



A Study of Emotional Intelligence and Academic Achievement in Medical Students

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ABSTRACT: The aim of present study is to assess emotional intelligence and academic achievement of medical students in pune city. To assess the emotional intelligence of the students, the Emotional Intelligence Inventory by Dr. S.K. Mangal and Mrs. Shubhra Mangal has been used. A sample of 50 medical students will be selected at random and the marks -sheets of these students will be collected to analyze the relation of their performance during first year and their emotional intelligence. Emotional intelligence is increasingly made reference to in medicine and other healthcare disciplines where it is important for professional mental health as well as effective practice. The students will be selected from second year of medical college and their marks-sheets of first year will be collected to collect data on their academic-achievement. For interpreting an individual score, percentile scores from the inventory will be considered.

Key words: Emotional intelligence, Academic achievement

I. INTRODUCTION

What is Emotional Intelligence: The ability to express and control our emotions is essential, but so is our ability to understand, interpret and respond to the emotions of others. Emotional Intelligence refers to the ability to perceive, control and evaluate emotions. Some researchers suggest that emotional intelligence can be learned and strengthened, while others claim it is an inborn characteristic. Since 1990, Peter Salovey and John D. Mayer have been the leading researchers on emotional intelligence. In their influential article “EMOTIONAL INTELLIGENCE”, they defined EI as, “the subset of social intelligence that involves the ability to monitor one’s own others’ feelings and emotions, to discriminate among them and to use this information to guide one’s thinking and actions.” (1990)

-Emotional Intelligence is, in layman’s terms, our level of ability to:

-Recognize and understand our emotions and reactions (SELF –AWARENESS)

-Manage, control and adapt our emotions and reactions (SELF- MANAGEMENT)

Harness our emotions to motivate ourselves to take appropriate action, commit, follow-through and work toward the achievement of our goals (MOTIVATION)

-DISCERN the feelings of others, understand their emotions and utilize that understanding to relate to others more effectively (EMPATHY)

-Build relationships, relate to others in social situations, lead, negotiate conflict, and work as part of a team (SOCIAL SKILLS)

II. NEED OF THE PRESENT STUDY

The concept of emotional intelligence has become a very hot topic of psychological research in recent years, especially in regards to how it affects today’s workforce. In fact, many experts now believe that a person’s emotional intelligence quotient may be more important than their IQ and is certainly a better predictor of success, quality of relationships and overall happiness. EI is more than twice as important as our technical knowledge. EI is the single predictor of performance in workplace and the strongest driver of leadership and personal excellence. The wonderful book, *The Emotional intelligence 2.0*, points out that the more we exercise our emotional intelligence skills, the more we will get out of life. These critical skills drive teamwork and excellent client service.

Emotional Intelligence is increasingly made reference to in medicine and other healthcare disciplines where it is suggested that it is important for professional mental health as well as Effective practice. EI could help medical students to become more sensitive towards their patients. Since EI impacts many different aspects of daily life, such as the way one behaves and the way they interact with others. Assessing EI among physicians will create caring environment in medicine.

III. REVIEW OF LITERATURE

1930s- Edward Thorndike describes the concept of ‘social intelligence’ as the ability to get along with other people.

1940s- David Wechsler suggests that affective components of intelligence may be essential to success in life.

1950s- Humanistic Psychologists such as Abraham Maslow describe how people can build emotional strength.

1975- Howard Gardner publishes *The Shattered Mind*, which introduces the concept of multiple intelligences.

1985- Wayne Payne introduces the term emotional intelligence in his doctoral dissertation entitled, ‘A study of emotion: developing emotional intelligence; self-integration; relating to fear, pain and desire (theory, structure of reality, problem-solving, contraction/expansion, tuning in/coming out/letting go).’

1987- In an article published in *Mensa Magazine*, Keith Beasley uses the term, Emotional Quotient. Some suggests this is the first published use of the phrase, although Reuven Bar-on claims to have used the term in an unpublished version of his graduate thesis.

1990- Psychologist Peter Salovey and John Mayor publish their landmark article, ‘Emotional Intelligence’, in the journal *Imagination, Cognition, and Personality*.

1995- The concept of EI is popularized after publication of psychologist and New York Times science writer Daniel Goleman’s book- *Emotional Intelligence: Why it can Matter More than IQ*.

IV. STATEMENT OF THE RESEARCH PROBLEM

After review of literature in the field of emotional intelligence and academic achievement, the researcher had certain questions:

-Do the students with better EI score show better performance academically?

-If the academic performance of a student is good, then will he/she have better emotional intelligence score?

Based on the questions generated the following major objectives were tapped on

-Objectives of the Study

a) To test the emotional intelligence of the MBBS students (II year) with the help of Emotional Intelligence Inventory

b) To assess the scores of four dimensions of the Emotional Intelligence Inventory.

c) To assess the impact of gender on the level of emotional intelligence among the medical students.

- Hypotheses of the Study

a) There will be no significant differences in emotional intelligence score and academic achievement of the medical students.

b) There will be no significant difference of gender in emotional intelligence score and academic achievement of the medical students.

V. METHODOLOGY

This research study was planned with the objective of assessing emotional intelligence of second year medical undergraduates and evaluating its relationship with their academic performance. For the assessment of EI score, emotional intelligence inventory developed by Dr. S.K. Mangal and Mrs. Shubhra mangal was administered to 50 medical undergraduate students. The inventory measures the emotional intelligence of the students in total as well as in four aspects of EI separately.

-Areas of Emotional Inventory(MEII)

a) Intra-personal Awareness (own emotions)25 items

b) Inter personal Awareness (others emotions).....25 items

c) Intra-personal Management (own emotions).....25 items

d) Inter-personal Management(others emotions).....25 items

In the inventory, there are total 100 items. 25 each from the four areas to be answered as yes or no.

Since the present emotional intelligence is scored on the positive side i.e. presence of emotional intelligence, a higher score of the individual (in the respective areas as well as total) here shows a higher level of emotional intelligence and a lower score a lower level of emotional intelligence.

VI. RESEARCH DESIGN

The study employed quantitative methods and is descriptive in nature. Descriptive research methodology was used in this study to identify the Emotional Intelligence of a sample of medical students. The participants were II year medical students (appeared for II year final exam) from Pune.

VII. SUMMARY AND CONCLUSION

This study was done on undergraduate medical students (II year completed) from Pune to assess their EI and find its relationship with their academic performance in the first year. The face of medicine is changing. In medicine field too, the care is more centered on the relationship. The term “Relationship-centered Care” was introduced in 1994 in a report by the Pew Fetzter Task Force on Health Professions Education. This thoughtful group of clinicians, researchers and educators recognized that while the purpose of health care was to respond to the needs of the patient, the process of care could be successfully understood from neither a doctor-centered nor a patient-centered perspective alone, but rather required an explicit focus on their relationship, hence the term “relationship-centered”.

Emotional Intelligence has been associated with positive outcome process in varied professions. The fundamental benefit of allowing for Emotional praxis to take place, therefore, is that it will lead not only to better health care and mutual professional respect, but possibly to less organizational tension over the long term.

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