

Emotional Competence Among Medical Employees

Samreen Naz, Hariom Sharma

Abstract: *The present research compares the emotional competence of government and private medical employees. The current study also explored differences between male and female medical employees with regards to their emotional competence. Overall emotional competence scores of medical professionals are treated to statistical analysis to observe differences. Investigator administered Emotional Competence Assessment Scale (ECAS) on sample of 42 medical employees (20 male and 22 female) in public and private hospitals. Male ($M=83.10$, $SD=11.56$) and female ($M=83.73$, $SD=14.37$) medical employees were found to have almost equal emotional competence both in public ($M=82.30$, $SD=12.06$) and private ($M=84.45$, $SD=13.91$) hospitals supporting the retention of null hypotheses. The findings confirm the contributions of medical profession which equalize the male and female participants for their emotional competence abilities who work working in public and private hospitals[10].*

Index terms: *Emotional Competence, Medical Employees, Public and Private Hospital, Gender*

I. INTRODUCTION

Emotional competence is made of two words; emotion and competence. Emotions are root forces in the dynamics of human behaviour and personality. Dictionary meaning of competence is doing it well, where one can produce the type of effect, one desire. Competence is having mastery of abilities to do a task having essential knowledge including observation process, comprehension, investigation, justification, related experience manipulation, etc.

In the past decade the idea of emotional competence has been come out into view in the literature (Parke, 1994; Denham, Bassett & Wyatt, 2007; Denham et al., 2003;2004). Investigators who analyzing emotional competency claimed that social plus emotional competency is personally twist together. Simultaneously investigators strongly accept as true that emotional competency is a build of its personal right, and as such, emotional competence have to be explored as an independent phenomenon

According to Goleman “emotional competence is a learned capability based on Emotional Intelligence that results in outstanding performance at work or in any situation because of relational skills. An emotional competence needs to be learned so as to use it to manage one’s feelings & behaviour and deal with others.”

Revised Manuscript Received on December 22, 2018

Samreen Naz, Doctoral Scholar in Psychology Department, Lovely Professional University.

Hariom Sharma, Associate Professor, Lovely Professional University, Phagwara

Emotional competence composed of three basic factors[9]. They are (a) the feelings expressed on a person’s face, (b) the cognitive condition of someone who understands and (c) the feel and knowledge of feelings. In the feelings expressed on a person’s face, the proper and suitable feelings expressed on a person’s face is of primary importance, and the style person transmits information his/her negative or positive feelings is also essential factor have and exert influence the development of his or her relationships. The second factor is the cognitive condition of someone who understands, kids and adults who know there’s and others’ emotions are greatly more likely to be victorious in their relationships with other persons than those who are not able to understand others emotions and not having this much quality of being able to perform. So, the last factor is the feel and knowledge of feelings, the purpose of which is to identify and control feelings of shifting concentration[5]. All internal and external processes include in it that are answerable for supervising, assessing and altering reactions when engaging an exacting social purpose.

An effective way to grasp just what is involved in emotional competence is to look inside oneself. Think back over the last week about a couple of situations in which you were very much aware of having had feelings about an issue, a relationship, an exchange with someone. Was there a sense of justification for how you felt? Did you feel at the end of the episode that there was some degree of closure or of understanding between yourself and the other person? Did you get what you wanted or atleast manage to avoid what you really did not want?

Perhaps you contemplated situations that evoked in you a sense of coming to terms with your feelings about yourself, about others, about your efforts and aptitudes, and so forth. Overall, in each of these situations you might have felt that you emerged from them in ways that felt as though you got what you wanted within a realistic context.

On the other hand, perhaps as you thought back about the last few days, you thought of occasions that stymied you, you were convinced your awkwardness was visible to all, but eventually you resolved the difficult transaction and felt that given its potential for disaster or excruciating embarrassment, you came out pretty well, dignity more or less intact, and the relationship perhaps more realistically defined or enhanced by additional coping skills.

Emotional competence involves resilience and self-efficacy. When an individual is emotionally competent, individual is representing self-efficacy in emotion arousing transactions, which are consistently social in nature.

Emotional competence may be sounds very straight and uncomplicated, but actually it is difficult to detect or grasp by the mind, difficult, and sometimes absolute indefinable.

II. REVIEW OF RELATED LITERATURE

A.Bhat and Khan (2018) identified important correlates and crucial forecasters of emotional competence[3]. Researcher examined a large number of researches. Researcher found the important correlates and forecasters of emotional competence that come out of as mental health, social behaviour, maladjustment, forgiveness, happiness, adolescent risky behaviour, well-being, emotional abilities, self-efficacy, empathy, life satisfaction, social support, resilience, psychopathology, risk behaviours and self-esteem. Even though, demographic perspective such as gender, type of school, working and non-working conditions and residential locality come out as important correlates and forecasters. Discussion of this research shows that emotional competence is carefully weighed as a quality to appropriately display once emotions and inner feelings.

B.Latifet al. (2017) in their studyrevealed that emotional competence contributes to increased job satisfaction. This shows that the higher the emotional competence to make the higher employee job satisfaction. Emotional competence contributes to the improvement of employee's performance. The results showed that emotional competence has no effect through job satisfaction, but it directly affects performance.

C.Habib et al.(2016)carried out a study correlational studies of resilience, emotional competence and self-esteem. Findings showed that there is a strongly positive correlationamid resilience, emotional competence and self-esteem.

D.Henand Goroshit (2016)conducted a research and analyzed the relation between emotional abilities, self-efficacies and empathy amid educators. The results revealed there is a strong and positive relation amid the emotional abilities, self-efficacies and empathy, and direct and indirect effects of all these.

E.Tomar (2016) indicates that types of hospitals positively and significantly affect the emotional intelligence. The employees of private hospitals have better emotional intelligence than the government hospital employees.

F.Habib et al. (2016) examined a research on emotional competency in Jammu & Kashmir. The findings revealed that male and female differ significantly in respect to their emotional competence examination of the various dimensions of emotional competence, further revealed females scored significantly high on emotional competence[11].

G.Hundekar (2015)conducted a study onwomen emotional competence those who are working and non-working. Results showed that emotional competence of women was higher amid urban working and non-working. Results also revealed that emotional competence of women was incompetent with their emotions amid rural working and non-working. Overall emotional competence of women's directly influences the potentialities for learning and also

developing the emotional skills that is important for the quality life, satisfaction of life, and in general happiness.

H.Kumar (2015) conducted a research on mental health and taken emotional competence as a forecaster for pre-service educators. Results showed that general and reserved category educators of science subject were found significantly different in their mental health. On the other side reserved category educators found poor mental health and that indicates their flaw in virtues like self-assurance, self-acceptance, personal identity, self-actualization, accept others as they are and adjustment in dissimilar situations of everyday.

I.Kaur, (2013) examined the gender variations on totally different elements of emotional intelligence viz[17]. emotional competence, emotional maturity, and emotional sensitivity. Females scored significantly lower on emotional competency than males.

J.Thakur and Kumar (2013)conducted a research on prospective educators of science where they check the emotional competence and mental health as a forecaster. Results showed that educators of science discipline who are from open and reserve categories were having significantly dissimilar levels of emotional competency. Further findings of the present research showed that there is no statistically significant difference was found amongst high and low mentally healthy educators with level of emotional competence. Moreover, results showed that there is no significant interactional effects were found amid the emotional competence and mental health.

K.Ciarrochi et al. (2003)explored the relationshipamid social competence, emotional competence and mental health. Results revealed that all social and emotional competence measures apart from minimizing feelings had significant incremental value over the other measures and over demanding events in predict social and mental health[4].

L.Bakshi (2012) studied emotional competence in relation to cognitive and non-cognitive variables and found that emotional competence is positively related with intelligence, achievement and mental health.

M.Nelis et al. (2011) conducted research on increasing emotional competence improves psychological and physical well-being, social relationships and employability. Results revealed that we can made positive changes about mental well-being, personal health, quality of social associations and can increase the rate of employability brought emotional competence development.

N.Kim (2009) results showed that proactive behaviours were strongly connected with emotional competence. Results also showed that task effectiveness and social integration both were strongly connected with proactive behaviours. Further, results showed that proactive behaviours significantly mediated the associationamid

emotional competency and work presentation, even though this was mainly true of supporters who had a superior amount of sovereignty in their job.

O.Barrack and Mount (1991) examined that in all the occupations from top to bottom occupation performance depends on emotional competence. **Goleman (1995)** revealed in his study that emotionally competent individuals are more likely to succeed in everything.

P.Rosenthal (1977) observed that people who having higher level of emotional competence found much productive in their job as well as in their community lives. **Sapra (2007)** found that males were more physically aggressive than females.

In the backdrop of above literature review following objectives were framed to achieve:

III. OBJECTIVES OF THE STUDY

- To compare the emotional competence of government and private medical employees.
- To study the differences between male and female medical employees with regards to their emotional competence.

IV. HYPOTHESES OF THE STUDY

- There will be no significant differences between employees of government and private medical employees.
- There will be no significant differences between male and female medical employees with regards to their emotional competence.

V. RESEARCH METHODOLOGY
VI.

A. Design: A sample of 42 doctors was selected from government and private hospitals following the convenient sampling method. After scrutinizing the filled questionnaires, responses of 42 doctors (20 male and 22 female) were finally selected for the data analysis.

B. Tools: Emotional Competence Assessment Scale (ECAS) by J.S. Fulton Paiva and M. Suresh Kumar (2009): It contains 35 items with four response options (always, sometimes, rarely and never) to be given by the respondent. The reliability coefficient is shown as 0.72. To achieve the both objectives t-test was used. T-test enables us to know about the comparison and difference.

VII. RESULTS AND DISCUSSION

Analysis was performed using Statistical Packages of the Social Science (SPSS).

The independent samples t test was conducted to compare means for two groups of employees (Govt.=20, Pvt.=22).

Objective 1: To compare the emotional competence of government and private medical employees.

Group Statistics							
Sector		N	Mean	SD	t value	df	p value
Emotional Competence	Government	20	82.30	12.06	0.53	40	0.43
	Private	22	84.45	13.91			

Interpretation: In above Table results showed that government sector medical employees had lower emotional competence scores (M=82.30, SD=12.06) than private sector medical employees (M=84.45, SD=13.92). An independent t-test found this pattern to be not statistically significant, (t= 0.53, df=40, p=.43). Hence, hypotheses I that there will be no significant differences between employees of government and private medical employees is accepted. The present results are not in line with the findings as indicated by that types of hospitals positively and significantly affect the emotional intelligence. The employees of private hospitals have slightly better emotional intelligence than the government hospital employees in this observation. The results are demonstrated in the following Figure:

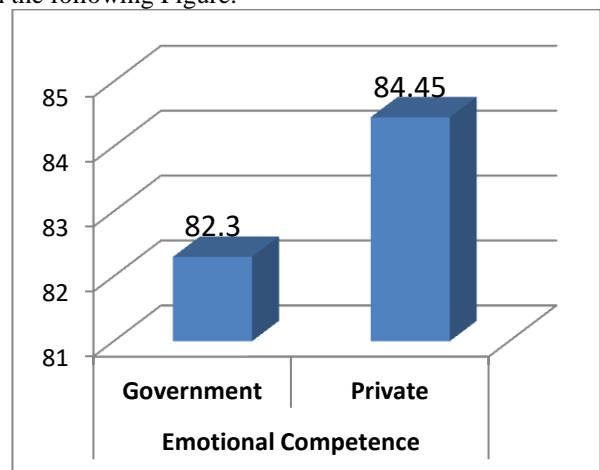


Figure: 1 Emotional competence of medical employees working in Government and private hospitals

Objective 2: To study the differences between male and female medical employees with regards to their emotional competence.

Group Statistics							
Gender		N	Mean	SD	t value	df	p value
Emotional Competence	Male	20	83.10	11.55	0.15	40	0.26
	Female	22	83.73	14.37			

Interpretation: In this Table results showed that male medical employees had lower emotional competence scores ($M=83.10$, $SD=11.56$) than female medical employees ($M=83.73$, $SD=14.38$). An independent t-test found this pattern to be not statistically significant, ($t= 0.15$, $df=40$, $p=.26$). Hence, hypotheses II that there will be no significant differences between male and female medical employees with regards to their emotional competence stand accepted. Interestingly, these results are similar to the results of research by Goleman which states that there is no gender difference exist amid emotional competence[16]. But accepting that male and female may have different dimensions of emotional competence. At last, their general levels of emotional competence are equivalent. The mean scores of male and female are exhibited in the Figure given below.

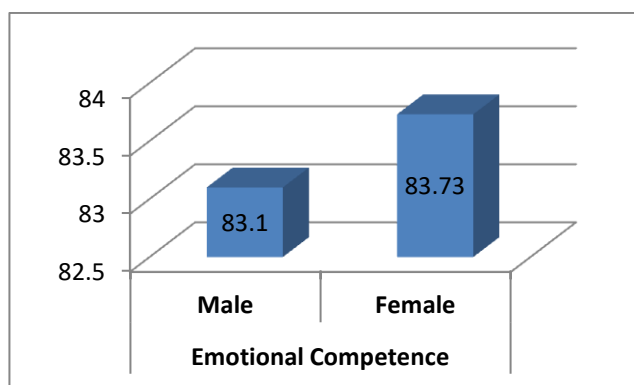


Figure: 2 Male and Female medical employees with regards to their Emotional competence.

VIII. CONCLUSIONS AND DISCUSSION

Emotional competency is an erudite ability grounded on emotional intelligence that consequences in great presentation at work or in any situation because of relational skills. An emotional competence needs to be learned so as to use it to manage one's feelings and behaviour and deal with others. This paper examined the emotional competence among government and private hospital medical employees; and between male and female medical employees. It was observed on the basis of mean score that government sector medical employees had lower emotional competence scores than private sector medical employees but the findings showed that there is no statistically significant difference found amongst public and private sector medical employees. The empirical evidences also support the research by, indicates that employees of private hospitals have better emotional intelligence than the government hospital employees. Further, it was observed on the basis of mean score that male medical employees had lower emotional competence scores than female medical employees but results showed there is no statistically significant difference amongst men and women medical employees. The empirical evidences also support the research by Goleman (1988) asserts that no sex differences in emotional competence have an existence. To sum up it can be said that due to increasing exposure over the years private hospitals might also reached at their best level and that is why private hospital medical employees showing

higher emotional competence but the results are not statistically significant. On the other side, nowadays females are more competitive and ready to accept the challenges at any time in every field. Even though unfairness on the basis of sex still prevails in our society but socio-economic and cultural changes in society and contact of females with the altering surroundings limits its ill effect. Accordingly, on the basis of empirical evidences and present results we can say that emotional competence level varies sector wise but not gender wise[7].

IX. LIMITATIONS OF THE STUDY

The present study sample population is small in number, so further research should take larger number of sample population to better know the clear picture of emotional competence among male and female medical employees in both government and private sectors[1][12]. This research is only limited to government and private hospital medical employees in north India.

Acknowledgement: Authors hereby acknowledge all individuals and sources who have been helpful in finalizing this manuscript in a better manner. No grant was availed to complete this research.

REFERENCES

1. N. Bakshi, "Emotional competence in relation to cognitive and non-cognitive variable," in *Journal of Community, Guidance and Research*, vol. 29(3), 2012, pp. 389-395.
2. M. R. Barrick, & M. K. Mount, "The big five personality dimensions and job performance: a meta-analysis," in *Personnel psychology*, vol. 44(1), 1991, pp. 1-26.
3. R. H. Bhat, & S. M. Khan, "Emotional competence: Review," in *National Journal of Multidisciplinary Research and Development*, vol. 3(1), 2018, pp. 44-49.
4. J. Ciarrochi, G. Scott, F. P. Deane, & P. C. L. Heaven, "Relations between social and emotional competence and mental health: a construct validation study," in *Personality and Individual Differences*, vol. 35, 2003, pp. 1947-1963.
5. S. A. Denham, H. H. Bassett, & T. Wyatt, "The socialization of emotional competence. Handbook of socialization: Theory and research," 2007, pp. 614-637.
6. S. A. Denham, K. A. Blair, E. DeMulder, J. Levitas, K. Sawyer, S. Auerbach-Major, & P. Queenan, "Preschool emotional competence: Pathway to social competence," in *Child development*, vol. 74(1), 2003, pp. 238-256.
7. S. A. Denham, M. Salich, T. Olthof, A. Kochanoff, & S. Caverly, "Emotional and social development in childhood," in *Childhood Social Development*, 2004, pp. 307-328, Oxford: Blackwell Publishing Ltd.
8. P. Goleman, "Emotional intelligence: Why it can matter more than IQ for character, health and lifelong achievement," 1995.
9. Goleman, "Working with emotional intelligence," in New York: Bantam Books, 1998. ISBN 978 93 82563815.
10. U. Habib, O. Habib & A. Ansari, "Correlational studies of resilience, emotional competence and self-esteem," in *International Journal of Current Research*, vol. 8(11), 2016, pp. 42371-42373.
11. U. Habib, O. Habib & A. Ansari, "Emotional competence in male and female adolescents of Jammu and Kashmir," in *The International Journal of Indian Psychology*, vol. 4(1), 2016, pp. 5-9.
12. M. Hen, & Goroshit, "Social and emotional competencies among teachers: an examination of interrelationships," in *Congent Education*, vol. 3(1), 2016, pp. 1-15.

13. Hundekar, "Emotional competence of working and not working women," in International Journal of Farm Sciences, vol. 5(1), 2015, pp.214-219.
14. T. Y. Kim, D. M. Cable, S. P. Kim,& J. Wang,"Emotional competence and work performance: The mediating effect of proactivity and the moderating effect of job autonomy," in Journal of Organizational Behavior: The International Journal of Industrial, Occupational and Organizational Psychology and Behavior, vol. 30(7), 2009, pp. 983-1000.
15. S. Kumar,"Emotional competence as a predictor of mental health of science pre-service teachers of Himachal Pradesh India,"in European Academic Research, Vol. 3(1),2015, pp. 315-333.
16. N. Kaur,"Gender Differences on Different Dimensions of Emotional Intelligence among Prospective Management Personnel," inInternational Conference on Management and Information Systems, 2013, pp. 22-24.
17. N. Latif, M.Ramly, S.Mallongi,& A.Djamareng,"Effect of emotional intelligence, competency, and organizational commitment to work satisfaction and performance of employees general hospital centerdr.wahidinsudirohusodomakassar," inJournal of Research in Business and Management, vol. 5(7), 2017, pp. 54-62.
18. D.Nelis, I.Kotsou, J.Quoidbach, M.Hansenne, F.Weytens, P. Dupuis,& M.Mikolajczak,"Increasing emotional competence improves psychological and physical well-being, social relationships, and employability," in Emotion, vol. 11(2), 2011, pp. 354.
19. R. D. Parke, "Progress, paradigms, and unresolved problems: A commentary on recent advances in our understanding of children's emotions," in Merrill-Palmer Quarterly, 1994, pp. 157-169.
20. R. Rosenthal, J. A. Hall, D. Archer, M. R.DiMatteo,& P. L. Rogers,"The pons test: measuring sensitivity to nonverbal cues. advances in psychological assessment," (San Francisco: Josser-Bass), 1977.
21. A.Sapra,"Aggressive Behaviour as Related to Emotional Competencies, Gender and Socioeconomic Status among Late Adolescents," Doctoral Dissertation. Agra: Dr. B.R. Ambedkar University, 2007.
22. A. Sass, A. K. Seal,& N. K. Martin,"Predicting teacher retention using stress and support variables," in Journal of Educational Administration, vol. 49(2), 2011, pp. 200-215.
23. K. S. Thakur& S. Kumar"Mental health as a predictor of emotional competence of prospective teachers of science in Himachal Pradesh," in MIER Journal of Educational Studies Trends & Practice.Vol. 3(1), 2013, pp. 84-94.
24. R. A. Thompson,"Emotion regulation: A theme in search of definition," in Monographs of the society for research in child development, vol. 59(2-3), 1994, pp. 25-52.
25. R.Tomar, "A study of emotional intelligence among nurses," in International Journal of Scientific Research and Education, vol. 4(4), 2016, pp. 5204-11.

AUTHORS PROFILE



26. **Samreen Naz** is a doctoral scholar in psychology department, Lovely Professional University. She is a frequent participant in conference and seminar at national level. She has many research article to her credit and her interest areas include positive psychology, resilience, happiness, alcohol abuse, internet addiction. She is annual member of Indian Science Congress Association.



Dr. Hariom Sharma is Associate Professor in Psychology. He is a doctorate from Banaras Hindu University and has post doctorate experience at IIT Kharagpur. He has earned more than 14 years of academic experience in reputed institutions. He has 22 research publications to his credit in national and international journals other than participation in reputed conferences. He is life member of Indian Science

Congress Association.