

Emotional Intelligence in Patients with High Blood Pressure and Heart Disease

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ABSTRACT

The aim of the present study was to investigate the differences on emotional intelligence among patients with high blood pressure and heart disease and normal people. The random sampling method was used in this study. The total sample consisted of 120 subjects out of which 60 were patients with high blood pressure and heart disease and 60 were normal people. Patients were from the various hospitals of Bhavnagar District. Emotional Intelligence Scale developed by Schutte used to measure the emotional intelligence. The data were analyzed using t-test. The result showed that there is significant difference on emotional intelligence among patients and normal people. Normal people scored higher on emotional intelligence than the patients with high blood pressure and heart disease.

Keywords: *Emotional Intelligence, Patients with High Blood Pressure, Heart Disease, Normal People*

Cardiovascular disorders are disease that affects the heart and the circulatory system. Essential hypertension and coronary heart disease are two types of cardiovascular disease that are highly affected by mental stress (Kring, Davidson & Neale 2009). Among all types of diseases, coronary artery disease is the major cause of human mortality in the west. In the United States more than 50% of people over the age of 45 are deceased due to cardiovascular disease (Seligman, Walker & Rosenhan, 2000).

The main cause of heart disease and sudden death is Atheros-sclerosis. The accumulation of fat in the inner layers of the coronary artery walls blocks the arteries and prevents blood from flowing to the heart muscle, thus resulting in heart attack and sudden death (Diamond, 1982).

High blood pressure is considered one of the highest causes of morbidity one of the main leading causes for cardiovascular disease and social global burden health risk factor In addition to the

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high cost burden to the global health service providers (WHO, 2003).

Emotional Intelligence signifies the capacity of the individual to accept the reality their ability solve emotional problems and cope with stress and momentums (Goleman, 2000). Nowadays, many scientists and researchers have turned their attention to the impact of personal and social life and their success and failure. Emotional intelligence is another aspect of human intelligence that includes awareness of emotional and using them for making the right decisions in life and to endure psychology trauma (Goleman, 2000).

Emotional intelligence includes both impact internal and external elements, its internal elements include the level of self-awareness, self-concept, sense of independence, capacity for self-fulfillment and also determination. Its external elements include interpersonal relationships, ease of empathy and sense of responsibility (Bar-On, Parker, 2000).

Emotional intelligence skills accelerate the regaining of health and even reduce the rate of disease recurrence (Bradberry, Greaves & Lencioni, 2007). Behavioral medical interventions, particularly in cases of hypertension and coronary heart disease, have been focused on minimizing anger and aggression for years, as research has suggested these two qualities to be risk factors for these diseases. On the one hand, developing emotional intelligence can enhance the individual's stability in the face of failures, regulate his mental state and mood, gain him self-mastery and the ability to overcome temptations and avoid sinking deep into painful thoughts. Emotional intelligence is an aspect of social intelligence that enables the prediction of behaviors and control over one's feelings and emotions toward other people's behaviors (Hamidizadeh, 2007).

People with chronic anxiety, long periods of bitterness and sadness, constant pessimism and stress or constant hatred and malevolence, who lack adequate emotional intelligence to deal with emotional problems, are twice as likely as others to develop diseases such as asthma, headache, joint pain, gastrointestinal ulcers and heart diseases(Goleman,2000).

Objective

The objective of present research was to study the differences on emotional intelligence between patients with high blood pressure and heart disease and normal people.

METHODOLOGY

Sample

The sample consisted of 120 subjects out of which 60 were patients with high blood pressure and heart disease selected from various hospitals of Bhavnagar District and 60 were normal people. The sample was selected by random method.

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Instruments

The following instruments were used in the present study:

1. Personal Data Sheet

A personal data sheet developed by the investigator was used to collect information about type of subject (patients with high blood pressure and heart disease/normal people) as well as to collect some other demographic information.

2. Emotional Intelligence Scale

Indian version (Thingusum and Ram, 2000) of Emotional Intelligence Scale developed by Schutte (1998) was used to measure emotional intelligence. The questionnaire includes 33 items using 1 (strongly agree) to 5 (strongly disagree) scale for responses. Schutte report a reliability rating of 0.90 for this Emotional Intelligence Scale. The author has reported satisfactory validity of the questionnaire.

Procedure

The testing was done on a group of patients with high blood pressure and heart disease and normal people. The whole procedure was explained to them clearly. Obtained data were analyzing using t-test for comparing patients with high blood pressure and heart disease and normal people on emotional intelligence.

RESULT AND DISCUSSION

The main objective of present study was to know whether patients suffering from high blood pressure and heart disease differ from normal people on emotional intelligence. The t-test was used to find out whether type of subject (patients/normal people) has an impact on emotional intelligence significant difference was found between patients and normal people on emotional intelligence ($t=13.23$, $p>0.01$). Hence, from the statistical analysis it can be inferred that patients were less emotionally intelligent than normal people. This result is similar to the study by Goleman, 2000; Bradberry et. al., 2007 and Diamond, 1982.

Table 1

Variable	N	Mean	SD	t
Patients with high blood pressure and heart disease	60	92.55	14.38	13.23*
Normal people	60	128.68	15.53	

$p>0.01$

Results of the study showed a significant difference on emotional intelligence between patients suffering with high blood pressure and heart disease and normal people. Malouff, Einar, Nicola and Schutte carried out a meta-analysis on the relationship between emotional intelligence and health on 7898 people and found that higher emotional intelligence is associated with better health (Malouff, Thorsteinsson, Schutte, 2007).

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In 2008, Bahrami, Jokar and Ghaderpour investigated the relationship between emotional intelligence and general health in 30 female managers. Results of the study revealed a reverse relationship between certain components of emotional intelligence and symptoms of physical and mental disorders and that woman with higher emotional intelligence cope better with physical and mental disorders (Bahrami, Jokar, Ghaderpour, 2009). One of the main emotions affecting blood pressure is anger. Research shows on the significance of the relationship between anger and chronic hypertension. Findings of the studies conducted by Goldstein, Shapiro and Guthrie, 2006 and Steven Harris et al., 2006 are consistent with results of the present study.

To clarify further, lower emotional intelligence can be claimed to contribute to the occurrence of physical problems, such as abnormal blood pressure. Failure to manage anger, the control of which indicates better emotional intelligence, increases blood cholesterol and adrenaline and thus hardens the arteries and increases the probability of affliction with cardiovascular disease. Not only anger but several other uncontrolled negative emotions may lead to high blood pressure and heart disease.

CONCLUSION

There is significant difference on emotional intelligence between patients with high blood pressure and heart disease and normal people.

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Conflict of Interests

The author declared no conflict of interests.

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