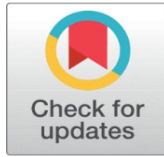# EMOTIONAL INTELLIGENCE AMONG DELHI-NCR MEDICAL STUDENTS: CONCEPT, PERFORMANCE CORRELATES, AND SCALE-BASED ASSESSMENT

Ayushi Suneja [1], Dr. Abha Shrivastav [1]

[1] Department of School of Psychology, Shri Venkateshwara University, Gajraula, Uttar Pradesh, India

ABSTRACT

In recent years, "Spotlight on Emotional Intelligence (EI)" has become bright, especially in the field of medical education where the clinical qualification is now spread beyond technical expertise to include emotional awareness, sympathy and mutual sensitivity. Medical professionals often face emotionally charged conditions, whether they are communicating bad news for patients or managing their own stress during an emergency. In such situations, EI becomes an important tool to navigate the human side of the drug. The purpose of this article is to find out the basic concepts of "emotional intelligence" and analyze its increasing relevance in the demand environment for medical training. The study specifically focuses on final year MBBS students from six medical institutions in Delhi NCR and evaluates their EI levels using the "Trait Emotional Intelligence Questionnaire (TEIQue)." The study, which used an enormous sample of 658 kids, found that students with higher EI levels did better in both the "classroom and the clinical setting". In the education setting and the medical centre, subscales measuring consciousness of oneself, emotion management, and empathy were shown to be major predictors of efficacy.

Keywords: "Emotional Intelligence, Medical Education, Trait Emotional Intelligence Questionnaire, Self-Awareness, Emotion Regulation, Empathy," Clinical Performance, MBBS Students, Delhi NCR, Soft Skills in Healthcare

1. INTRODUCTION

"Salovey and Mayer originally defined emotional comprehension in 1990 as "the capacity to perceive, understand, and manage one's own and other people's emotional states as well as to identify and appropriately respond to different types of behavioural cues," has steadily evolved from a psychological construct to a vital skill set in professional domains "(Salovey, P., & Mayer, J. D. 1990)". In recent years, it has emerged as a critical competency in the field of medical education. Clinical excellence today requires more than just a sound understanding of human anatomy or the ability to perform medical procedures (Bar-On, R. 2006, Jordan, J. 2000). A doctor's ability to stay composed under pressure, convey empathy, foster trust, and work effectively in emotionally complex environments has become equally essential (Goleman, D. 1995).

Global literature has long acknowledged the role of EI in improving healthcare outcomes. Having an increased EI has been associated with reduced physician burnout, stronger diagnostic reasoning, enhanced communication, and better teamwork (Arora et al. 2010). Yet, as noted in the present thesis, Indian research on EI in undergraduate medical training remains "quite limited." This gap is significant, particularly in densely populated and high-pressure regions like Delhi-NCR, where medical students routinely encounter emotionally intense situations (Sundararajan, S., & Gopichandran, V. 2018). These include patient deaths, critical diagnoses, demanding clinical workloads, and emotionally

charged interactions with patients and families "(Petrides, K. V., & Furnham, A. 2001)." In such contexts, emotional regulation, empathy, and clear communication are not optional but they are foundational to safe, ethical medical practice (Firori, M., & Vesely-Maillefer, A.K. 2018).

Despite this need, India's medical training continues to prioritise cognitive aptitude and theoretical knowledge over emotional and interpersonal competencies "(Hafferty, F. W., & Franks, R. 1994)." As emphasised in the problem statement of the thesis, admission and evaluation frameworks disproportionately focus on academic performance while often neglecting "interpersonal and intrapersonal abilities, including the ability to communicate effectively, empathy, professionalism, and the ability to express one's own feelings." Structured training in EI remains absent from most curricula. As a result, students may acquire emotional skills only through informal experiences, peer learning, or trial and error in high-stakes clinical settings (Hays et al. 1986).

To address this void, the present study was conducted across six Delhi-NCR medical colleges, surveying 658 final-year MBBS students. "The Trait Emotional Intelligence Questionnaire (TEIQue)", a well-validated self-report tool, was used to assess various domains of "EI, including self-awareness", empathy, emotional regulation, and social functioning. The study explored two key questions: What is the level of EI among these students, and does a higher EI score correlate with better academic and clinical performance?

Preliminary analysis confirmed a strong positive correlation, particularly in areas such as emotional regulation and empathy. These findings provide evidence for integrating structured EI training into Indian medical education and support a broader shift toward producing not just competent doctors, but compassionate caregivers.

2. OBJECTIVES OF THE STUDY

1) To understand the concept of emotional intelligence and its increasing significance day-by-day.
2) To scrutinize whether EI is significant for enhancing work performance or not.
3) To use the EI scale to assess the medical students' EI.

3. REVIEW OF LITERATURE

"Emotional Intelligence (EI)" has garnered increasing academic interest since its introduction by "Salovey and Mayer (1990)", According to them, it's the capacity to be aware of, understand, and manage one's own and other people's feelings and to make choices and take acts based on this awareness. According to his theory, Emotional Intelligence (EI) is a set of competencies associated with self-awareness and management of emotions. Over time, the concept was expanded to include social, behavior and motivational dimensions.

Daniel Goleman (1995) popularized EI through its emotional ability structure, suggesting that EI is more impressive than IQ in predicting success, especially in environment seeking environment such as leadership and emotionally healthcare. Their model outlines five major components-"self-awareness, self-regulation, inspiration, sympathy and social skills" which are indispensable in all clinical settings where physicians are often attached to emotionally sensitive conditions.

Bar-on (2006) paired into the area with its "the "emotional-social intelligent (ESI)" paradigm, which views EI as a collection of related "social and mental capacities." required to compete with daily stresses. His work also laid the foundation of using self-report assessment in EI research, such as the characteristic "emotional intelligence questionnaire."

"Developed by petride and Fernham (2001)," Teique assessed the self-concepts of individuals of emotional ability in areas such as "welfare, sociality, self-control and emotionalism". It has been validated in diverse population and is particularly well suited to assess EI among Indian medical students.

Empirical studies have confirmed the relevance of EI in medical education. "Arora et al. , Sundararajan and Gopichandran (2018) connected the high EI with low stress and better colleague dialogue among Indian medical students."

"Hafti and Franks (1994)" highlighted the "hidden courses" in therapy, which shapes emotional and moral conduct. Hayes et al. (1986) underlined the need for emotional welfare during medical training, while Jordan (2000) emphasized

mutual sympathy in doctor-family relations. Firori and Vesli-Melifer (2018) extended the classification of EI as a capacity, indicating its widespread educational importance.

These models and studies make theoretical and empirical basis for this research on EI among Delhi-NCR medical students.

4. RESEARCH METHODOLOGY

Individuals in their last year of medical school at six different institutions in the Delhi-National Capital Region were tested on emotional intelligence using a narrative, cross-sectional methodology. The poll included 658 students, chosen using global sampling to provide a diverse group of respondents. An emotion intelligence test, which evaluates skills including self-awareness, empathy, and emotional control, was the main instrument employed. A small subset of the population participated in semi-structured interviews to supplement the quantitative findings. All subjects were notified before data was taken, and conscientious disengagement was followed.

5. DATA ANALYSIS

Software called SPSS, which uses descriptive statistics and rudimentary statistical methods, was used to analyse the results. Total EI levels were evaluated by calculating the average and standard deviations, and the association between academically and clinical achievements was discovered by analysing the EI scores and doing an analysis of correlations. Furthermore, characteristic groupings including gender and age were tested using one-way ANOVA.

6. RESULTS

The conclusions showed that the overall meaning between 658 medical students was an "emotional intelligence (EI)" score 3.53 ± 0.33, which suggests a moderate level of EI in the sample. "Regression analysis showed a significant positive correlation ($r = 0.43$, $p < 0.01$) between EI and self-reported academic and clinical performance," indicating that students with higher EI tended to perform better in both domains. Among the subcomponents of EI, self-awareness and emotion regulation emerged as the most influential predictors of student effectiveness in academic and hospital settings.

7. CONCLUSION

EI emerges as a vital construct in shaping effective medical professionals. The TEIQue proved reliable and valid for the Delhi-NCR context, and its use highlighted key areas (like emotion regulation) for intervention. EI not only improves "academic performance but also contributes to better doctor-patient relationships and stress management."

8. RECOMMENDATIONS

To enhance emotional intelligence among medical students, the study recommends integrating EI modules into foundation courses and clinical rotations, particularly during internal medicine clerkships where students face emotionally complex scenarios. Practical methods such as role-plays, reflective writing exercises, and structured peer feedback can help students internalise EI concepts through experience-based learning. Establishing mentorship programmes that pair junior students with emotionally mature senior peers can foster interpersonal growth and emotional self-awareness. Additionally, faculty members should receive targeted training to assess and nurture EI in students, ensuring that emotional competencies are recognised, guided, and developed alongside traditional academic and clinical skills.

9. LIMITATIONS OF THE STUDY

Like many studies based on self-assessment tools, this research may be subject to self-report bias, as participants might have responded in a socially desirable manner, potentially inflating certain emotional intelligence scores. Additionally, the study was conducted exclusively among medical students in the Delhi-NCR region, which may limit the generalisability of the findings to other geographic or cultural contexts within India.

CONFLICT OF INTERESTS

None.

ACKNOWLEDGMENTS

None.

REFERENCES

Bar-On, R. (2006). The Bar-On model of emotional-social intelligence (ESI). Psicothema, 18(Suppl), 13–25.

Goleman, D. (1995). Emotional intelligence: Why it can matter more than IQ. Bantam Books.

Arora, S., Ashrafian, H., Davis, R., Athanasiou, T., Darzi, A., & Sevdalis, N. (2010). Emotional intelligence in medicine: A systematic review through the context of the ACGME competencies. Medical Education, 44(8), 749–764.

Salovey, P., & Mayer, J. D. (1990). Emotional intelligence. Imagination, Cognition, and Personality, 9(3), 185–211.

Sundararajan, S., & Gopichandran, V. (2018). Emotional intelligence among medical students: a mixed methods study from Chennai, India. BMC Medical Education, 18, 97.

Petrides, K. V., & Furnham, A. (2001). Trait emotional intelligence: Psychometric investigation with reference to established trait taxonomies. European Journal of Personality, 15(6), 425–448.

Firori, M., & Vesely-Maillefer, A.K. (2018). Emotional Intelligence as an Ability: Theory, Challenges, and New Directions. In: Keefer, K., Parker, J., Saklofske, D. (eds) Emotional Intelligence in Education. Springer.

Hafferty, F. W., & Franks, R. (1994). The hidden curriculum, ethics teaching, and the structure of medical education. Academic Medicine, 69, 861–871.

Hays, L. R., Dickson, L. R., Lyles, M. R., Ludwig, A. M., Martin, C. A., & Bird, M. A. (1986). Treating psychiatric problems in medical students. American Journal of Psychiatry, 143, 1428–1431.

Jordan, J. (2000). The role of mutual empathy in relational/cultural therapy. Journal of Clinical Psychology, 56, 1005–1016.
https://doi.org/10.1002/1097-4679(200008)56:8<1005::AID-JCLP2>3.0.CO;2-L