AENSI Journals

Advances in Environmental Biology

ISSN-1995-0756 EISSN-1998-1066

Journal home page: http://www.aensiweb.com/aeb.html

Relationship between Emotional Intelligence and General Health

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ARTICLE INFO

Article history:
Received 25 April 2014
Received in revised form
8 May 2014
Accepted 20 May 2014
Available online 16 August 2014

Key words:
Emotional intelligence, General health, Social awareness, Self-control, Teacher

ABSTRACT

The relationship between emotional intelligence and its components with the general health of Iranian teachers teaching in Tajikistan is compared with that of Iranian teachers teaching in Iran. The participants of this study were all Iranian and were grouped based on gender, marital status, teaching experience, and level of education. Sybria Shrink's emotional intelligence questionnaire based on Goleman and the General Health Questionnaire: GHQ-28 by Goldberg were employed to collect the data used in this study. The study sample was described using Descriptive Statistics. Inferential Statistics was used to analyze the collected data. It was found that the correlation between emotional intelligence and general health is statistically significant (r = 0.47) at level of 0.99. Further, the correlation between general health and components of emotional intelligence was significant: with self-awareness (r = 0.39) at level of 0.99, with self-controlling (r = 0.40) at level of 0.99 and with social awareness (r=0.28) at level of 0.95. It is concluded that with improving emotional intelligence of teachers via increasing their self-awareness, self-control, and social awareness, their general health can be improved.

To Cite This Article: Alireza Kia and Aazam Heidari., Relationship between Emotional Intelligence and General Health. ***Adv. Environ. Biol., 8(11),*** *356-360, 2014*

INTRODUCTION

One of the main factors in achieving goals in every organization is the physical, mental and social health of its members. Education organizations are the most the most important organizations in every society and teachers play the key role in the success of these organizations. The importance of teachers' physical, social, and mental health in training students and developing their capabilities is well recognized. One of the quality measures of a successful organization is how well they pay attention to the mental, physical health of their staff to increase their productivity [11].

Many studies show that general success and welfare in the old age depend on learning how to use emotional and social skills in dealing with life obstacles and reducing risks of mental disorders [12].

The idea of "emotional intelligence" presented by Mayer and Salovey [8] deals with "the how" of emotional and social adaptation. Emotional intelligence is a set of non-cognitive skills, abilities, and capacities that strengthens an individual against environmental demands and pressures [9]. People with low emotional intelligence feel futility and collapse in the face of obstacles and show inappropriate emotional reactions. Therefore, low emotional intelligence can be one of the important factors leading to mental disorders and difficulties in individuals' adaptation to the social environments [14]. The usage of emotional intelligence in cognitive sciences, neuroscience, and child development has provided a new framework for research in emotional and social adaptation as well as in preventative programs [7].

General health refers to a condition in which a person has adapted to the different aspects of his life, has a proper understanding of the realities, and can logically and successfully cope with the pressures and failures of his social and personal life [1].

The indicators of mental health include: reasonable independence, self-reliance, self-direction, reliability, stability, having sense of humor, as well as ability to fulfill duties of a job, to take responsibility for a task and to trying doing it, to cope with difficulties, to cooperate with others, to work under the supervision of a qualified person, to follow rules and endure hard work, to show friendship and love, to love and receive love, to stand failures and be patient with others, to sacrifice and be selfless, and to find and enjoy enjoying hobbies and entertainments [2].

Tsaousis and Nikolaou studied 375 university students and employees working at various organizations and found that there is a correlation between their emotional intelligence and their general health. These findings

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indicated that emotional intelligence has negative correlation with some behaviors such as smoking and alcohol consumption and a positive correlation with sport [15]. In addition, in another study conducted to investigate the relationship between emotional intelligence and clinical symptoms of a group of psychiatric patients with generalized anxiety disorder and its comparison with a control group, was concluded that there is a negative relationship between emotional intelligence and symptoms of generalized anxiety disorder [5]. Findings of a study entitled "discovering the correlation between emotional intelligence, social support, and mental health" on nurse students showed that there is a positive relationship between transparency and social support, between promotion and social support and between mental health and social support. Moreover, the results of regression analysis showed that transparency and emotional promotion are social support predictors and emotional promotion is the main predictor of mental health. The results of this research also showed the importance of emotional intelligence against stress [10]. On the basis of the aforementioned researches on emotional intelligence and its influence on improving mental health, this study focused on the relationship between emotional intelligence and mental health of Iranian teachers assigned to teach in Tajikistan and Iranian teachers teaching in Iran. The hypotheses of this study are as the followings:

1. General health is higher in teachers having higher emotional intelligence..
2. There is no significant difference in emotional intelligence of Iranian teachers assigned to teach in Tajikistan and those who are employed to teach in Iran.
3. There is a significant difference in general health of Iranian teachers assigned to teach in Tajikistan and those who are employed to teach in Iran.

2. Methodology:

The method of the present study is descriptive and uses correlation analysis to establish relationship between various involved variables.

2.1. Study Subjects:

The subjects of this study are 35 Iranian teachers assigned to teach in Tajikistan and 35 teachers who teach in Iran, as the second group for comparison. As only a limited number of Iranian teachers teaching in Tajikistan were available, the same numbers of Iranian teachers teaching in Iran were selected. It should be mentioned that these two groups, teaching in Tajikistan and Iran, each have the same number of each gender, marital status, teaching experience and degree. Totally, 70 teachers were selected as subjects of this study. These subjects were divided into 2 groups of 35.

18 of 35 Iranian teachers assigned to teach in Tajikistan were males and 17 were females. Moreover, 4 of these teachers were single and 31 were married and their average teaching experience was 17 years and their average age was 37 years. The group of teachers who teach in Iran was selected as the comparative group and it included18 males and 17 females in which 3 were single and 32 were married and teaching and their average teaching experience was 18.5 years and their average age was 36.6 years. All mentioned teachers have been teaching at three levels of education, i.e. primary school, guidance school, and high school.

2.2. Data Collection:

The study subjects were requested to fill in three questionnaires to collect their demographic, emotional intelligence, and general health information. These questionnaires are explained in details below.

2.2.1. Demographic Information Questionnaire:

The purpose of this questionnaire is to gather information on age, gender, marital status, working experience, and education level. The questions are based on the mentioned factors.

2.2.2. Emotional Intelligence Questionnaire:

The second questionnaire is Shrinks' emotional intelligence questionnaire which includes 33 questions in the form of Likert 5 scales and includes 5 sub scales including self-awareness, self-controlling, sympathy, social skills, and self motivation. By implementing this questionnaire, every subject receives 6 separate scores that 5 of them are related to sub scales and one is related to overall emotional intelligence. In the present study the validity of questionnaire was calculated using Cronbach alpha (α=0.88) [3]. The subjects should imagine themselves in an imaginary situation and select one of the options which is more consistent with their mental status. The reliability of this questionnaire was estimated through internal consistency, factor analysis and convergent review. Jirbket introduced this questionnaire as a valid and reliable one and its reliability was estimated through split-half method (r=0.94) and Cronbach's alpha (r=0.91). Moreover the validity of this questionnaire was examined by Mansouri in 2001 and based on the results, (r=0.62). Therefore, it is concluded that the validity of this questionnaire is acceptable for the current study. The reliability of this questionnaire was calculated through Cronbach alpha (r=0.92).

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2.2.3. General Health Questionnaire:

The general health questionnaire (GHQ28) was used to assess the general health. This questionnaire developed by Goldberg and its validity was tested and verified [4]. The mentioned questionnaire includes 28 questions and four scales including 1.somatic symptoms 2. Anxiety and insomnia 3.Social dysfunction and 4. Severe depression were tested and its validity verified by Antaniyo in 1986 (Lobo, Perez-Echeverria, & Artal, 1986). The validation of this questionnaire was also tested and verified by Abas Homan in Research Institute of Tarbiat Modares University in Iran in 1996. Moreover, in another study this questionnaire was tested and its validity coefficient was 0.78 and its reliability was 0.90 and through Cronbach's alpha (r=0.97) [13].

3. Data Analysis:

Descriptive statistics was used to describe the study sample used in this study, Further; Pearson Correlation was used to study the correlation between the variables. In addition, T-test was used to determine the difference between the two groups in the present study. All the required statistics computed using SPSS software version 19.

4. Results:

The comparative method was used to investigate the difference between emotional intelligence and general health of the two groups of teachers (Iranian teachers assigned to teach in Tajikistan and group of teachers who teach in Iran). As it is seen in Table 1, the difference between two groups of teachers (Iranian teachers assigned to teach in Tajikistan and group of teachers who teach in Iran) is not statistically significant.

Table1: Results of T-test on studied variables from the two groups of teachers.

Variables	Groups of teachers	Means	tandard Deviation	T-value
Total EI score	Tajikistan	111.57	10.11	0.365
	Iran	110.63	11.47	
Self-motivating	Tajikistan	22.80	2.63	1.245
	Iran	22.03	2.55	
Self-awareness	Tajikistan	28.94	3.65	0.928
	Iran	28.17	3.29	
Self-controlling	Tajikistan	22.88	4.60	0.701
	Iran	22.08	4.94	
Social awareness	Tajikistan	21.08	3.13	0.000
	Iran	21.08	3.16	
Social skills	Tajikistan	15.57	3.58	-2.476
	Iran	17.40	3.50	
Total GHQ-28 score	Tajikistan	92.34	14.02	-0.570
	Iran	94.23	13.65	
Physical symptoms	Tajikistan	22.88	4.60	-0.778
	Iran	23.71	4.31	
Anxiety and insomnia	Tajikistan	22.28	4.62	-0.840
	Iran	23.17	4.19	
Social disorder	Tajikistan	21.88	3.82	-0.251
	Iran	21.66	3.80	
Severe depression	Tajikistan	25.71	3.48	0.036
	Iran	25.68	3.22	

df=68 n=70

Pearson correlation coefficient was used to investigate the relationship between emotional intelligence (and its components) and general health of teachers. As inferred from Table 1, the correlation between emotional intelligence and general health (r=0.47) is significant at the level of 0.99. Moreover, the correlations between general health and the components of emotional intelligence are statistically significant: with self-awareness(r=0.38) at level of 0.99, with self-controlling (r=0.40) at the level of 0.99 and with social awareness (r=0.28) at the level of 0.95. In addition, the observed correlation between emotional intelligence and the components of general health are statistically significant at level of 0.99: with lack of physical symptoms (r=0.40), with absence of anxiety and insomnia (r=0.38), with lack of social disorder (r=0.46) and with absence of severe depression (r=0.45).Statistics did not show a significant correlation between two of the emotional intelligence components, namely self-motivation and social skills and general health components. However, the relationship between self-awareness and general health components were statistically significant (Table1) : with physical symptoms (r=0.26) at level of 0.95 with social disorder (r=0.42) at level of 0.99 and with severe depression (r=0.52) at level of 0.99.

The observed correlation between self-controlling and components of general health were statistically significant at level of 0.99: with physical symptoms(r=0.34), with anxiety and insomnia (r=0.33) , with social disorder (r=0.32) and with severe depression (r=0.33. The relationships between social awareness and physical symptoms (r=0.24), anxiety and insomnia (r=0.30), social disorder (r=0.25), and severe depression (r=27) were statistically significant at level of 0.99.

Table 2: Mean, standard deviation, and correlation between emotional intelligence and its components and eneral health.

Variables	M	SD	1	2	3	4	5	6	7	8	9	10	11
Eemotional Intelligence	111.1	10.74	1.00										
Self-motivating	22.41	2.60	0.23	1.00									
Self-awareness	28.56	3.48	0.74**	0.11	1.00								
Self-controlling	22.48	4.76	0.77**	-0.08	0.44**	1.00							
Social awareness	21.08	3.12	0.79**	-0.02	0.52**	0.60**	1.00						
Social skills	16.48	3.20	0.38**	-0.08	0.11	0.05	0.22	1.00					
General health	93.28	13.77	0.47**	0.22	0.39**	0.40**	0.28*	0.03	1.00				
physical symptoms	23.30	4.44	0.40**	0.23	0.26*	0.34**	0.24*	0.07	0.92**	1.00			
Anxiety and insomnia	22.73	4.40	0.38**	0.05	0.24	0.45**	0.30*	-0.02	0.85**	0.79**	1.00		
Social disorder	21.77	3.78	0.46**	0.22	0.42**	0.32**	0.25*	0.12	0.80**	0.64**	0.52**	1.00	
Severe depression	25.70	3.33	0.45**	0.18	0.52**	0.33**	0.27*	-0.02	0.84**	0.70**	0.60**	0.62**	1.00

M= Mean SD= Standard deviation 1= Emotional intelligence 2= Self-motivating 3= Self-awareness 4= Self-controlling
5= Social awareness 6= Social skills 7= General health 8= Physical symptoms 9= Anxiety and insomnia
10=Social disorder 11= Severe depression

Discussions and Results:

This study investigated the relationship between emotional intelligence and its components and general health of Iranian teachers assigned to teach in Tajikistan and in Iran. This comparison indicated that the emotional intelligence and general health of two groups of teachers are significantly different and that the location difference (teaching in Iran and in Tajikistan) did not influence the correlation between emotional intelligence and general health of teachers. Further, it showed that there is a significant correlation between emotional intelligence and general health of both groups (total sample). As it is seen in Table1, the findings of this research are consistent with the findings of many studies conducted on this issue. So, it can be inferred that the higher the emotional intelligence of the teachers are, the higher their general condition would be. Particularly, the results showed that the higher the teachers' emotional intelligence, the less physical symptoms, anxiety, insomnia, social disorder and depression were reported in teachers. Further, the high level of self-awareness was correlated with teachers' high scores on lack of physical symptoms, lack of social disorder and lower depression. Therefore, when the individual is aware of his or her emotions and has the ability to control these emotions, it affects his or her decision making and planning in a way that reduces disappointing consequences of such emotions and hence reduces the possibility for developing depression. Moreover, being aware of emotions and ability to express them in different situations in which they should or should not be expressed strengths social ties of teachers with others and reduces their psychosomatic symptoms. The significant correlation between self-control and all components of general health indicates that: the teachers having higher self-controlling have higher general health compared to other teachers. Therefore, controlling emotions and behaving appropriately commensurate with the circumstances are the determinant factors of general health. The results also showed that having high social awareness is influential in creating pleasant social and hence strengthening social relationships with others which in return leads to having increase general health.

It is concluded that as emotional intelligence traits are learnable, training and promoting emotional intelligence of teachers can increase their general health which in turn promotes the general health of entire education organization that is responsible for educating and training the human recourses needed by all other sectors of the society.

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