Original Article

A Study on the Emotional Intelligence among Teaching Faculty of a Medical College in South Karnataka

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Abstract

Introduction: Doctors have multiple roles to play in the society. The emotional intelligence (EI) of medical college teachers plays a decisive role on the outcome of medical students. Teachers with good EI will create a learning environment that encourages positive social interaction, active encouragement, and motivation to learn among students. **Objectives:** The objective of the study is to assess the level of EI and the influence of sociodemographic variables on it among teaching faculties of a medical college. **Materials and Methods:** A cross-sectional study was conducted using self-report EI questionnaire scale. The data were analyzed and expressed in percentages and proportions. Mean, standard deviation, and statistical significance were calculated, wherever necessary. **Results:** More than half of the teaching faculty showed average EI (66.67%) and 8.33% had poor EI. The social skills of teaching faculty showed positive correlation and statistical significance with teaching experience. **Conclusion:** There is a need to take appropriate steps to improve the EI of teaching faculties by the institutions as it has an impact on the outcome of learner doctors.

Keywords: Emotional intelligence, medical college teaching faculties, teaching experience

Introduction

Today, scientific world is rapidly changing. With advancement in science, there is a change in the priority in education system with time. Stakeholders are more concerned with achievements, both academically and professionally. It is a long-standing concern of the teaching institutions to understand the factors responsible to assess academic performance.

Previously, intelligence quotient was given importance for prediction of success. Research conducted in this area led to the development of the concept of emotional intelligence (EI). EI and its role garnered much interest during the late 20th century. Number of theories has been proposed for EI which have helped us more in understanding EI and its role.

Goleman has stated that EQ accounts for more than 80% of a person's success.[1] Bar-On has defined EI as "an array of personal, emotional, and social competencies and skills that influence one's abilities to succeed in coping with environmental demands and pressures." The core of EI, according to Bar-On, is understanding oneself and others, being able to relate to people and possessing the ability to adopt and cope with one's surroundings.[2]

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Five elements have been identified as the competencies of EI – self-awareness, self-regulation, motivation, empathy, and social skills.

Many researchers have found that EI is a valid predictor for academic performance, better subjective well-being, and greater life satisfaction. A strong association between EI and mental health has been reported.[3]

In today's competitive world, students are under enormous stress. They are more worried about their grades. Massive syllabus, long studying hours, lack of peer support, competitive environment, rigid authoritative and nonencouraging faculty, lack of recreational activities, staying away from home, financial problems, uncertain

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future, cultural and minority issues, and mismatch between capacity and expectation are some factors contributing for the generation of stress.[4]

In such a situation, classroom teacher is the most influential person in influencing students' achievement, both academically and professionally. Emotional competency (EC) of the teachers plays a crucial role in academic and professional excellence of the students.

Most of the teachers bring two things to the class room – one is subject expertise and the second is knowledge of teaching methods, but EC is the unrecognized third components of many teachers. They focus mainly on cognitive outcome and little on affective and psychosocial domain.[5]

Teachers with good EC will be enthusiastic, creative, and innovative, with their teaching methods. They have better communication skills and ability to solve conflicts and problems. These teachers demonstrate outstanding performances.[6]

Hence, this study was taken up to assess the level of EI and influence of sociodemographic variables among teaching faculty of medical college.

Materials and Methods

- Study design: Descriptive cross-sectional study
- Sample size: All teaching faculty of Shridevi Institute of Medical Sciences and Research Hospital, Tumkur, Karnataka
- Study duration: 6 months
- Eligibility criteria: Teachers who gave consent to participate and who had more than 1 year of teaching experience.

Prior permission from the head of the institution and ethical committee to conduct the study was obtained. The purpose of the study was explained, and informed consent of the respondents was obtained. They were interviewed using a semi-structured questionnaire.

Sociodemographic information related to gender, designation, and years of teaching experience was collected. Self-report EI questionnaire scale containing 50 questions was used.[7] The scale comprises five subscales that consist of (a) self-awareness (perception of emotion), (b) managing one's own emotions, (c) motivating others, (d) empathy, and (e) social skills. The participants were asked to rate the extent to which they agree or disagree with each statement on a 5-point Likert's scale (1 = strongly disagree and 5 = strongly agree). The sum of these five subscales gives the total EI score of the individual. The total score ranges from 50 to 250. Those who scored more than 80% were considered as having good EI, those who scored between 60% and 80% were considered to have average EI, and those <60% were considered to have poor EI.

All the questionnaires along with other relevant data were manually checked and were then coded for the computer entry. After compilation of the collected data, the analysis was performed using the "R software (R-4.1.0 free software under GNU project. R was created by Robert Gentleman and Ross Ihaka at the university of Auckland, Newzeland and is currently developed by the R development core team. R is named partly after the first names of the first two 'R' authors)." The results were expressed using appropriate statistical methods as percentages and proportions and mean and standard deviation wherever necessary. A $P < 0.05$ was considered statistically significant.

Results

There were 98 faculties, out of which 11 were having <1 year teaching experience and 3 were not willing to participate in the study. Thus, 84 respondents participated in the study. The respondents from preclinical departments were 16 - anatomy (3), physiology (5), and biochemistry (8); as well as from paraclinical departments were 22 - pathology (5), pharmacology (3), microbiology (5), forensic medicine (2), and community medicine (7). The respondents from clinical departments were 46 - general medicine (6), general surgery (6), orthopedics (3), obstetrics and gynecology (6), pediatrics (4), otorhinolaryngology (4), ophthalmology (3), dermatology (3), psychiatry (3), respiratory medicine (3), and anesthesiology (5).

In our study, male respondents were 51 (60.7%) and female respondents were 33 (39.3%). The senior faculty (professors and associate professors) were 43 (51.2%) and junior faculty (assistant professors, senior residents, and tutors) were 41 (48.8%). The numbers of clinical phase respondents were more (46, 54.8%) compared to nonclinical phase (38, 45.2%) respondents. The large numbers of teaching staff (41, 48.8%) had 1–5 years of teaching experience followed by more than 10 years (22, 26.2%). Faculty having 6–10 years of teaching experience were 21 (25%).

Out of 84 study respondents, the EI was average in 56 (66.7%), good in 21 (25%), and poor in 7 (8.3%) respondents. Among EI domains, a high mean of 38.7 was seen in self-awareness competency, while a least mean of 32.01 was seen in managing emotion competency [Table 1].

Among five domains of EC, female respondents had slightly better mean in three domains -managing emotions (32.15), empathy (36.85), and social skills (38.82), as compared to men (31.92, 36.55, and 35.61, respectively). The mean scores

Table 1: Distribution of respondents according to mean and standard deviation for emotional intelligence and each competency ($n=84$)

EI domain	Mean±SD
Self-awareness	38.70±7.07
Managing emotions	32.01±6.60
Motivating oneself	37.64±6.44
Empathy	36.67±6.94
Social skill	36.08±7.55
Total EI	181.11±27.66

SD: Standard deviation, EI: Emotional intelligence

of self-awareness and motivating one-self domains were more in male respondents – 38.80 and 37.73 – compared to females – 38.55 and 37.52, respectively. The differences observed were not statistically significant.

The mean of total EI was better in the respondents from clinical departments (185.30) compared to respondents from nonclinical departments (176.03). However, the differences observed were not statistically significant.

Among five domains, only social skill domain showed positive correlation with statistical significance, which indicates that as experience increases, the social skills of respondents also increases [Table 2].

Discussion

In the present study, 25% had good EI, 67% average EI, and 8.33% poor EI. In the study conducted by Puliyakkadi *et al*.,[8] 12.9% had good EI, 72.9% had average EI, while 14.3% had poor EI.[8] Large numbers of faculties are having average to poor EI which needs to be addressed.

In the current study, the total mean EI score is 181.11 ± 27.66, much higher compared to that reported by Ravikumar *et al*.[9] (124.4 ± 12.8) and Tomar[10] (121.3 ± 10.9).

The study shows that self-awareness (perception of emotions) has high mean (38.7) while managing emotions with low mean (32). These results are consistent with the studies conducted by Puliyakkadi *et al*.[8] and Ravikumar *et al*.[9]

Research findings on gender difference with EI are not very consistent. Petrides and Furnham[11] reported that overall EI was significantly higher in males than females. Some studies report that females have significantly higher EI than males. Brackett and Mayer[12] found that females scored higher than males on EI when evaluated with a performance measure (the Mayer–Salovey-Caruso EI Test). However, when using self-report measures, such as the Bar-On emotion quotient inventory and the self-report EI test, no gender differences were found.

According to Stys and Brown,[13] gender differences exist in EI only when one defines EI in a purely cognitive manner rather than through a mixed perspective. In our study, we found differences between mean EI and gender, but there was no significant association.

In the present study, females have scored better in managing emotions, empathy, and social skills. The differences observed were not significant. Bar-On[2] has reported that females scored higher than males in empathy, interpersonal relations, and social responsibilities. Arteche *et al*.[14] in their study have reported that females scored higher than males in empathy and interpersonal relations. Craig *et al*.[15] in their study have reported that females scored higher than males in interpersonal relations.

Table 2: Correlation between teaching experience and emotional intelligence competencies

Factors	Pearson's correlation *r* value	*P**
Self-awareness	−0.199	0.250
Managing emotions	−0.201	0.412
Motivating oneself	−0.052	0.293
Empathy	−0.143	0.394
Social skill	0.047	0.042

*P<0.05 is significant

In our study, a difference between mean EI was found with teaching duration but without any statistical significance. Correlation analysis showed positive correlation with social skills; Day and Carroll[16] have reported weak positive correlation with years of experience. Schutte *et al*.[17] found a significant positive correlation between social skills and EI.

EI of the teaching faculty plays an important role on the outcome of the students' performances. In our study, a large number of teaching faculties have an average to poor EI. This has been observed in other studies also. This needs sincere attention regarding training to be given to the teaching faculties. As year of experience increases, there will be an improvement in the EI levels as well as social skills. They will be more able to manage, influence, and inspire positive emotions in others. The relationship between gender and EI remains unclear and further research is needed. The association of academic performance with EI could not be performed as the college is started recently and students had not completed the complete course during the study period.

Conclusion

Emotional Intelligence (EI) of teaching faculty plays an important role on the outcome of the students' performances. Studies show that teaching faculties have an average to poor EI, which needs focus.

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Conflicts of interest

There are no conflicts of interest.

References

1. Goleman D. EI: Why it matters more than IQ? BantumBooks. New York: Leadership Tool Kit: Emotional Intelligence Questionnaire. Teaching resource. NHS England, London: 2014;1995.
2. Bar-On. The Emotional Quotient Inventory [EQ-I] Technical Manual. Toronto, Canada: Multi-Health Systems; 1997.
3. Martins A, Ramalho N, Morin E. A comprehensive meta-analysis of the relationship between emotional intelligence and health. Pers Individ Dif 2010;49:554-64.
4. Hammond LD, Bransford J. Preparing Teachers for a Changing World. San Francisco: Jossey-Bass; 2007.
5. Mortiboys A. Teaching with Emotional Intelligence: A Step-by-Step Guide for Higher and Further Education Professionals. New York: Routledge; 2005.
6. Hwang F. The Relationship between Emotional Intelligence and

Teaching Effectiveness. Kingsville, United States: Ph.D. Dissertation Texas and M University; 2007
7. Leadership Tool Kit: Emotional Intelligence Questionnaire. Teaching resource. NHS England, London: 2014.
8. Puliyakkadi S, Chalil S, Abraham R, Dipin JP, Raj A, Dayan S. Dimensions of EI of doctors in a tertiary care centre in Kerala. J Integr Health Sci 2019;7:48-51.
9. Ravikumar R, Rajoura OP, Sharma R, Bhatia MS. A study of emotional intelligence among postgraduate medical students in Delhi. Cureus 2017;9:e989.
10. Tomar R. A study of emotional intelligence among doctors. International journal of innovative research and development, Bantam press. 2016;5:303-8.
11. Petrides KV, Furnham A. The role of trait EI in gender specific model of organization variables. J Appl Soc Psychol 2006;36:552-69.
12. Brackett MA, Mayer JD. Convergent, discriminant and incremental validity of computing masers of EI. Pers Soc Psychol Bull 2003;29:1147-58.
13. Stys Y, Brown SL. A Review of the Emotional Intelligence Literature and Implications for Corrections. Canada: Research Branch Correctional Service of Canada; 2004.
14. Arteche A, Chamorro-Premuzic T, Fernham A, Crump J. The relationship of trait EI with personality, IQ and Sex in UK sample of employees. Int J Sel Assess 2008;16:421-6.
15. Craig A, Tran Y, Hermens G, Williams LM, Kemp A, Morris C, *et al*. Psychological and neural correlates of EI in a large sample of adults males and females. Personal Individ Diff 2009;46:111-5.
16. Day AL, Carroll SA. Using an ability-based measure of emotional intelligence to predict individual performance, group performance and group citizenship behaviors. Pers Individ Diff 2004;36:1443-58.
17. Schutte NS, Malouff JM, Bobik C, Coston TD, Greeson C, Jedlicka C, *et al.* Emotional intelligence and interpersonal relations. J Soc Psychol 2001;141:523-36.