EMOTIONAL INTELLIGENCE AND DENTAL UNDERGRADUATES

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ABSTRACT

Emotional intelligence is the ability to control one’s own emotions. In Dental Institutions, students with higher Emotional Intelligence scores can play very significant role in achieving better patient outcomes. The aim of this study was to access the level of Emotional Intelligence (EI) among Dental Under-graduates. A Cross-sectional survey was conducted in which the sample size was 186 Dental Undergraduates from all 4 years. Data were collected on a validated self complete questionnaire and analysed on SPSS. The students had to score out of 165. These Scores were divided into higher and lower scores. There were 95 (51.1%) students who scored low in EI, while 91 (48.9%) students scored high in EI. The male students scored high 54.1% as compared to female students 46.1%. More seniors secured lower scores in Emotional Intelligence among their group. However, more juniors secured higher scores in Emotional Intelligence in their group. The association between year of study and Emotional Intelligence scores was found to be statistically significant (p=0.026). A need is felt that Medical Educationist should advocate Emotional Intelligence as a criterion for the selection of medical and dental students.

Key Words: Emotional Intelligence, Dental Undergraduates.

INTRODUCTION

In recent years, an increased interest has been developed on the theoretical concept of Emotional Intelligence. This also explores that whether or not Emotional intelligence impacts on various human capabilities. Emotional Intelligence at its very basic concept is the ability to control one’s own emotions. It positively correlates with and supports activities like job satisfaction, personnel and social awareness and exercises whilst it inversely correlates with psychological stress, bad health and substance use like smoking and drinking. In previous years, adult intelligence has focused mainly on the adaptive use of cognition capabilities. Initially interpersonal and intrapersonal intelligence term was used which later on gave the foundation of this term EI. The concept of Intrapersonal intelligence is based on one’s own emotions whilst interpersonal intelligence reflects the emotions of others.

According to Salovey and Mayer, emotional intelligence is “a form of social intelligence that involves the ability to monitor one’s own and others” feelings and emotions, to discriminate among them, and to use this information to guide one’s thinking and action”. Their proposal indicates that EI has five principal features:

1. Being aware of one’s own emotions
2. Being able to manage one’s own emotions
3. Being sensitive to the emotions of others
4. Being able to respond to and negotiate with other people emotionally
5. Being able to use one’s own emotions to motivate oneself.

In Medical and Dental Institutions, students with higher Emotional Intelligence scores can play very significant role in improving patient outcomes. Therefore, institutions have to assess Emotional Intelligence as a criterion for the selection of medical and dental students.
dental students. However, psychometric testing (such as the use of EI scales) of applicants to health professions institutions is rarely conducted. More commonly, the applicants academic background is a prime criterion for consideration.  

**METHODOLOGY**  

A Cross-sectional, convenient sampling based Survey was conducted among Dental undergraduates from Two Dental Institutions. The Sample Size was 186 Dental Undergraduate Students from both Dental Schools males and females from all 4 years. A validated self-complete questionnaire was used as sampling tool. The questions include Socio-demographics, and questions regarding EI using the 33-item Emotional Intelligence Scale, developed by Schutte et al. It is a 33-itemed with a five-point Likert-type scale. Participants had to read each statement and decide whether they tick mark on the box for ‘strongly disagree’, ‘disagree’, ‘undecided or neutral’, ‘agree’, or ‘strongly agree’ with the statement. Thirteen of the items out of 33 came from among those generated from the appraisal and expressions of the emotions category of the model, the other 10 items came from among those generated from the regulation of the emotions category of the model. The remaining 10 items came from among those items generated for the utilizations of emotions category of the model. The data Analysis was done on SPSS V.17 and Chi Square test was applied.

**RESULTS**  

Out of 214 Dental Undergraduates, 186 responded. Response rate was 86.9%. Mean Emotional Intelligence score was 126.1 + (1.13). The minimum possible score was 33 and the maximum possible score was 165. The students had scored a range from 74 to 156. These Scores were divided into higher scores and lower scores. There were 95 (51.1%) students who scored low in EI, while 91 (48.9%) students scored high in EI. The male students scored high 54.1% on the EI scale as compared to female students 46.1%. When senior students were compared among lower and higher scores, more seniors secured lower scores in Emotional Intelligence among their group. However, more juniors secured higher scores in Emotional Intelligence when compared among their group. The association between year of study and Emotional Intelligence scores was found to be statistically significant (p=0.026).

**TABLE 1: ASSOCIATION BETWEEN SOCIO-DEMOGRAPHICS AND EI (N=186)**

<table>
<thead>
<tr>
<th></th>
<th>Low EI</th>
<th>High EI</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-20 yrs</td>
<td>33 (43.4)</td>
<td>43 (56.6)</td>
</tr>
<tr>
<td>21-26yrs</td>
<td>62 (56.4)</td>
<td>48 (43.6)</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>28 (45.9)</td>
<td>33 (54.1)</td>
</tr>
<tr>
<td>Females</td>
<td>67 (53.6)</td>
<td>58 (46.4)</td>
</tr>
<tr>
<td><strong>Year of Study</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st year</td>
<td>15 (31.9)</td>
<td>32 (68.1)</td>
</tr>
<tr>
<td>2nd Year</td>
<td>32 (57.1)</td>
<td>24 (42.9)</td>
</tr>
<tr>
<td>3rd Year</td>
<td>33 (57.9)</td>
<td>24 (42.1)</td>
</tr>
<tr>
<td>4th Year</td>
<td>15 (57.7)</td>
<td>11 (42.3)*</td>
</tr>
</tbody>
</table>

*p < 0.05*

Table 1 provides details about the association between socio demographics including age, gender and year of study with the Emotional Intelligence scores.

**DISCUSSION**

The discussion part of this article includes interpretation of the result in close context of the topic selected. This portion will discuss the key findings of this study in relation to previously published literature. This is the first survey of dental undergraduates investigating the level of Emotional Intelligence. In this study Emotional intelligence was measured using a scale developed by Schutte et al. Similarly other four factors of Emotional Intelligence can also be analysed and were reported by Petrides and Furnham, Ciarrochi et al., and Saklofske et al. which provide further support that the conceptual framework of EI is a multidimensional construct.

The finding that females scored less on Emotional Intelligence Scale and males score more was in accordance with the previous study by Saklofske et al. This is surprising, as females are considered slightly superior to males in perceiving emotions, which was also supported in a study conducted among the dental Undergraduates in England.

According to the year of study, students from senior years (3rd and 4th) scored lower EI Scores.
Lower EI scores are associated with perceived stress, lesser interest and substance use among Medical and Dental students. These students are in contact with patients and were more likely to carry out various clinical procedures on them. There burden also extends to the completion of curriculum, professional examination and future job access. In this condition Emotional intelligence plays a moderating role in the experience of students psychological stress. However, Humphris et al., in a recent survey reported that students with experience of more patient contact were less likely to perceive stress than those without the exposure. Another study in Japan suggests the impact over the long term interaction of students with the patients was notable for the significant increase in Emotional Intelligence for females. Communication exercises might strongly influence the development of students’ Emotional Intelligence over a year. Therefore, the longer they are in contact the lesser they perceive psychological stress.

CONCLUSION

An inverse association between Emotional Intelligence and Year of study was detected. Reasons for lesser EI were identified. The factors like age, gender, and year of study were found to be independent, statistically significant predictors in assessing the levels of Emotional Intelligence. Medical educationist can advocate Emotional Intelligence as a criterion for the selection of medical and dental students. Future research is required in order to explore various other contributing factors by which the Emotional intelligence of Dental Undergraduates can be improved during their tenure of study.

REFERENCES