

Emotional Intelligence and Death Anxiety in Medical Healthcare Professionals

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ABSTRACT

The objective of this research is to study the relationship between Emotional Intelligence and Death Anxiety in Medical Health Care Professionals. The samples were selected through convenient sampling method, 72 samples participated in the study. The data was collected by google forms, of which circulation was done through social media. Emotional intelligence of the Medical Healthcare Professionals were measured through “Emotional Intelligence Self-Assessment Checklist”, and Death anxiety was measured through “Templer Death Anxiety Scale (TDAS)”. Descriptive statistics and Pearson’s correlation were used for studying the data. The analysis of the results suggests that there is a low negative correlation between Emotional intelligence and Death anxiety in Medical Healthcare Professionals.

Keywords: Emotional Intelligence, Death Anxiety, Medical Healthcare Professionals

Emotional Intelligence

We are facing a lot of issues at current times. Coronavirus has affected the world and the research I am conducting is to find how it has affected a particular community. When we look at the current situation, covid care workers are very important population. They are working tirelessly day and night. This topic is important because it goes along with the current issue the world is facing. The research is being conducted to find out whether the emotional intelligence has an influence on the death anxiety in covid care workers, the various theories used for this study is on emotional intelligence and death anxiety. The results of this study would be helpful in further studies on this topic.

Emotional intelligence (EI) refers to the ability of an individual to perceive, control and is the ability to perceive emotions, to access and generate emotions so as to assist thought, to understand emotions and emotional knowledge, and to reflectively regulate emotions so as to promote emotional and intellectual growth.” (Mayer & Salovey, 1997). Emotional intelligence evaluates emotions. Some of the researchers give suggestions that emotional intelligence is capable of being learned and strengthened, whereas some others claim that emotional intelligence is considered as an innate characteristic. The capability for an individual to express and control emotions is necessary, on the contrary, one must also be

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able to understand, interpret, and respond to emotions of others. Psychologists name this as emotional intelligence and other knowledgeable people give suggestions that emotional intelligence might be given more importance than intelligence quotient for a person to have a successful life.

Emotional intelligence has an impact in a person's life too. It helps a person in various ways too. It helps one to think before reacting, gives a greater self-awareness and emotionally intelligent people have or show empathy towards others. The various ways to use emotional intelligence are by being able to accept criticism and responsibility, being able to move on after making a mistake, being able to say no when one needs to, being able to share one's own feelings with others, being able to solve issues in a way that is beneficial for others too, being empathetic to others, having good listening skills, ability to know the reason behind the things one does and not being judgmental of others.

One can measure the emotional intelligence through various ways. Some assessments have come up for measuring the levels of emotional intelligence. These tests are categorized into self-reports and ability tests. Self-reports are the most common type of category of test. This is due to for their easiness to be administered and scored. These tests have a pattern where, the individual gives responses to questions or statements by rating their own behaviours, like by rating them on the basis of disagree, somewhat disagree, agree or strongly agree. Whereas, ability tests, is a place, where the individuals have to respond to a real-life situation and then assessment of them are done based on their skills. Here, the respondents have to showcase their abilities which are later rated by third party people.

There are various ways to measure a person's emotional intelligence through assessments. The mental health professionals follow the following assessments. One of them is the Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT) and the other is Emotional and Social Competence Inventory (ESCI). The MSCEIT is a test which measures the ability of a person. It measures the four branches of Mayer and Salovey's EI model. Here, the respondents are asked to perform various tasks which assess their ability to perceive, identify, understand and manage emotions. The ESCI is a rest made on the basis of an earlier instrument called the Self-Assessment questionnaire and contain individuals who are aware of individual offer ratings of that person's abilities in various emotional competencies. The test comprises of social and emotional abilities which are evaluated and help in differentiating people ass strong leaders.

Death Anxiety

Death is the one thing that nobody can avoid; it is also a powerful motivator of human behavior (Freud, 1914). Death anxiety is the fear of death. It can occur at any point of time. For children, death anxiety can occur when they see their pets die, also upon knowing that someone close to them has passed away. Everything would be hidden in their unconscious mind. When people have death anxiety, they would start becoming defensive and start harming themselves and others too. They might in the beginning, be positive on death anxiety, but later retreat to negative thoughts on death. They become less impressed, depressed and futile towards life. Some people become religious.

People use different defence mechanisms against the anxiety caused by death like denial, vanity, specialness and magical thinking, accumulation and power of wealth, self-nurturing, preoccupation and pseudo-problems, addictive couple bonds, progressive self-denial and micro-suicide. Denial indicates denying the reality. Vanity indicates the exaggerated

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meaning a person gives to something to escape death anxiety. In accumulation of power and wealth, people defend themselves by making a lot of money. Self-nurturing includes substance abuse and getting addicted. Preoccupation and pseudo-problems indicate that the person is afraid of the various issues in his or her life that might be not true which leads to the person neglecting the real issues in his life. Sometimes these fake problems might lead to real fears and cause death anxiety. Addictive couple bonds indicate that the person will engage in self-limited fantasy bonds that are not self-recognized. Progressive self-denial and micro-suicide indicate that the person commits small suicides to get over the fear of death. They withdraw personal feelings, positive pursuits from goal directed activity to reduce the anticipated loss through death. The various methods of coping with death anxiety are through psychotherapeutic sessions, philosophy courses and various workshops.

Ambulance Drivers

Ambulance drivers do work in ambulances. They take seriously ill or injured people commencing from the patients' houses and ending in the hospitals. They also help in the transfer of not seriously injured people and geriatric people from one place to another and also helps the EMTs in moving patients on stretchers. The various responsibilities of an ambulance drivers are in looking at each shift, check fuel level, oil, transmission fluid, wiper fluid and in reporting of needed repairs. They also help in assisting by checking first aid and medical supplies inventory levels before each shift and also in looking whether ambulance is well-stocked. They assist patients into gurneys and loads them into ambulance. They drive the ambulance as fast as possible to make sure the patients reach the hospital on time.

Nurses

Nurses work in hospitals, clinics, offices, schools, pharmacies, ambulance/helicopter, home health care settings and senior living communities. The various types of nurses include nurse anaesthetist who looks into medical procedures, family nurse practitioner gives family focused care, NICU nurses work with new born babies, labour and delivery nurse works with delivery of new born, travel nurse works in wide locations along with doing a work as a nurse, neonatal nurse looks after sick babies, pediatric nurse looks after children, ambulatory nurse works in ambulance, clinical nurse specialist looks after a lot of patients in a variety of specialists in advanced setting, a school nurse looks at the medical, educational and treatment of adolescents and a nurse educator teaches nurses and health professors. They are most probably the first and at times, the only health professionals to be free at the time of a patient's need and looking into the quality of life and in the initial assessments and forthcoming care is important to strong health outcomes. Nurses conduct physical exams, gets detailed health care history, be a listener to patients and does an analysis of their physical and emotional needs, gives health care education and counselling to patients, works with other health care providers and specialists, knows about current health care options, medications and treatment plans, takes out blood and perform other related testing and looks at the patient's vital signs. Nurses work in hospitals, clinics, offices, schools, pharmacies, ambulance/helicopter, home health care settings and senior living communities. The various types of nurses include nurse anaesthetist who looks into medical procedures, family nurse practitioner gives family focused care, NICU nurses work with new born babies, labour and delivery nurse works with delivery of new born, travel nurse works in wide locations along with doing a work as a nurse, neonatal nurse looks after sick babies, pediatric nurse looks after children, ambulatory nurse works in ambulance, clinical nurse specialist looks after a lot of patients in a variety of specialists in advanced setting, a school nurse looks at the medical, educational and treatment of adolescents and a nurse educator teaches nurses and health professors.

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Doctors

Doctor is a person who maintains and helps in restoring human health through practice of medicine. They also deal with challenges in diagnosing and treating human disease, ailments, injuries, pain, and other conditions through listening to patients, understand the problem, and use of scientific expertise in knowing the best way to treat the problem. Doctors are found in various settings like public health organization, teaching facilities, private practices, group practices and hospitals.

Nia, H.S., et al (2016) Death Anxiety among Nurses and Health Care Professionals: A Review Article. The study indicated that performing educational and psychological interventions to help nurses build strong coping strategies for managing their anxiety was recommended to remove various negative outcomes such as leaving positions, poor communication and those that determine the personal health and quality of life.

Mike Brady, (2015) Death anxiety among emergency care workers, a study conducted on emergency care workers indicated that some interventions could be done to prevent the debilitating effects of death anxiety and also in the improvement of staff mental health.

Olga Kadda conducted a study on Emotional intelligence on nursing as an anxiety management tool. The results indicate that emotional intelligence is a protective factor against stress and improves health. Training programmes which would improve health care professionals was suggested.

Peter, L and et.al., (2013) conducted a study on How Death anxiety impacts Nurses' caring for patients at the end of life: A Review of Literature. The results suggested an inverted association among nurses' attitude towards death and their attitude towards caring for dying patients'. Younger nurses reported more stronger fear of death and several studies indicated that worksite death education program could reduce death anxiety.

The study being conducted is important during the present situation. As all of us are going through a global crisis, the population of my study is one of the important populations who are working in the for front to help the people during the present crisis. They are facing death anxiety as they are having direct contact with people in order to save their lives. Therefore. I am conducting a research on the medical health care professionals.

METHODOLOGY

Statement of the problem

To find the relationship between Emotional intelligence and Death anxiety in Medical healthcare professionals.

Objectives

1. To determine if there is a relationship between emotional intelligence and death anxiety.
2. To determine positive correlation in medical healthcare professionals on their emotional intelligence and death anxiety
3. To determine negative correlation in medical healthcare professionals on their emotional intelligence and death anxiety.

Hypothesis

H01: There is no significant relationship between emotional intelligence and death anxiety.

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H02: There is no positive correlation in medical healthcare professionals on their emotional intelligence and death anxiety.

H03: There is no negative correlation in medical healthcare professionals on their emotional intelligence and death anxiety.

Sampling procedure

The sampling was done by selecting the population at first through convenient sampling. Seventy-two medical professionals were selected through convenient sampling method and there were 46 females and 26 males. Questionnaires of different variables were found out. Samples needed for the project were selected based on the population. Google forms were created on the respective questionnaires and informed consent were taken from the participants through the google form. Participants were asked to fill the google form after taking their consent. Responses were taken in and made into spreadsheet and scoring was done.

Tools used for the study

The Emotional intelligence self-assessment checklist was developed by Emily. A. Sterrett. The checklist is a standardised tool and is used in research papers like Correlation of Dermatoglyphics with Emotional Intelligence amongst Medical Students, a study conducted by Suresh, R & K.P., in the year 2018 and the same checklist is used in Pupil's Emotional Quotient, Academic Performance and Class Behaviour, a study conducted by Daud, A.L.C., in the year 2015. It is a 30-item questionnaire.

The Templer Death Anxiety Scale is used to measure death anxiety. The TDAS is a 15-item instrument which is designed for measuring the respondents' anxiety on death. The TDAS includes a broad range of items and concerns about death. Scoring is done by assigning a score of 1 for each item that is answered correctly and later totaling of all items is done. The TDAS has fairly good internal consistency with Kuder-Richardson formula coefficient of 0.76. the TDAS has good stability, with a three-week test-retest correlation of 0.83. The TDAS has good concurrent validity, correlating 0.74 with the Fear of Death Scale. It also has demonstrated good known-groups validity, and distinguished significantly between a group of psychiatric patients who verbalized high death anxiety and a control group.

RESULTS

The study is to understand the Emotional intelligence and Death anxiety in medical healthcare professionals in India. In this study the total number of participants included 72. Here, 36.1% were men (N=26) and 63.8% were women (N=46). All the participants were within the age range of 20 to 60.

Table 1 Sociodemographic details of the participants

Variables	N	Mean (SD)/Percentage
Age Range (20-60)	72	
Gender		
Male	26	36.1%
Female	46	63.8%

Table 1 indicates the sociodemographic details of the participants. There were 26 male participants and 46 female participants.

Table 2 Mean and Standard deviation of Emotional Intelligence and Death Anxiety in Medical Health care Professionals

	Mean	S.D
N		
Emotional intelligence	122.34	32.51
Death Anxiety	6.22	2.60

Table 2 indicates the mean and standard deviation of Emotional Intelligence is 122.34 and 32.51 respectively. The mean and standard deviation of Death Anxiety is 6.22 and 2.60 respectively.

Table 3 Correlation between Emotional Intelligence and Death Anxiety

Variables	Death Anxiety	Emotional intelligence
Death Anxiety	----	.042
Emotional intelligence	-.241*	----

Note: $p = 0.05^*$

Table 3 indicates the scores of Death Anxiety and Emotional Intelligence and there is a negative correlation between death anxiety and emotional intelligence in mental healthcare professionals. The correlation coefficient is -.241 at $p < 0.05$.

DISCUSSION

The purpose of the study is to find the relationship between Emotional Intelligence and Death Anxiety in Mental Health care Professionals. The study focused on Mental Healthcare professionals. The pandemic situation has put a pressure on the mental health care professionals and we are facing a critical situation. They are facing death anxiety as they are working with the patients affected by the pandemic. The study also focuses on Emotional Intelligence helps in facing Death Anxiety, by regulating their emotions and feelings as a whole. The first hypothesis is about the relationship between Emotional Intelligence and Death Anxiety. Relationship was found between the two variables. Therefore, the hypothesis, ‘There is no significant relationship between Emotional Intelligence and Death Anxiety’ is rejected. In the second hypothesis, after the analysis, it was found out that there is no positive correlation among Emotional intelligence and Death Anxiety. Thus, we accept the null hypothesis ‘There is no positive correlation in mental health care professionals on their emotional intelligence and death anxiety’ is accepted. In the third hypothesis, after the analysis, the results indicate that there is a low-level negative correlation among Emotional intelligence and Death Anxiety. Thus, we reject the null hypothesis ‘There is no negative correlation in mental health professionals on their emotional intelligence and death anxiety’ is rejected.

CONCLUSION

The study examined the relationship between Emotional intelligence and Death Anxiety. Emotional intelligence was found to be negatively correlated with Death Anxiety. This shows that the two variables are interrelated.

Implications

- The study can be helpful in understanding the Emotional intelligence and Death anxiety in mental healthcare professionals.

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- This might in turn help to increase their Emotional intelligence and reduce Death anxiety and to face the situation with courage.

Limitations of the study

- More number of samples can be taken from different parts of the country.
- As the participants had to fill the google forms, there, might be a chance of not accurate responses based on the mood of the participants.

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Conflict of Interest

The author(s) declared no conflict of interest.

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