

# Emotional Intelligence and Occupational Self-Efficacy in Doctors working in Government & Private Hospitals

Ramakant V. Gadiwan<sup>1</sup>, Dr. Rubeena J. Ansari<sup>2</sup>, Amit Dharmpal Wagde<sup>3</sup>

<sup>1</sup>Rashtrasant Tukadoji Maharaj, Nagpur University, Nagpur, Maharashtra, India 442009

<sup>2</sup>Assistant Professor, College of Social Work, Kamptee, Nagpur, Maharashtra, India 442009

<sup>3</sup>Clinical Psychologist, District General Hospital Amravati, Maharashtra, India 442601

**Abstract:** *The main purpose of this research was to study of Emotional Intelligence and Occupational Self-Efficacy among doctors working in Government & Private Hospitals in Nagpur. The sample for this study consists of 300 Doctors out of which the Government Doctors were 150, (n= 75 males and n= 75 females). Similarly, the Private Doctors were 150, (n= 75 males and n= 75 females). For the measurement of Emotional Intelligence, Hyde's Emotional Intelligence Scale was employed and for Occupational self-efficacy, Pethe's Occupational self-efficacy Scale was used. The analysis of the data showed that there was no statistically significant difference found in scores of doctors working in Govt. and Private hospitals regarding emotional intelligence and occupational self-efficacy. Significant negative correlation was found between emotional intelligence and occupational self-efficacy. Result indicate that statistically significant difference found in scores of female and male doctors working in Govt. and Private hospitals regarding emotional intelligence and occupational self-efficacy. Females found higher with, Emotional Intelligence and Occupational Self efficacy than males. No significant difference found in doctors working in Govt. and Private hospitals it means that in present study, professional setting has not created any effect on Emotional Intelligence and Occupational Self efficacy.*

**Keywords:** Emotional Intelligence, Occupational Self-Efficacy, Government Hospital, Private Hospital.

## 1. Introduction

The construct of Emotional intelligence is the ability to identify, use, understand, and manage one's emotions in positive and constructive ways. It's about recognizing one's own emotional state and the emotional states of others. Emotional intelligence is also about engaging with others in ways that draw people to us. Most of us know that there is a world of difference between knowledge and behaviour and one must learn to apply that knowledge to make changes in one's life. There are many things one may know and want to do, but he/she fails to implement when he/she is under pressure. This is especially true when it comes to emotional intelligence.

Emotional intelligence is not learned in a standard intellectual way; it must be learned and understood on an emotional level. Intellectual understanding is the first important step, but the development of emotional intelligence depends on *sensory, nonverbal learning* and *real-life practice*.

The construct of emotional intelligence was first introduced by Salovey and Mayer (1990). The surge in the scientific investigation of emotional intelligence began thereafter and has increasingly gained momentum. It gained its most momentums after becoming popularized by Daniel Goleman's book, *Emotional Intelligence: Why it can matter more than IQ*, published in (1995). Goleman's book was widely popular, and when introduced became a number one best seller on The New York Times' list of bestselling books. In his writing, Goleman stresses the importance of EI in people's general work's success and achievement in life.

Goleman has claimed that EI does predict important occupational and educational variables (Fisher, & Ashkanasy, 2000; Fox, & Spector, 2000; Saarni, 1999). Since 1990, the work and writings of Daniel Goleman has popularized the use of emotional intelligence to identify the workers who can perform the best. Goleman (2002) explains why those who score high on IQ tests are not always successful. Emotional intelligence is the ability to handle oneself and one's relationships. Unlike the way IQ has traditionally been seen as a fixed innate characteristic, Goleman has not defined EI as an innate characteristic. In an effort to understand the role of EI versus IQ in career success, through his company Emotional Intelligence Services, Goleman (2002) has closely analyzed five hundred competency models from various businesses. His conclusion was that IQ does play a role in a person's professional success though EI also does. The relative influence on performance of EI and IQ, Goleman says, varies depending on the job. Goleman (2002) goes on to explain that for the most successful people at least eighty to ninety percent of their success can be attributed to EI.

According to Goleman (1998) "Emotional Intelligence is the capacity for recognizing our own feelings and those of others, for motivating ourselves, and for managing emotions well in ourselves and in our relationships. Emotional intelligence describes abilities distinct from, but complementary to, academic intelligence."

Emotional intelligence can lead to a pervasive sense to excel in life irrespective of age, caste, gender, creed or profession. It is found that people who are emotionally adapted, who know and manage their own feelings well and who read and

deals effectively with other people's feelings are at an advantage in any domain of life. People with well-developed emotional skills are also more likely to be content and effective in their lives, mastering that habits of mind that foster their own productivity whereas people who cannot marshal some control over their emotional life, fight inner battles that sabotage their ability for focused work and clear thought (Mayer, Salovey, and Caruso, 2000). But having a high emotional intelligence doesn't mean that the person never panics or loses his / her temper. Rather it means that he / she brings own feelings under control and channels them into productive behaviors. The ability to bring out-of-control emotions back into line results in what earlier generations called emotional maturity.

### **Occupational Self-Efficacy**

Another variable studied in the present research is occupational self-efficacy. Bandura (1986) observed that there are a number of conditions under which self-efficacy beliefs do not perform their influential, predictive or mediational role in human functioning. Bandura suggested that when social constraints and inadequate resources impede academic performances, self-efficacy may exceed actual performance because it is not so much a matter that students do not know what to do but rather that they are unable to do what they know. Results of various studies have demonstrated the mediational role of self-efficacy beliefs in the selection of career choice (Hackett 1981, Lent and Hackett, 1987). In general, findings indicate that self-efficacy beliefs influence the choice of specialisation and career decisions of college students. Zimmerman et al. (1992) have been instrumental in tracing the relationships among self-efficacy perceptions, self-efficacy for self-regulation, academic self-regulatory processes, and academic achievement. Physiological states such as anxiety, stress, arousal, fatigue and mood also provide information about efficacy beliefs. Because individuals have the capability to alter their own thinking, self-efficacy beliefs in turn also powerfully influence the self-beliefs.

The most general self-efficacy assessments consist of an omnibus - type instrument that attempts to measure a general sense of confidence. Bandura (1986, 1997) argued that such general measures create problems of predictive relevance and are obscure about just what is being assessed. Marlatt, Baer and Quigley (1995) studied the influence of efficacy beliefs on the resistance of drug use, initiation of use, changing of use of habits and relapse prevention; they found out that self-efficacy affects controlled use or abstinence and coping with the relapses. Self-efficacy is commonly understood as being domain specific that is one can have more or less firm self-beliefs in different or particular situations of functioning. But some researches have also conceptualized a generalized sense of self efficacy. It refers to a global confidence in one's coping ability across a wide range of demanding or novel situations. General self-efficacy aims at a broad and stable sense of personal competence to deal effectively with a variety of stressful situations (Schwarzer, 1994). Bandura (1997) argued that efficacy beliefs are multifaceted and contextual, but the level of generality of the efficacy items within a given domain of functioning varies depending on the degree of situations, resemblance and foreseeability of task.

The work of Bandura and his colleagues focused primarily on the role of self-efficacy, expectations of genesis and treatment of clinical syndromes (Bandura, 1977). The concept was extended to the domain of career related behaviours (Hackett, 1981) and has been found to have a considerable utility for the understanding and treatment of career development problems. Betz and Hackett (1981) developed a measure of general occupational self-efficacy, originally intended to help explain the continued under representation of women in traditionally male dominated careers. They also developed a measure of mathematics self-efficacy in 1983. Taylor and Betz (1983) developed a career decision making self-efficacy scale. Other researchers have further expanded the applications of career self-efficacy theory, for example, to studies of students in science and engineering (Lent, Brown and Larkin, 1984, 1986) and to students representing racial ethnic minority groups (Hackett et al. 1992).

## **2. Objectives**

- To know the distribution of Emotional Intelligence in Male and female doctors working in Govt. and Private Hospitals.
- To know and analyze Occupational Self-Efficacy as revealed in Male and female doctors working in Govt. and Private Hospitals.
- To understand and analyze the Relationship between Emotional Intelligence and occupational self-efficacy.
- To understand and analyze the effect of professional settings on Emotional Intelligence and occupational self-efficacy in doctors.
- To study the effect of gender on Emotional Intelligence and occupational self-efficacy among doctors.

## **3. Hypotheses**

- 1) There will be significant differences in scores of doctors working in Govt. and Private Hospitals regarding Emotional Intelligence. Doctors working in Private Hospitals will show high Emotional Intelligence than the Doctors working in Govt. Hospitals.
- 2) There will be significant differences in scores of doctors working in Govt. and Private Hospitals regarding Occupational Self-Efficacy. Doctors working in Private Hospitals will be higher on Occupational Self-Efficacy scores than the Doctors working in Govt. Hospitals.
- 3) There will be significant positive Relation between Emotional Intelligence and Occupational Self-Efficacy in scores of doctors working in Govt. and Private Hospitals.
- 4) There will be significant differences in scores of Female and male doctors' working in Govt. and Private Hospitals regarding Emotional Intelligence. Female doctors' will have higher Emotional Intelligence than the male doctors.
- 5) There will be significant differences in scores of Female and male doctors' working in Govt. and Private Hospitals regarding Occupational Self-Efficacy. Female doctors' will have higher Occupational Self-Efficacy than the male doctors.

## 4. Method

### Research Design

The present study is a comparative study, between two groups (Type of category) government and private doctors consisting of (Type of gender) both the male and female sexes. Therefore, the study yielded a 2 (Sex: male and female) x2 (Type of category: government and private doctors) between group design.

### Sample and Sampling Technique:

The sample for this study consists of 300 Doctors out of which the Government Doctors were 150, (n= 75 males and n= 75 females). Similarly, the Private Doctors were 150, (n= 75 males and n= 75 females). Purposive sampling technique was used for the selection of sample of the study.

### Instrumentation

The Emotional Intelligence questionnaire developed by Anukool Hyde, Sanjyot Pethe and Upinder Dhar (2002), It contains 34 items for measuring ten factors self-awareness, empathy, self-motivation, emotional stability, managing relation, integrity, self-development, value orientation, commitment and altruistic behavior. The Occupational self-efficacy questionnaire developed by Sanjyot Pethe, Sushama Chaudhari and Upinder Dhar (1999), it contains 19 items, for measuring six factors confidence, command, adaptability, personal effectiveness, positive attitude and individuality.

### Procedure:

The researcher personally administered the Emotional Intelligence and Occupational self-efficacy scale. The respondents were given enough time to complete the scales. The instruments were collected from the respondent at their own convenience.

### Delimitation of the:

The study was delimited to Government and Private hospital at Nagpur division selected for the study.

### Data analysis:

The data of E.I.S. and O.S.E. were treated by two-way Analysis of Variance (ANOVA). F statistics was used to test significance of differences. Multiple comparisons test is used to compare findings for gender and professional setting. Correlation analysis is also used to see the correlation between scores of two scales.

## 5. Results

**Hypothesis 1:** The first hypothesis states that there will be significant differences in scores of doctors working in Govt. and Private Hospitals regarding Emotional Intelligence. Doctors working in Private Hospitals will show high Emotional Intelligence than the Doctors working in Govt. Hospitals. The result obtained from the data analysis regarding Emotional Intelligence scores of doctors working in Govt. and Private Hospitals are shown in Table 1.

**Table 1:** Score Level of Emotional Intelligence in Male and Female Doctors of Government and Private Hospitals

Gender	Professional Setting	Mean	Std. Dev	N	Score Level of EI
Male	Government Doctors	127.15	11.21	75	High
	Private Doctors	129.88	11.24	75	High
Female	Government Doctors	132.67	6.72	75	High
	Private Doctors	134.15	9.01	75	High

Scores of all (n=300) male and female Doctors working in Government and Private hospital showed high level of emotional intelligence. The hypothesis was rejected because above findings do not support the hypothesis no. 1.

**Hypothesis 2:** In the second hypothesis states that there will be significant differences in scores of doctors working in Govt. and Private Hospitals regarding Occupational Self-Efficacy. Doctors working in Private Hospitals will be higher on Occupational Self-Efficacy scores than the Doctors working in Govt. Hospitals. The results obtained are shown in Table 2.

**Table 2:** Score Level Occupational Self-Efficacy in Male and Female Doctors working in Government and Private Hospitals

Gender	Professional Setting	Mean	Std. Dev	N	Score Level of OSE
Male	Government Doctors	73.30	7.58	75	Normal
	Private Doctors	75.29	6.80	75	Normal
Female	Government Doctors	76.38	5.43	75	Normal
	Private Doctors	75.80	7.65	75	Normal

Above table shows occupational self-efficacy for all four groups. All the male and female doctors working in government hospitals and private hospitals are having normal level of occupational self-efficacy. As it has not been supported by the obtained results. The hypothesis no. 2 is rejected.

**Hypothesis 3:** There will be significant positive Relation between Emotional Intelligence and Occupational Self-Efficacy in scores of doctors working in Govt. and Private Hospitals. The results are shown in Table 3.

For the verification of hypothesis and to analyze the effect of work settings on Emotional Intelligence and occupational self-efficacy correlation test is used and obtained results are presented in tables.

**Table 3:** Correlations between Emotional Intelligence and Occupational Self-Efficacy Male and Female doctors working in government and Private Hospitals

Descriptive Statistics				correlation	P value
	Mean	Std. Deviation	N		
Emotional Intelligence Scale	130.96	10.04	300	-0.12	0.038 p < 0.05 * S
Occupational Self-Efficacy Scale	75.19	6.99	300		

*r at 0.01 level= 0.149, (n=300) at 0.05 level= 0.113*

From the above table it is clear that for male and female doctors working in government hospitals and private hospitals, mean for emotional intelligence is  $130.96 \pm 10.04$  and occupational self-efficacy is  $75.19 \pm 6.99$ , and negative correlation is found between emotional intelligence and occupational self-efficacy ( $r = -0.12$ ,  $P = 0.038$ ). It means that as emotional intelligence increases occupational self-efficacy will decrease. Hence hypothesis no. 3 has been rejected.

**Hypothesis 4:** The fourth hypothesis states that there will be significant differences in scores of Female and male doctors' working in Govt. and Private Hospitals regarding Emotional Intelligence. Female doctors' will have higher Emotional Intelligence than the male doctors. The result obtained from the data analysis shown in Table 1.

As shown in Table 1, female doctors working in Government and private hospitals are having higher level of EI than the male doctors working in Government and private hospitals. Significant difference has been found in EI scores which extend support to hypothesis no. 4 has been accepted.

**Hypothesis 5:** The fifth hypothesis states that there will be significant differences in scores of Female and male doctors' working in Govt. and Private Hospitals regarding Occupational Self-Efficacy. Female doctors' will have higher Occupational Self-Efficacy than the male doctors. The result obtained from the data analysis shown in Table 2.

As shown in Table 2, female doctors working in Government and private hospitals are found higher than male doctors working in Government and private hospitals regarding occupational self-efficacy. As far as gender difference concerns the findings support the hypothesis hence hypothesis no. 5 has been accepted.

The finding of this study revealed the comparison between male and female doctors working in government and private hospitals has been made; it was found that female doctors working in government and private Hospitals are having significantly high Emotional Intelligence than male doctors working in government and private hospitals. This has again strengthened previous findings. A study of Jadhav and Havalappanavar (2009) found that women police constable (WPC) trainees have scored significantly high on emotional intelligence than their counterparts. Similar kind of finding was observed by Austin, Evans, Gold water and Potter (2006) which showed that females scored significantly higher than males on EI in the study among a group of 156 first year medical students. It may be because of the fact that men spend most of their time with peers and home, whereas, women spend most of their time from the childhood in the home, with family members and even in their later life at house. Hence they learn how to behave with others and how to control their emotions. Women are keener in every aspect and they utilize opportunities properly etc. Thingujam and Ram (2000) in their attempt of Indian adaptation of Emotional Intelligence Scale (Schutte et al., 1998) had developed Indian norms ( $N=811$ ) for males and females separately and found that women were significantly scored higher than men.

In a study of Ciarrochi, Chan and Bajgar (2001) it has been found that EI was reliable measured in adolescents and was higher for females than males. Nasar and Nasar (2008) reported that the presence of higher emotional intelligence in the adolescent girls students in comparison to the boys. Brackett, Mayer and Warner (2004) have also reported in their study among 330 college students that women scored significantly higher on emotional intelligence than men. Visweshvaran(2005) also examined gender differences on emotional intelligence by administering a common measure of emotional intelligence on 275 participants (216 female). Results indicated that females scored slightly higher than males.

It was also found that female doctors working in government and private Hospitals are having significantly high Occupational self-efficacy than male doctors working in government and private hospitals. The previous findings strengthened the studies. Ekici and Berkant (2007) reported that level of self-efficacy belief of female students is higher than male students.

## 6. Conclusion

It was found that the females as a group were high Emotional Intelligence than males as a group.

The females' private doctors were found to be high on self-awareness, emotional stability, self-development, value orientation, commitment, and altruistic behaviour as compared to rest of the other three groups. Even the females' government doctors also showed high on empathy, self-motivation, managing relation, integrity as compared to rest of the other three groups.

On O.S.E. government doctors as a group showed significantly higher in the confidence, command, adaptability, individuality than private doctors.

The government doctors were found low on personal effectiveness and positive attitude as compared to private doctors.

It was also found that the females as a group were high Occupational self-efficacy than males as a group.

The female doctors working in government Hospitals doctors were found rely high on confidence, command, adaptability, individuality as compared to rest of the other three groups.

As far as personal effectiveness and positive attitude are concerned, the female doctors working in private hospitals made significantly higher than the rest of the other three groups.

There is no significant or noticeable difference between gender for government private males and females on confidence and personal effectiveness.

So the results did support the assumption that females doctors having high Emotional Intelligence and Occupational self-efficacy than the male doctors.



## References

- [1] Austin, E.J. Evons, P. Goldwater, R. & potter, V (2006). A preliminary study of emotional Intelligence, empathy and exam performance in first year medical students, *Personality and Individual Differences*, 39, 8, 1395-1405 (Psy. abs, 2006, 93, 3, 1097)
- [2] Bandura, A. (1977). Self-Efficacy towards a unifying theory of behavioural change. *Psychological Review*, 84: 191-215.
- [3] Bandura, A. (1986). Social foundations of thought and action — a social cognitive theory. Englewood Cliffs, New Jersey: Prentice Hall.
- [4] Bandura, A. (1997). in F. Pajares, Directions in self-efficacy research : self-efficacy paper presented at annual meeting of the American Educational Research Association, New York, from the world wide web.
- [5] Betz, N.E. & Hackette, G. (1981). The relationship of career related self-efficacy expectations to perceived career options in college men and women. *Journal of counselling psychology*, 28: 399-410.
- [6] Brackett, M.A. Mayer, J.D., & Warner, R.M. (2004). Emotional Intelligence and its relation to everyday behavior. *Personality and individual differences*, 36, 1387-1402.
- [7] C. D., & Ashkanasy, N. M. (2000). The emerging role of emotions in work life: An Introduction, *Journal of Organizational Behavior*, 21, 1231-29.
- [8] Ciarrochi, J, Chan A.Y.C., & Bajgar, J. (2001). Measuring emotional intelligence in adolescents. *Personality and individual Differences*, 31, 1105-1119.
- [9] Ekici, G. ve Berkant, H. G. (2007). Bilgisayar ve Öğretim Teknolojileri Eğitimi (bölge Lisans Öğrencilerinin Öğrenme Stilleri ile Bilgisayara Yönelik Tutumları ve Bilgisayarla İlgili Öz-Yeterlilik Algıları Arasındaki İlişkilerin Değerlendirilmesi. I. International Computer and Educational Technology Symposium, Çanakkale, 16-18 Mayıs.
- [10] Fox, S., & Spector, P. E. (2000). Relations of emotional intelligence, practical intelligence, general intelligence, and trait affectivity with interview outcomes: It's not all just 'G'. *Journal of Organizational Behavior*, 21, 2032-20.
- [11] Goleman, D. (1995). Emotional intelligence: why it can matter more than IQ. London: Bloomsbury Publishing.
- [12] Goleman, D., & Cherniss, C. (1998). *Bringing Emotional Intelligence to the Workplace*. New Jersey: [www.eiconsortium.org](http://www.eiconsortium.org).
- [13] Goleman, D., Boyatzis, R., & McKee A. (2002). Primal Leadership. Boston: Harvard Business School Publishing.
- [14] Hackette, G. & Kuhl (1981) in Nancy Betz and G. Hackette: *Occupational self efficacy scale*, from the world wide web.
- [15] Hackette, G. & Kuhl, J. (1992) in Nancy Betz and G. Hackette: *Occupational self efficacy scale*, from the world wide web.
- [16] Jadhav, S. G. & Havalappanawar, N. B. (2009). Emotional Intelligence and self-efficacy of police constable trainees. *Indian Psychological Review*, 73, 307-314.
- [17] Lent, R.W., Brown, S.D. & Larkin, K.C. (1986). Self efficacy in prediction of academic performance and perceived career options. *Journal of counselling Psychology*, 31: 265-269.
- [18] Lent, R.W. & Hackette, G. (1987). in Nancy Betz and G. Hackette. *Occupational Self Efficacy Scale*, from the World Wide Web.
- [19] Mayer, J. D., Salovey, P., & Caruso, D. R. (2000) In R. J. Sternberg (Ed.). *Handbook of Human Intelligence* (2nd ed). New York: Cambridge.
- [20] Marlatt, Baer & Quigley (1995) in Bandura A. (ed.). *Self Efficacy in Changing Societies*, New York: Cambridge University Press.
- [21] Nasar, R. & Nasar, Z (2008). Emotional Intelligence and creativity. *Indian Psychological Review*, 71, 251-254.
- [22] Pethe, S. Chaudhary, S., & Dhar, U. (1999). *Occupational self- efficacy scale and manual*. Agra, India: National Psychological Corporation.
- [23] Saarni, C. (1999). The development of emotional competence. New York: Guilford Press.
- [24] Schwarzer, R. (1994). In James McCormick, General perceived self efficacy in 14 cultures, Freie University, Berlin Abstract, from the world wide web.
- [25] Schutte, N. S., Malouff, J. M. Hall, L. E., Haggerty, D., Cooper, J. T., Golden, C. J. & Dornheim, L (1998). Development and validation of a measure of emotional intelligence. *Personality and Individual Differences*, 25, 167- 177.
- [26] Taylor & Betz, N. (1983) In Nancy Betz and G. Hackette. *Occupational Self Efficacy Scale*, from the world wide web.
- [27] Thingujam, N.K.S. & Ram. U. (2000). Emotional Intelligence scale: Indian Norms. *Journal of Education and Psychology*, 58, 40-48.
- [28] Van Rooy, D.L. Alanso, A. & Visweshvaran, C. (2005). Group differences in emotional intelligence scores: Theoretical and practical implications. *Personality and Individual Differences*, 38, 3, 689-700 (Psy-abs, 2005, 92, 5, 1475).
- [29] Zimmerman, B.J., Bandura, A. & Martinez-Pons, M. (1992). Self motivation for academic attainment: The role of self efficacy beliefs and personal goal setting. *American Educational Research Journal*, 29 663-676.