

A study on emotional intelligence and mental health among doctors, lawyers and teachers

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ABSTRACT

Emotional Intelligence is an important indicator of a person's knowledge, skills and abilities in workplace, school and personal life. Emotional intelligence plays a significant role in the job performance motivation, decision making, successful management and leadership. Mental health is a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. Higher emotional intelligence is a predictor of good mental health. The current paper aims to measure the emotional intelligence and mental health among Doctors, Lawyers and Teachers. The data was collected using quantitative methods. A Demographic data sheet, Emotional intelligence questionnaire and General health questionnaire were administered. The data was statistically analysed using parametric test. The results of the study showed a significant relationship between emotional intelligence and mental health.

Keywords: *Emotional intelligence, Mental health, professions*

Emotional intelligence (EI) is a set of interrelated competencies to adaptively perceive, understand, regulate, and harness emotions in the self and others (e.g., Salovey & Mayer, 1990; Schutte, Malouff, & Bhullar, 2009) and also the capacity to control and utilize feelings wisely. It is a positive human attribute that is related to a variety of positive life outcomes. Different models of EI can be classified into fairly distinct groups termed ability models and mixed models (Neubauer & Freudenthaler, 2005). Ability versus mixed models of EI vary considerably regarding the conceptualizations of EI and also with respect to the proposed instruments used to measure emotional intelligence (Schutte et al., 2009). Mixed models conceptualize EI as typically displayed emotional abilities. The ability model conceptualizes EI as potential or latent performance and uses performance-based measures of emotional abilities.

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A Study on Emotional Intelligence And Mental Health Among Doctors, Lawyers And Teachers

EI forms the juncture at which cognition and emotion meet, it facilitates our capacity for resilience, motivation, empathy, reasoning, stress management, communication, and our ability to read and navigate a plethora of social situations and conflicts.

According to the World Health Organization (WHO), mental health is “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” The concept that mental health is not merely the absence of mental illness was unanimously endorsed, while the equivalence between mental health and well-being/functioning was not, and a definition leaving room for a variety of emotional states and for “imperfect functioning” was drafted. mental health include both key aspects of the WHO definition, i.e. positive emotions and positive functioning.

Several studies have shown that emotional abilities are of particular relevance to psychological health and well-being. Hertel & Schütz, (2009) examined the relationship between emotional abilities, assessed with performance measures, and mental disorders. EI includes the ability to a) perceive emotions, b) use emotions to facilitate thought, c) understand emotional information, and d) regulate emotions found that deficits in the ability to regulate emotions and to understand emotional information seem to be the most conspicuous characteristics with mental disorders, different mental disorders vary regarding their specific emotional deficits. As reported by Martins et al. (2010) in their meta-analysis, the relation between EI and mental health was strongly established.

REVIEW OF LITERATURE

Sundararajan. S and Gopichandran. V (2018) conducted a quantitative, cross sectional, questionnaire based, survey was conducted among 207 medical students in a college in Chennai, India using the Quick Emotional Intelligence Self-Assessment Test and some hypothetical emotional clinical vignettes. This was followed by a qualitative moderated fish-bowl discussion to elicit the opinion of medical students on role of emotions in the practice of medicine. The study concluded that medical students, both men and women, had good level of emotional intelligence in the college that was studied.

Michalak. R (2016), study conducted in Australia in 2016 found that, compared to other professionals, lawyers suffer from considerably lower levels of psychological and psychosomatic wellbeing. The study also found that substance abuse among private practice lawyers can be double that of others.

In a study conducted by Devi. U and Babu. C (2015) aimed to investigate the level of emotional intelligence of faculty members in selected engineering colleges in kadapa district. A total of 240 faculty members were selected for the study. The data was obtained through a convenience sampling technique and analyzed using descriptive statistics. The study identified that wellbeing and emotionality factors are highly influencing on faculty members emotional intelligence than compared to sociability & self control factors. It is concluded that the possession of high emotional Intelligence is more important when managing stress and emotions at workplace.

James, C., Bore, M., & Zito, S. (2012) investigated the relationship between emotional intelligence [EI] and psychological health among law students. The purpose of the study was to know more about the EI of law students to understand their apparent high incidence of depression, which has been reported extensively in the United States and more recently in

A Study on Emotional Intelligence And Mental Health Among Doctors, Lawyers And Teachers

Australia. The evidence from the United States shows that law students experience a significant deterioration in their mental health status during law school, whereas the Australian research confirms law students have higher rates of psychological distress and depression than community members of similar age and sex and that the deterioration in mental health may begin in the 1st year of study.

Need for The Study

The present study seeks to establish a relationship between Emotional Intelligence and Mental Health among three different professions and if the relationship is significant. The study could provide evidence as which professionals have high and low Emotional Intelligence and better Mental Health and also professionals that are more prone to psychological distress and poor mental health.

MATERIALS AND METHODS

Aim:

To investigate the relationship between Emotional Intelligence and Mental Health among Doctors, Lawyers and Teachers.

Objectives of The Study

1. To measure Emotional Intelligence and Mental Health in Doctors.
2. To measure Emotional Intelligence and Mental Health in Lawyers.
3. To measure Emotional Intelligence and Mental Health in Teachers.
4. To understand the relationship between Emotional Intelligence and Mental Health among Lawyers, Doctors and Teachers

Hypotheses

- H1. There will be a significant relationship between Emotional Intelligence and Mental Health among Doctors, Lawyers and Teachers.
- H2. There will be a significant difference among Doctors, Lawyers and Teachers in the level of Emotional Intelligence.
- H3. There will be a significant difference among Doctors, Lawyers and Teachers in their Mental Health.

Sampling Technique, Size & Selection of The Sample

The sampling method used for the current study is purposive sampling. N= 84 (Male= 30 and Female= 54). The sample of the present study comprises of Doctors, Lawyers, Teachers between the age groups 25 to 65 years.

Inclusion Criteria

1. Individuals who are Doctors
2. Individuals who are Lawyers
3. Individuals who are Teachers
4. Individuals above 20 years

Exclusion Criteria

1. Individuals belonging to other professions

Tools Used

Personal Demographic Data Sheet: The present study required the collection of demographic information. The participants initials, age, educational qualification and occupation, were collected.

Schutte Self-Report Emotional Intelligence Test (SSEIT): To measure Emotional Intelligence of the participants, Schutte Self-Report Emotional Intelligence Test (SSEIT) by Salovey and Mayer (1990) was used, which includes a 33-item self-report using a 1 (strongly agree) to 5 (strongly disagree) scale for responses. Each sub-test score is graded and then added together to give the total score for the participant, new items are reverse coded. The four sub-scales are emotion perception, utilizing emotions, managing self- relevant emotions, and managing others emotions. Reliability and Validity of the tool is reported to of 0.90 for their emotional intelligence scale. Scores can range from 33 to 165, with higher scores indicating more characteristic emotional intelligence.

General Health Questionnaire (GHQ-12): The General Health Questionnaire (GHQ) is a measure of current mental health developed by Goldberg in the 1970s (Goldberg DP, Blackwell B, 1970). The tool helps to quantify the risk of developing psychiatric disorders. This instrument targets two areas – the inability to carry out normal functions and the appearance of distress – to assess well-being in a person. GHQ-12 consists of 12 items, each assessing the severity of a mental problem over the past few weeks using a 4-point scale (from 0 to 3). The total score ranging from 0 to 36, with higher scores indicating worse conditions. The tool has high internal consistency and reliability, Cronbach's alpha was 0.89 while the split half reliability (Spearman - Brown) was 0.91 (Gautam et al., 1987).

Procedure

The targeted participants were contacted through both personal and professional networking sites. The procedure followed a type of non-probability sampling process called “purposive sampling”. The study was explained to all participants in detail prior to their participation and an online informed consent was obtained from all participants of the study, the participants were assured that their personal information would not be disclosed to any members at any point of time.

Statistics used

Descriptive statistics, Analysis of variance (ANOVA) was used to find out the significant group differences and Pearson correlation methods were used to analyse quantitative variables in the study.

RESULTS

The frequency distribution of study participants (N=84). The Gender distribution for the sample group was male (n=30) and female (n=54). The distribution of occupation of the participants were Doctors (n = 24); Lawyers (n= 28); and Teachers (n=32) (Table 1).

Table 1. Frequency Distribution of the sample

| Variable (N = 84) | | Frequency Distribution |
|-------------------|----------|------------------------|
| Gender | Male | 30 |
| | Female | 54 |
| Occupation | Doctors | 24 |
| | Lawyers | 28 |
| | Teachers | 32 |

A Study on Emotional Intelligence And Mental Health Among Doctors, Lawyers And Teachers

The descriptive statistical analysis based on occupation shows that, the mean age of the Doctors (M=37.08), SD= 10.16, Lawyers (M=35.00) SD=7.38, Teachers (M=37.47) SD=10.90. The mean score of Emotional Intelligence of Doctors (M=140.25) SD= 12.05, Lawyers (M=90.61), SD= 20.40, Teachers (M= 132.31) SD= 14.42. The mean score of psychological distress of Doctors (M= 12.38), SD= 2.18, for Lawyers (M= 23.57), SD= 4.01, for Teachers (M= 13.88), SD= 2.23 (Table 2).

Table 2. Means and Standard Deviations based on Occupation

| Occupation | Variable | Mean | Standard Deviation | Interpretation |
|---------------------|------------------------|--------|--------------------|----------------|
| Doctor (N = 24) | Age | 37.08 | 10.16 | Middle aged |
| | Emotional Intelligence | 140.25 | 12.05 | High |
| | Psychological Distress | 12.83 | 2.18 | Typical |
| Lawyer (N = 28) | Age | 35.00 | 7.38 | Middle Aged |
| | Emotional Intelligence | 90.61 | 20.40 | Low |
| | Psychological Distress | 23.57 | 4.01 | Severe |
| Teacher (N = 32) | Age | 37.47 | 10.90 | Middle Aged |
| | Emotional Intelligence | 132.31 | 14.42 | High |
| | Psychological Distress | 13.88 | 2.23 | Distress |

Doctors and Teachers have a significantly greater emotional intelligence than Lawyers. Lawyers have a significantly greater psychological distress than teachers and doctors. There is no significant difference between doctors and teachers on their levels of emotional intelligence nor psychological distress (Table 3).

Table 3. Comparison of Means using ANOVA

| Variable (N = 84) | df | F-value | p- value |
|------------------------|-------|-----------|----------|
| Emotional Intelligence | 2, 81 | 74.86*** | < 0.001 |
| Psychological Distress | 2, 81 | 112.34*** | < 0.001 |

There is no significant relationship between age and emotional intelligence and age and psychological distress among doctors. There is a significant negative relationship between emotional intelligence and psychological distress among doctors, which means greater their emotional intelligence, better their general health. (Table 4).

Table 4. Correlations between Age, Emotional Intelligence and Psychological Distress among Doctors

| Variable (N = 24) | Age | Emotional Intelligence | Psychological Distress |
|------------------------|-----|------------------------|------------------------|
| Age | 1 | 0.14 ^{ns} | 0.009 ^{ns} |
| Emotional Intelligence | | 1 | -0.71*** |
| Psychological Distress | | | 1 |

^{ns}-Not significant *** - < 0.01 level of significance

There is no significant relationship between age and emotional intelligence among lawyers. There is a significant positive relationship between age and low psychological distress among lawyers, which means the older they are better their mental health. There is a significant negative relationship between emotional intelligence and psychological distress among lawyers, which means greater their emotional intelligence, better their mental health. (Table 5).

Table 5. Correlations between Age, Emotional Intelligence and Psychological Distress among Lawyers

| Variable (N = 28) | Age | Emotional Intelligence | Psychological Distress |
|------------------------|-----|------------------------|------------------------|
| Age | 1 | -0.16 ^{ns} | 0.47** |
| Emotional Intelligence | | 1 | -0.51** |
| Psychological Distress | | | 1 |

^{ns}-Not significant

** - 0.01 level of significance.

There is no significant relationship between age and emotional intelligence and age and psychological distress among teachers. There is a significant negative relationship between emotional intelligence and psychological distress among teachers, which means greater their emotional intelligence, better their mental health. (Table 6).

Table 6. Correlations between Age, Emotional Intelligence and Mental Health among Teachers

| Variable (N = 32) | Age | Emotional Intelligence | Psychological Distress |
|------------------------|-----|------------------------|------------------------|
| Age | 1 | 0.32 ^{ns} | -0.08 ^{ns} |
| Emotional Intelligence | | 1 | -0.56** |
| Psychological Distress | | | 1 |

^{ns}-Not significant

** - 0.01 level of significance.

DISCUSSION

Emotional Intelligence (EI) is an important predictor of organizational success and smooth work than the individual having intelligent quotient (Sitaram and Khurana, 2014). People with higher EI respond more quickly than people with lower EI. The present study aimed to measure Emotional Intelligence and Mental Health among Doctors, Lawyers and Teachers.

Based on the results in Table 3, comparison of means of Emotional Intelligence (EI) and Psychological distress of Doctors, Lawyers and Teachers using Analysis of Variance showed that Doctors and Teachers have a significantly greater EI than Lawyers. Lawyers have a significantly greater psychological distress than teachers and doctors, suggesting that Lawyers have a significantly poor Mental Health (MH) compared to Teachers and Doctors. There is no significant difference between Doctors and Teachers on their levels of EI nor psychological distress.

There was no significant relationship between age and EI and age and psychological distress among Doctors. There is a significant negative relationship between EI and psychological distress among Doctors, Lawyers and Teachers which means greater their EI better their MH.

The present study findings were supported by Mathews et al. (2004) studied relationship between Mental Health and Emotional Intelligence and found that there exists relationship between EI and MH. These findings were supported by a 2017 study conducted by Loyola University Medical Centre found that physicians group obtained a median score of 110 on an EI survey which is considered in the high range. EI plays an important role in determining a physician's bedside manner. It helps the patients to develop more trust and establish good rapport with their physicians, which in turn leads to better doctor-patient relationships, increased patient satisfaction and better patient compliance. EI also can help make physicians more resilient to the stresses of the profession and less likely to experience burnout. (Shahid. R, MD, Stirling. J, MD, & Adams. W, MA, 2017).

The current study did not show any significant relationship between age and EI and MH among Doctors and Teachers, however there was a significant positive relationship between age and MH among lawyers, which means the older they are better their MH.

Emotional intelligence in older adults can be explained by the theory of socio-emotional selectivity theory (Carstensen, 1993, 2006; Carstensen, Isaacowitz, & Charles, 1999). According to this theory when older adults realise that their life will end soon. The idea about personal and existential reality makes them focus on their behaviour on emotionally gratifying experiences. They no longer care about a future reward. They would rather enjoy well-being in the here and now. Long-term plans start to mean less and less.

Which is in accordance with a study conducted by Sharma. D in 2017, did an analysis of Emotional Intelligence for different age-groups ranging from 17- 60 years. The results indicated significant impact of age on the EI and its components. Total EI increased with age. Emotional-Competency decreased from young adulthood to middle age and then increased for mature age. Maturity was maximum for mature age, whereas competency and sensitivity were maximum for middle age.

Overall, the current study shows that Lawyers have low EI and increased psychological distress when compared to Doctors and Teachers which leads to poor MH and increased

A Study on Emotional Intelligence And Mental Health Among Doctors, Lawyers And Teachers

General Health issues, however there was a significant negative relationship between EI and psychological distress among lawyers, which means greater their EI better their MH.

Which can be further supported by Muir. R (2017) in a study found that that lawyers have scored high in intelligence but below average in EI. Indeed, that plays a part in the public's low opinion of them says Ronda Muir, author of the book *Beyond Smart: Lawyering with Emotional Intelligence* published by the American Bar Association. According to Muir understanding, using and raising EI is fundamental in the context of practicing law. This is especially relevant as she believes probably no other profession relies so heavily on cognitive intelligence as law. It is not just about how to use intellect and technical training but crucially about employing EI to understand and service employee and client needs. It was mentioned that Emotionally Intelligent Lawyers are better negotiators, litigators, and judges. Hence the study concludes that individuals with high emotional intelligence possibly are being more able to resist general and mental health problems.

Limitations

1. The sample size of the present study is limited and not very representative of the population of interest.
2. The sample is not equally distributed for several demographic variables, especially for gender, age and occupation.
3. Several other possible factors which could have had an influence on the Emotional Intelligence and Mental Health of the participants were not studied.

Findings

1. Emotional intelligence (EI) had a significant relationship with Mental Health, participants with high EI had good MH.
2. Doctors had scored high on EI compared to Lawyers and Teachers.
3. Lawyers had scored low on EI and had poor MH.

CONCLUSION

1. In the present study there was a significant relationship between Emotional intelligence (EI) and Mental Health.
2. Doctors and Teachers have a significantly greater emotional intelligence than Lawyers.
3. Lawyers have a significantly greater psychological distress than Teachers and Doctors. There is no significant difference between Doctors and Teachers on their levels of Emotional Intelligence nor psychological distress.
4. There is no significant relationship between age and emotional intelligence and age and psychological distress among doctors.
5. There is a significant negative relationship between Emotional Intelligence and psychological distress among doctors, which means greater their Emotional Intelligence, better their Mental Health.
6. There is no significant relationship between age and Emotional Intelligence among Lawyers.
7. There is a significant positive relationship between age and low psychological distress among Lawyers, which means the older they are better their Mental Health.
8. There is a significant negative relationship between Emotional Intelligence and psychological distress among Lawyers, which means greater their Emotional Intelligence, better their Mental Health.

A Study on Emotional Intelligence And Mental Health Among Doctors, Lawyers And Teachers

9. There is no significant relationship between age and Emotional Intelligence and psychological distress among teachers.
10. There is a significant negative relationship between Emotional Intelligence and psychological distress among teachers, which means greater their Emotional Intelligence, better their Mental Health.

Future Directions

1. Future research can focus on understanding the different variables that could possibly influence Emotional Intelligence and Mental Health, such as personality factors, self-regulation, empathy, motivation and social skills.
2. Gender and other demographic variables can be compared in an equally distributed sample.
3. More occupations can be included in order to understand EI and MH of professionals from various other fields.

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A Study on Emotional Intelligence And Mental Health Among Doctors, Lawyers And Teachers

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Conflict of Interest

The author declared no conflict of interest.

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