

## Emotional Intelligence and Self- Efficacy as Predictors of Occupational stress in Doctors

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### ABSTRACT

The present study was undertaken to explain the contribution of emotional intelligence and self-efficacy in occupational stress in Doctors. A total sample of 150 general practitioners working in Government hospitals of Rohtak, Sonipat, Gurgaon and Bahadurgarh were selected randomly. Emotional intelligence scale (EIS), General Perceived Self-efficacy scale and occupational stress scale were administered by contacting the subjects at personal level. Data analysis involved Pearson correlation and multiple regression method. Results revealed that both the independent variables contributed significantly to occupational stress. It signifies that emotional intelligence programming and effective self-efficacy interventions would benefit doctors immensely to cope up with stress.

**Keywords:** *Emotional Intelligence, Psychosocial Competencies, Occupational Stress*

The hospital is an organization that mobilises the skills and efforts of widely divergent group of professional, semi-professional and non-professional personnel to provide highly personalized services to individual patients. A hospital success is largely dependent on the quality of work efforts of its employees.

The hospitals are mainly constituted by:

1. Doctors
2. Nurses
3. Patients
4. Non-medical staff
5. Para medical staff

In a medical setting, stress can be defined as the harmful physical and emotional response that occurs when the requirements of the job do not match the capabilities, resources, or need

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of the health provider ( Richardsen & Burke, 1991). Doctors in hospital settings experience both objective and subjective stress. Sources of subjective stress in doctors include: intensity of demands on doctors, conflicting demands, time pressure, and insufficient resources to carry out job, constraints, requirement for accreditation and continuing professional development. Occupational stress is a recognized problem in health care workers. Doctors are considered to be a particular risk, with suicide rates among medical practitioners higher than in similar professional groups. Stress can lead to serious ill health, affect career longevity and cause personal distress. Occupational stress is handled adequately if the person has positive attitudes in his behavior and personality as well, like emotional intelligence, hope, optimism, self- efficacy etc.

Emotional intelligence is the ability to monitor one's own and others feelings, to discriminate among them, and to use this information to guide one's thinking and action put forth by Salove and Mayer (1990). Goleman (1996) terms emotional intelligence as a cluster of traits or abilities relating to the emotional side. He suggest that emotional intelligence consist of five major parts: knowing our own emotions, managing our own emotions, motivating ourselves, recognising the emotions of others and handling relationship. Van Rooy and Viswesvaran (2004), define emotional intelligence as "set of abilities (verbal and non verbal) that enables a person to generate recognize, express, understand and evaluate their own and others emotions in order to guide thinking and action that successfully cope with and environmental demand and pressures." Emotional intelligence not only enables the person to handle and manage emotions efficiently but also makes person to evaluate himself with abilities and potential which is high self efficacy.

Self -efficacy is characterized as, "individuals conviction about their capacities to deliver assigned levels of execution that practice impact over occasions that influence their lives. Self -efficacy convictions decide how individuals feel, think, persuade themselves and carry on. A strong sense of efficacy upgrades human achievement and individual's prosperity from numerous points of view. Individuals with high certification in their capacities approach take difficult tasks as challenges to be mastered rather than as threats to be avoided. Doctors with high emotional intelligence and self -efficacy are capable to deal with occupational stress in better way.

Gadiwan, Ansari and Wayde (2015), reported a positive relationship between emotional intelligence, occupational self- efficacy in doctors of private hospitals.

Ismail (2010), also found that emotional intelligence does act as a partial moderating variable in the occupational stress in work organizations. Though, there is abundant research evidence that talks about emotional intelligence and job stress; Emotional intelligence and self- efficacy together but the evidence in relation to emotional intelligence and self -efficacy as contributing in occupational stress is meager. Taking this view in mind the present study has been conducted focusing on the following objectives;

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1. To study the relationship between emotional intelligence, self -efficacy and occupational stress in doctors.
2. To study the relative contribution of emotional intelligence and self -efficacy in occupational stress of doctors.

### METHODOLOGY

#### *Design*

A correlational design was used to study the relationship between emotional intelligence, psychosocial competencies and occupational stress in Doctors.

#### *Sample*

A sample of 150 general practitioners aged 35 to 45 years working in civil/government hospitals of Rohtak, Sonipat, Gurgaon and Bahadurgarh were selected. Simple random sampling technique was used to select them.

#### *Tools*

1. **Emotional Intelligence Scale (EIS):** The emotional intelligence scale (EIS) developed by Schutte, Marlouf, Hall, Harggerty, Cooper, Golden and Donheim (1998) assesses emotional intelligence based on self-report responses to 33 items tapping the appraisal and expression of emotions in self and others, regulations of emotions in self and others, and utilization of emotions in solving problems. Participants respond by indicating their agreement to each of the 33 statements using a five-point scale ranging from 1 (strongly disagree) to 5 (strongly agree). The EIS has demonstrated high internal consistency with Cronbach's  $\alpha$  ranging from 0.87 to 0.90 and a two-week test-retest reliability coefficient of 0.78 (Schutte et al, 1998).
2. **General Perceived Self-efficacy Scale (G.P.S.S.):** The general perceived self-efficacy scale (G.P.S.S.) developed by Schwarzer and Jerusalem (1995) assesses a self-efficacy based on general personality disposition. It has 10 items on 4 point likert scale. Its reliability is .75.
3. **Occupational Stress Scale (OSS):** The occupational stress scale (OSS) developed by Hassan and Hassan (1998) measures a variety of stressful job situations .It has 60 items on 5 point likert scale ranging from 1 to 5 (never like me to always like me ).It has high internal reliability and validity.

#### *Procedure*

All the respondents were approached individually and requested to fill the questionnaires. The confidentiality of information was also assured .After getting all the questionnaires filled the scoring was done as per the manual .Then statistical analysis was done by using Pearson Product Moment Correlation method and Multiple regression.

### RESULTS & DISCUSSION

*Table no.1: Descriptive Statistics and Correlations between variables*

Variable	Mean	SD	EI	SE	OS
EI	138	15.6	1	.360*	-.662**
SE	42	11.4	.360*	1	-.692**

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Variable	Mean	SD	EI	SE	OS
OS	224	20.10	-.662**	-.692**	1

\*Significant at 0.05 level                      **SE**-Self-Efficacy                      **OS**- Occupational Stress

\*\*Significant at 0.01 level                      **EI**- Emotional Intelligence

Table no.1 shows that mean value, standard deviation and intercorrelation matrix of all the variables ,i.e. Emotional Intelligence, Self-Efficacy ,Occupational Stress in Doctors. Results revealed that the correlation between two independent variable, i.e. Emotional Intelligence and Self-Efficacy was positively significant ,i.e..360.

On the other hand, significant negative relationships have been obtained between Emotional Intelligence and Occupational Stress ( $r=-.662$ ) and self- efficacy occupational stress ( $r=-.692$ ).

The obtained correlations clearly reveals that the higher the doctor is regulating and managing the emotions in heavy OT'S and OPD the lesser would be the occupational stress. In addition ,the more the doctor is evaluating himself positively ,lesser he would be over by occupational stress. Garochis Chak & Capat (2000) reported that Emotional intelligence defends people from stress and lead them to have better adaptation. They opinioned that a emotion management skill is related to the tendency to maintain an experimentally induced Positive mood which has obvious implication for preventing stress. Number of researches (Brous & Lent, 1991); Pajare, 1996; Bandura, 2000) viewed that people who believe themselves to have potentials to deal with difficult situations in adequate manner, don't suffer from work stress and cope with it properly.

**Table no.2.Relative contribution of independent variables to the prediction of occupational stress:**

Predictors	Unstandardized Co-efficient		Standardized Co-efficient	T-Ratio	
	B	SEB	Beta		
EI	-.480	.048	-.474	12.456	20.05
SE	-1.382	.92	-.544	14.081	2.05

The above table clearly states that each of independent variables made significant individual contributions in prediction of occupational stress .Both the independent variables are making significant relative contribution in prediction of occupational stress but self-efficacy is a more predictor.

Auxiliadora (2004) reported the high negative relationship between EI and Occupational stress, i.e. The more the person is emotionally intelligent the lower would be occupational stress. Zaaba(2016) reported the relationship between EI & occupational stress in dentists. Sayed ,E.(2014) reported the link between occupational stress, EI &Self-efficacy in different professionals.

### **Implications**

The study has lot of applied value as it's suggested that the doctors who are the major resource of health industry should be taken care of by authority. Time to time stress management workshop and life skill program should be conducted to make them more positive and proactive in their approach. So that the well- being of the patients would be enhanced.

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