLSSS extends comprehensive support to Doctors by giving professional safety, social responsibility and political palpability in their profession, which includes Hospital Protection Scheme and Family Benefit Scheme. Family Security Scheme aims to help the IMA member’s family in the event of death of an IMA Doctor who is a member of this scheme. This study considers the Doctors who are the members of PPLSSS alone.

1.4.6 Professional Protection Linked Social Security Scheme

Professional Protection Linked Social Security Scheme, profoundly called as PPLSSS, is formulated to ascertain and emphasis the safety of patients, security for Doctors, protection for Hospitals and benefits for the family of Doctors. It is well understood that Doctors have chosen the Medical Profession, not my chance, but by choice. Hence, the choice made by each and every Doctor should be made successful, thus this scheme supports the Doctors in various ways. PPLSS Scheme was started to defend the Doctors who fall into trouble and support when legal actions are taken against them. This scheme undertakes steps in behalf of charged Doctors by replying to the legal notice they received from the petitioner, and following this the scheme appoints expert lawyers to argue in appropriate courts in behalf of the charged Doctor and this scheme also provides necessary material evidences to court of law, when required. The Doctors who are the members of this scheme can exercise a number of monetary benefits for various regulations they have framed focusing the benefit of Doctors emphasizing their wellbeing. In additional to this, this scheme also comprises two other sub schemes namely, Hospital Protection Scheme (HPS) and Family Benefit Scheme (FBS).
Hospital Protection Scheme is designed to defend the clinical establishment of Doctors. Sometimes, management of the hospital is also brought under litigation, when allegation arises and this becomes mandatory for the Doctor owning the hospital to initiate various steps to face them in the court of law. The scheme will take up notices/cases against the hospitals enrolled, fight in the courts, and pay the compensation, if lost.

Here, the member hospitals are requested to ensure that all the consultants and duty doctors are enrolled as members of the PPLSS Scheme so that the entire case/notice can be fought collectively. This scheme has a positive impact in Doctors in both the ways to ensure that they are continuously governed by the scheme and also support them when issues arises thus raising the level of confidence and credibility, of the Hospital and their service towards making better society.

Family Benefit Scheme was started with the aim of providing reimbursement of medical expenses incurred by the member, spouse and their children who are below 21 years. Unlike many other insurance companies this scheme does not put forth many conditions, irrelevant to this scheme. In this scheme, the member has to inform the scheme office about the hospital of their choice for elective surgery before admission and thus claim must be made within 60 days after discharge along with the original bills and discharge summary. The interval between one claim and another is 120 days, conditioned in this scheme. Additionally, this scheme shall reimburse Rs. 1 lakh for the hospitalization expenses in that year for the member spouse and children below 21 years-not exceeding Rs.50,000/- per hospitalization. This scheme provides an assurance and care enhancement for the family behind every Doctors and this enables them to be more confident, committed towards profession and personal life.
The highlights of being a member of PPLSSS of IMA-TNSB, a Doctor is supported to counter Consumer Protection Act (CPA) and for its defensive practice in the court of Law. This scheme coverage is given to the Doctors from the day of enrollment. Complete guidance and safe guarding are ascertained from the day one of receiving any legal notice. Compensation up to Rs.5/- Lakhs for 5 years and immediate financial grant of Rs.20,000/- in case of demise of a member is also given. A free Janatha Personal Accident, Group Policy for Rs.1 Lakh is also given and a free bulletin covering the happenings of IMA-TNSB and PPLSSS with continuous flow of latest information and support to all the members of the scheme, thus ascertaining the wellbeing of Doctors, comprehensively.

Thus, the above details mentioned describes the uniqueness of this scheme which are formulated and implemented for the welfare of Doctors to balance personal and professional life, making both meaningful and satisfactory. As Doctors being exposed to human relationships predominantly all the day around, in everyday basis, to different groups such as family members, personal friends, peers, superiors, sub ordinates, medical representatives, office executives of the clinic or hospital to which they are engaged and to the maximum time with the patients, who are of different mindset, sustaining pain and discomfort. Hence, Doctors of this PPLSS Scheme of IMA-TNSB are selected for this study to investigate the emotional intelligence they practice in their day to day life and further to explore the measures employed by the management of this scheme, for the wellbeing of Doctors.

1.5 OPERATIONAL DEFINITIONS

This study is undertaken with the keywords and the perspective of definitions for the same as given below.
- **Emotions**: “Emotion is a private feeling that is subjective, advocating an extraordinary range of states, in experiencing psychological arousal influencing physiological changes as well with a display of distinctive somatic and autonomic responses, cognition of feeling, mood and affect, in accordance to situations and personality.”

- **Emotional Intelligence**: The perspective of Daniel Goleman, is considered to encapsulate emotional intelligence for this study as “The capacity for recognizing our own feelings and those of others, for motivating ourselves, for managing emotions well in ourselves and in our relationships.”

- **Intrapersonal Competencies**: “Intrapersonal Competencies are the state of existing or occurring within the individual self or mind, concerning awareness, regulation and motivation with respect to environment either internal or external influences”

- **Interpersonal Competencies**: “Interpersonal Competencies encapsulate the ability to work with, understand them, communicate with, and motivate other people, both individually and in groups with empathy and social skills.”

- **Doctors**: This study considers only the Doctors who have the membership in Professional Protection Linked Social Security Scheme (PPLSSS) of Indian Medical Association –Tamilnadu State Branch (IMA_TNSB), accomplishing the rules and regulations of the same.

- **Personal Life of Doctors**: This study considers the relationship of Doctors within oneself, with the family
members and their relatives, with their non-professional personal friends (may or may not be a Doctor), and with people who are disassociated with regard to their profession as a Doctor, as the Personal Life of Doctors.

- **Professional Life of Doctors:** The relationship of Doctors at the professional outset with superiors, peers, subordinates, medical representatives, ward boys, and in major with patients and their relatives who attend along with them, engaged during the treatment and thereafter with the context of the same, is considered as Professional Life of Doctors.

- **Wellbeing of Doctors:** The capability of Doctors to be with continuous awareness, regulation, managing personal and professional environments, with better performance formulating healthier and happier life, to oneself and also in relationship with others, accomplishing selected aims of personal and professional life, comprehensively.

1.6 **STATEMENT OF THE PROBLEM**

The medical profession is a very noble profession and the role of a Doctor is highly vital to save the lives of the patients. The Doctors having completed their course are forced to work in a different environment of vary nature of human behavior at different parts of Tamilnadu. The feelings and emotions of the common public in the extreme south is totally contra to the behavior and understanding of the northern part of Tamilnadu. The people living in the southern part of Tamilnadu are highly tempered with emotional behavior and sometimes highly ferocious and trap others within a fraction of seconds. Even for the simple problems they indulge in a quarrel and at the same situations use most dangerous weapons to attack within their group. Finally, they seek the help of the doctors living nearby to them. These are
most turbulent situations for the Doctors to take quick decisions against treatments on such cases. It is too dangerous in attending these kinds of emergency cases and the doctors are frequently threatened by thugs and anti social elements for not to attend these cases. In these situations the doctor should apply their intelligence to control himself / herself and then tactically manage the highly emotional and ferocious gangs which ask to give treatment as well as the other gang which opposes not to give treatment. These kinds of behavior are quite common in southern parts of Tamilnadu. Whereas in the western part of Tamilnadu state though they are quite amicable persons, but they legally corner the doctor and ban their medical practices, if something unfortunately happens to the patients or the condition worsens to serious nature. It is quite clear that throughout Tamilnadu, having the same kind of mentality and behavior to the treatment of people is not possible in the context of treatment and operations. These situations made the doctors as highly indecisive and frustrated against their profession.

On the other hand, the present era of highly polluted environment, the common people are affected severely with new air borne and water borne diseases. Even experienced Doctors finds difficult to diagnose the properly and to identify the type of new diseases and also unable to provide suitable medicines, at all instances. Sometimes they are indeed to practice trial and error attempts for treatment to cure those diseases. The number of patients is also rapidly increasing and hence, the doctors are highly restless and unable to take proper food on time. After attending their patients they are returning to their house, in late night with full of tired, frustration and anger. These emotions and feelings are reflected to family members and hence the doctors are unable to balance personal and professional lives, which ends up with frequent disputes with family members and in certain case they end up with divorce. In order to manage both clinic and family, the Doctors need to acquire adequate knowledge and enhance IQ. This IQ should be tactically applied to manage their emotions among turbulent situations in the hospitals.
as well as in their homes and also with the public in the society. Based on the above issues, the following questions are probed,

1. To what extent the Doctors are able to gain intelligence to manage their emotions?
2. What are the innumerable problems faced by the doctors with the clients, staff and the public?
3. How far Emotional Intelligence helps the Doctors to manage the most troublesome situations, inside and outside the hospitals?
4. How the PPLSS Scheme of IMA – TNSB protect the Doctors?

1.7 OBJECTIVES OF THE STUDY

The objectives of the study are given in the following:

1. To study the conceptual framework of Emotional Intelligence.
2. To identify the aspects induced to regulate Doctor’s emotions for the relationship with others both in personal and professional context.
3. To explore the capability of Doctors to regulate the feelings and emotions of others through emotional Intelligence.
4. To analyze the awareness and understanding of PPLSS scheme among the selected sample Doctors (respondents).
5. To develop a unique model for emotional Intelligence to regulate patients and public through PPLSS Scheme exclusively for Doctors.
1.8 SCOPE OF THE STUDY

This study will bring to light on the level of emotional intelligence of the Doctors of PPLSS Scheme of IMA – TNSB, balancing relationship of personal and professional life and the consequences resulting out of it. This study will also identify the challenges, against it and suggestions to overcome it. Further, this study will explore the opinion and expectations towards the effectiveness of the scheme PPLSSS and also from IMA – TNSB, particularly.

1.9 LIMITATIONS OF THE STUDY

The study suffers from the following limitations.

1. The survey was conducted in 32 districts of Tamilnadu, only from the Doctors associated in PPLSS Scheme of IMA – TNSB, hence the result arrived from the study may or may not be applicable to other Doctors in other schemes of IMA – TNSB, or others Doctors living other than Tamilnadu state, or other Doctors who are non member of IMA – TNSB. Further, the questionnaire method adopted for collecting the data in this study has its own limitations.

2. Out of total population only 840 respondents were selected to elicit first-hand information. In view of time and monetary constraints, it was not possible to contact more than the selected number of respondents.

3. The information collected from the respondents as such is considered for analysis. Few respondents might have been biased in their responses through the researchers cross checked the data when ever doubt arises. Still, the data available could have its own minor deficiencies.
Hence, it may be considered that the generalization of the findings of the study arrived at is subject to the above limitations.

1.10 CHAPTER SCHEME

The present empirical study has been divided into five chapters.

**Chapter 1 Introduction:** Introduction and design of the study is portrayed, which include introduction, need for the study, statement of the problem, period of the study, scope of the study and limitations of the study. The overview of Emotional Intelligence, IMA – TNSB and also on the PPLSS Scheme of IMA – TNSB is been given.

**Chapter 2 Review of Literature:** This chapter gives a review of selected studies on emotional intelligence and related concepts. These empirical studies give the researcher an insight into the topic. The reviews deal with the theoretical aspects and researches conducted by different authors on related topics.

**Chapter 3 Research Methodology:** The methodology of this study includes the description of research design, sample size, sampling technique, development and description of tool, data collection procedure and method of analysis. The valid of the research depends on the systematic method of collecting the data and analyzing them in a sequential order. In the present study, extensive use of both primary and secondary data was collected systematically.

**Chapter 4 Data analysis and Interpretations:** The results of the study which were obtained from the responses of the participants are presented in the form of tables and graphical representations to facilitate easy understanding. Analysis was conducted using the descriptive statistics,
frequencies, chi square, one sample t test, one way ANOVA, Garret ranking, factor analysis, and regression analysis. The study make use of simple linear regression equations and least square method for time series data and will use correlation analysis to find the relation between various parameters.

Chapter 5 Findings, Conclusions and Recommendations : The collected data through the organized questionnaire of this study by interview method has been analyzed methodically and systematically using appropriate techniques in the previous chapter. From the interpretations thus, obtained from various systematic statistical analysis, researcher has developed the findings of the same and conceptualized the conclusion of this study, based on its objectives, with required recommendations.

In this chapter, the key findings and conclusion of the study are recapitulated in an orderly form. Based on these finding, a few suggestions have been orderly presented.