

An Empirical Study on Impact of Emotional Intelligence on Patient Satisfaction in Covid-19 Pandemic

Mounika Beeravalli¹, Jaya Vani Majumdar²

¹Research Scholar, Department of Management KLEF, Hyderabad, Telangana

²Associate professor, Department of Management KLEF, Hyderabad, Telangana

ABSTRACT

This study investigates the impact of emotional intelligence (EI) on patient satisfaction during covid-19 pandemic. Emotional intelligence is recognized as a vital concern for managing customer relationships post covid-19 times. During covid-19 situation people were in a severe psychological stress. They were busy in engaging themselves to shield from the effects of deadly corona virus. Those who affected by covid-19 virus faced many psychological fears which lead them to fall in a trauma condition. Many people admitted in hospitals irrespective of age and gender which indicated the harness of virus. The pandemic not only bulldozed the respiratory fitness but also the psychological fitness of people. The panic created by covid-19 virus lead to many emotional fears especially among the patients who admitted in hospitals during the pandemic period. The Health care workers, who worked really hard to save the lives of people despite of the fatal fears of the Covid-19. The essential element in managing people stress is emotional intelligence. This research work entitles to find the impact of emotional intelligence of people affected by covid-19 on their satisfaction. It's a cross sectional study conducted on 252 patients (covid-19) on convenience sampling basis. The study highlighted the association between patients emotional intelligence, patients stress during covid-19 and patient satisfaction.

Key words: Emotional Intelligence, Patient satisfaction, Covid-19

Introduction

Emotional intelligence refers to the capability to recognize and control emotions. Many researchers opine that emotional intelligence can be trained and groomed while some other claims that it's a natural ability to exhibit and switch emotions. Some say that EI also considered as ability to understand the feelings of external forces and shape emotions to achieve personal satisfaction.

Literature on Emotional Intelligence and Covid-19:

Emotional intelligence and Covid-19 resultant psychological stress on patients

Emergencies may take many different shapes and frequently attack without warning. People may become anxious during a crisis. So, the secret to overcoming a crisis is regulating your emotions. A person with emotional intelligence skills is better equipped to manage any situation, no matter how big or minor. Self-awareness, self-management, social awareness, and relationship management are the four dimensions of emotional intelligence. The COVID-19 epidemic has significantly impacted the public's

mental health. From the standpoint of psychological projection (Cai and Shen, 2010), People may unintentionally reflect their feelings, attitudes, and opinions toward others or the outside world. Therefore, a certain level of ignorance about one's own panicky sentiments may be reflected in the apparent fear around a certain topic. The idea of psychological stress indicates that COVID-19 is a rather major stress event for both social groups and individuals because to the lack of clear knowledge and control over it. The findings are in line with pertinent research conducted during the SARS outbreak. Shi and Hu (2004) finding revealed in the early stages of SARS, individuals typically formed erroneous assessments of the situation and its effects, causing fear. Xie et al. (2005) indicated that the public's level of psychological worry rose throughout the SARS pandemic, and the bulk of that concern developed into panic as a result of ineffective feedback. Panic is an understandable and even necessary reaction to a severe pandemic, and despite its bad connotations, it serves a useful purpose. The evolutionary relevance of negative emotions lies in the fact that they reduce the breadth of one's instantaneous thought-action repertoire in dangerous circumstances, allowing one to think and act more swiftly and decisively, and increasing one's chances of survival. (Xie, 2019). Therefore, Instead of trying to completely wipe away negative emotional reactions like fear, it's better to guide them in a healthy direction so that people may both respect nature and keep their sanity intact. To effectively channel public panic, maintain social stability, and speed up the process of fighting the pandemic, it is proposed here that administrative departments actively encourage scientific research on psychological changes of the public during the pandemic, and formulate reasonable policies.

Self-Efficacy – During Covid-19

According to the social cognitive theory, self-efficacy is defined as a person's belief in his or her own ability to successfully complete a specific task or behaviour. A person's self-efficacy has a significant impact on his or her ability to engage in a given activity with relative ease and success. (Bandura et al., 1999). Self-efficacy was studied during the 2009 COVID-19 epidemic by having people estimate the result of a request for assistance, with the forecast reflecting the person's degree of confidence in their ability to fulfil the request. People who already have high levels of self-efficacy might benefit even more from the help-seeking process, increasing their problem-solving skills and their confidence in the face of future challenges. (Williams and Takaku, 2011). The psychological cost of requesting assistance is reduced for those who have a strong sense of self-efficacy because they are more likely to see the good outcomes of their efforts. (Nadler, 1991).

Gender and Emotional intelligence

Women are more inclined to worry in the face of a pandemic, and this fear may be effectively predicted by gender. Female characteristics like emotional vulnerability may be at play here. (Su and Wang, 2014). Therefore, Women are more sensitive to the moods and behaviours of others around them, which might increase their anxiety while dealing with social shifts. It could also be connected to the way women's minds work. Researchers have shown that whereas men excel in the intellectual and sensory realms, women have a clear advantage in the emotional and intuitive ones. (Peng et al., 2006). The emotional impact of stress is greater for women. Female college students were reported to have much greater levels of fear, stress intensity, and stress impact than their male counterparts during the SARS pandemic, according to several studies. (Yin et al., 2003). As far as emotional contagion theory is concerned (Doherty, 1997), Women's heightened sensitivity to their emotional environment makes them

more vulnerable to experiencing fear, anxiety, and other unpleasant feelings during a pandemic than males. This finding is in line with the findings of the survey, which found that more female than male college students had a feeling of impending doom on campus. (Zhao et al., 2020). It's advised that specialised psychological aid be provided that takes into account the specific distinctions between men and women.

The risk levels of covid-19 and psychological stress

Panic may also be accurately predicted based on the degree of risk present, with a larger risk corresponding to a higher likelihood of panic. The mental model of risk (Svenson, 1988), Strong physical and mental emotions, such panic, anxiety, and other unfavourable psychological reactions, may emerge when the danger encountered by a person surpasses the degree of acceptance. The more away a person is from the epicentre of a pandemic, the less of a threat they believe it to be to themselves. COVID-19's proximity to populace serves as a metaphor for the difficulty of feeling emotionally removed from them. This means that the emotional reactions of fear and terror will be more intense when confirmed or suspected cases arise in close proximity to persons. (Qian et al., 2003; Xie et al., 2009).

The Role of Education and Age

A person's level of education and age are both negative predictors of panic attacks. Those with a higher level of education and those who are older are less likely to have panic attacks. Early on in the pandemic's spread, when information was fast spreading and everyone was in the midst of an information storm, is when the samples for this research were collected. As the signal theory would have it (Spence, 2002), Information explosion is the result of a sudden and massive influx of data. Information damage occurs when people's capacity to discern between pieces of data is challenged by the overload of information brought about by high levels of uncertainty and high levels of information redundancy. (Miao and Zhu, 2006). Furthermore, the pandemic is an exceptional time, and this unique circumstance creates a prerequisite for the development and sustenance of rumours. Participants with more education are more likely to have a higher cognitive level, more routes for acquiring knowledge, and more information gathering abilities. (Xu et al., 2005), allowing individuals to better recognise false information, acquire helpful coping techniques, avoid being misled by rumours, and lessen needless worry. Those with a high level of education also have a slower rate of memory decline. (Feng, 2005). They are better able to control their anxious thoughts regarding COVID-19 because of the confidence gained from remembering how they overcame SARS. Results reveal a positive correlation between age and education level; in other words, as people become older, their level of education improves. When taken in conjunction with the information provided above, this helps to clarify why people of higher age are less prone to experience fear. In addition, the social learning theory asserts that people form their own conceptions of reality by a process of checking and rechecking their own ideas against objective standards. (Bandura, 1986). However unpleasant or compulsive the direct experience may have been, it will have given the person objective feelings that correspond to the experience and can often be used to alleviate the unnecessary psychological panic that results from information ambiguity. (Xie et al., 2005).

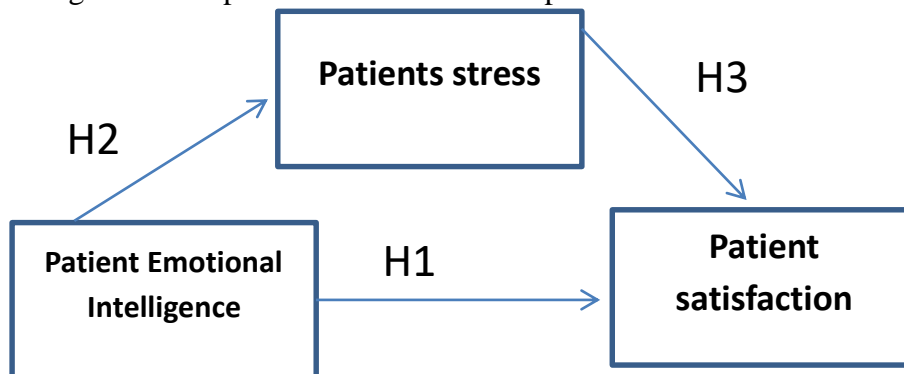
Covid-19 Pandemic-Related Knowledge and psychological strength

Persons with greater levels of both pandemic-related information and objective social support (i.e., those who are more prepared for a pandemic) are more likely to have panic attacks. However, when the findings are compared to other research, they are shown to be consistent. First, the research sampled during the early stages of the epidemic, so it's possible that some participants mistook rumours for fact and experienced a higher-than-average degree of terror as a result. Shi and Hu (2004) hinted in his study that The public's sense of danger was greatly amplified as a result of the unfavourable impact of the relevant information disseminated during the early stages of the epidemic. As a result of comparing and contrasting these ideas with other real-world benchmarks, an individual's sense of reality emerges, according to the social learning hypothesis. (Bandura, 1986). Risk cognition relies heavily on firsthand experience; individuals who lack this perspective are more susceptible to being influenced by information presented to them in a non-naturalistic setting. (Wiegman et al., 1991). Qian et al. (2003) carried out an investigation of the Beijing, China the population while the SARS epidemic and found that in the first two weeks of the outbreak, people could not effectively distinguish between facts and rumours due to the explosion of all kinds of information and people's lack of knowledge about SARS and the epidemic. As a result, their growing sense of terror was proportional to the amount of knowledge they had. In addition, Xie et al. (2005) observed that people without first-hand experience are more prone to have negative psychological responses like anxiety and panic when information offered by the outside world lacks strong guiding relevance. During the pandemic's peak, the people were more sensitive to news that directly affected them or was otherwise unfavourable. Initially, people react negatively to a crisis because they form an opinion about the likelihood of the event based on objective indications like the frequency of recurrence and the severity of the repercussions. (Shi et al., 2003).

Framework of the research

The foremost objective of this research is to examine impact of patient emotional intelligence on his her satisfaction during covid-19 pandemic The following hypotheses were developed after a thorough examination of the existing research.

- H1-** Emotional intelligence is positively associated with patient satisfaction.
- H2-** Emotional stress of patients during covid-19 has positive association with patient satisfaction.
- H3-** Emotional intelligence has a positive correlation with patient satisfaction.



Research methodology

Data is collected using a well-constructed questionnaire consists of standard emotional intelligence scale (modified as per study requirement) with 21 questions with 5 point likert scale. Sample consists of 252

covid-19 affected patients from 4 places of Telangana (Hyderabad, Secunderabad, Nalgonda and Warangal).

Limitations

The emotional intelligence measure employed in this research is a self-report instrument. My biases might be influenced by what I hear. Patients with cases of covid-19 are only ever transported from the cities of Hyderabad, Secunderabad, Nalgonda, and Warangal. It is possible to expand the scope of the study to cover other regions in telangana state.

Empirical Analysis

A total of 252 people were used to deduce the demographic characteristics of the sample. Gender and employment status were two of the several demographic factors taken into account. The following are some of the features of the sample:

Table 1.
Demographics

Gender	Male	Frequency	%
	Female	155	61.49
Occupation	Govt. employee	97	38.50
	Business	52	20.49
	Private employee	79	31.47

(Table source: Primary data)

Emotional intelligence of Patients

Table 2 includes survey takers' ratings of their own emotional quotient and the aspects that make up that quotient. Patients' perceptions of their doctors' emotional intelligence were found to be above average, with a mean score of 3.85 (or 74.0% on the percentage scale) in the sample data collected during COVID-19. The findings are reasonable, as seen by the standard deviation of .690. Mean scores of 3.79, 3.33, 3.67, 3.85, 3.85, 3.88, and 3.97 were reported for managing stress (MS), self-management (SM), confidence and commitment (CC), self-motivation (SM), empathy (EM), emotional stability (ES), and 'value orientation and integrity' (VI), suggesting an above-average level of patient perception of these dimensions of emotional intelligence.

Table 2. Emotional intelligence as perceived by patients during COVID-19.

Serial	Factor	Avg. score	%	SD	Rank
1.	MS	3.79	77.8	.820	Two
2.	SM	3.33	64.4	.749	Seven
3.	CC	3.67	74.6	.673	Five
4.	SM	3.85	74.2	.720	Six
5.	EM	3.85	77.0	.649	Four
6.	ES	3.88	77.6	.824	Three
7.	VI	3.97	79.4	.674	one

Overall EI		3.75	74.0	.699	—
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(Table source: Primary data)

Table 3. Patient emotional intelligence satisfaction scale in COVID-19.

S. No.	Proclamation	Score (Mean)	Standard Dev.	% score
1.	I motivate myself to get rid of Covid-19 resulting stress	3.21	.811	70.4
2.	I am self-reliant and empowered to handle covid-19 stress	4.00	.712	79.4
3.	I take positives from any challenging situation	3.90	.879	81.0
4.	I nurture my mind to handle stress during covid-19	3.51	.798	79.4
5.	I customize my behavior to tackle emotional stress of covid-19	4.09	.730	80.4
6.	Emotional intelligence is paramount to handle stress created by covid-19	3.91	.957	82.6
7.	Being optimistic can help us to reduce stress in covid-19 pandemic	3.71	.949	81.4
8.	Being bold and strong can help manage stress during covid-19	3.42	.881	71.0
9.	I can manage psychological stress to prevent mental trauma in covid19	3.51	.811	70.6
10.	I gain morale by empowering through knowledge about covid-19 effects	3.62	.932	73.6
11.	I organize my work schedule and manage mental stress successfully	3.26	.930	65.0
12.	I can consistently do work in extreme stress levels.	3.50	.967	71.3
13.	I am very clear about my career priorities and act accordingly	3.81	.787	76.2
14.	I strongly believe emotional stability is key to combat covid-19	4.09	.898	82.3
15.	I maintain cordial relationships with friends and family even by staying at home	3.82	.807	77.4
16.	I pay attention to challenges and opportunities equally	4.02	.883	80.8
17.	I show my courtesy by listening to people even staying at home	3.41	.853	69.0
18.	I focus on others opinions and extend suggestions if necessary	4.11	.780	83.0
19.	I focus on goals rather than pressures	3.84	.809	74.2
20.	I can handle multiple tasks in pressure	3.90	.751	78.8
21.	I am steady in managing different works without any mix up	3.41	.888	69.4
22.	I believe technology can enable to work without interruptions	3.95	.894	79.6
23.	I am consistent in accomplishing my work targets despite of covid-19 affect	3.78	.939	74.0
24.	I can balance my emotions without affecting productivity	3.73	.966	75.2
25.	I firmly believe in self help	4.14	.767	82.2
26.	I follow the virtues of commitment and honesty	3.60	.911	72.8

27.	I safeguard interests of others by following human ethics	3.58	.880	72.2
28.	I focus on goals which lead to my personal enrichment	4.02	.927	80.0
Over all EI		3.74	.696	74.0

(Table source Primary data)

Table 4. Emotional intelligence level of patients based on place in COVID-19: A comparison on the basis of respondents.

S. No.	Place	Average value	Avg. (in number)	Order of Rank	Value – F	Level of significance
1.	Secunderabad	3.54	68.8	Four	2.689	.085
2.	Hyderabad	3.99	80.2	One		
3.	Warangal	3.70	72.4	Three		
4.	Nalgonda	3.87	78.6	Two		

(Source Primary data)

Table 4 provides a comparison of the patients in the research in terms of their emotional intelligence shown during the epidemic. Patients in Hyderabad, as compared to those in other cities, had the highest self-reported levels of emotional intelligence (Average value of 3.99 or 80.2%). When asked about their emotional intelligence during the COVID epidemic, patients in Secunderabad reported the lowest average value (3.54 or 68.8%) among the four locations. Second place goes to Nalgonda with a mean score of 3.87 (or 78.6 %), while third place goes to Warangal with a mean score of 3.70 (or 72.4%). The statistical significance of the discrepancies between the four places average scores were tested using a one-way analysis of variance (ANOVA). Patients' perceptions of their own emotional intelligence during this pandemic appear to be relatively consistent across locations, as the results showed no statistically significant differences (F value = 2.689; significance = .085).

Table 5. Emotional intelligence: A comparison of Hyderabad and other respondents.

Respondents location	Average	Average Percentage	Z-value	LOS
Respondents from Hyderabad	3.47	69.4	1.445	.225
Respondents from other places	4.03	80.6		
Overall	3.75	74.0		

(Table source: Primary data)

Emotional intelligence: a comparison of respondents

It would suggest that COVID-19 respondents outside of Hyderabad had a higher average emotional intelligence than respondents in Hyderabad (Average value = 3.47; percentage of Average = 69.4%; as per Table 6. However, a Z-test was used to determine whether or not there were statistically significant

differences between patients from Hyderabad and other places responders throughout the epidemic. The data showed that the difference is not more than a random occurrence (Z-value = -1.445, p =.225).

Gap in Patients’ Emotional Intelligence levels

Whether or not there is a statistically significant difference between groups' perceptions of the variables under research, such discrepancies are nonetheless of interest. As such, the next section explores how respondents' perspectives on the dependent variable vary. Considering the existing literature on gender, it is clear that only this factor has been taken into account when examining the perceptual difference.

Patients’ Gender and Emotional Intelligence

In Table 7, we can see how the male and female respondents stack up against one another. The Z-test was utilized because it allows for a direct comparison of the emotional intelligence of male and female respondents across all aspects and the whole emotional intelligence variable. The chart shows that, with the exception of value orientation and integrity, male respondents scored higher than female respondents across the board when it comes to emotional intelligence. Overall, male respondents had higher mean scores on the emotional intelligence category than female respondents. The male respondents averaged a higher score (3.99;.705) on value orientation and integrity and a lower score (3.89;.795) on stress management and self-management, respectively. Male respondents averaged a 3.95 on the overall emotional intelligence scale, while females averaged a 3.77. In addition, a Z-test was run to see whether there was a statistically significant difference between the sample's male and female respondents' mean scores.

Table-7 Patient Gender Based EI levels

Metrics	G	Average	Score (Average)	Standard Dev.	Z-value	Significance*
Managing stress	M	3.89	3.86	.795	2.685	.004
	F	3.83		.864		
Self-management	M	3.73	3.43	.612	2.201	.016
	F	3.12		.822		
Confidence and commitment	M	3.65	3.62	.786	2.097	.022
	F	3.60		.986		
Self motivation	M	3.79	3.74	.794	3.453	.014
	F	3.69		.887		
Empathy	M	3.89	3.87	.730	2.122	.035
	F	3.84		.707		
Emotional stability	M	3.98	3.74	.882	1.995	.011
	F	3.85		.981		
Value orientation and integrity	M	3.99	3.99	.705	2.259	.045
	F	4.00		.676		
Overall emotional intelligence	M	3.95	3.86	.635	2.610	.021
	F	3.77		.710		

Exploration of facts, Implications and Conclusion

Patients in the sample reported a higher-than-average degree of self-perceived emotional intelligence and satisfaction with their level of emotional intelligence during COVID-19. It also seems that Indian respondents' patients' perspectives on the emotional intelligence characteristics are above-average. Patients have rated value orientation and integrity as the highest of the seven components of emotional intelligence, followed by stress management, emotional stability, empathy, confidence and commitment, self-motivation, and self-management. Patients in Hyderabad had the highest average EQ, followed by those in Nalgonda, Warangal, and Secunderabad. This was determined by comparing and contrasting descriptive information for each state. However, the research also revealed that patients' perceptions on doctors' emotional intelligence did not vary much among the four places. During COVID-19, patients from Hyderabad had the highest positive self-perceptions of their emotional intelligence, while those from Warangal had the lowest average scores. The calculated findings showed that patients' perspectives on the understudied elements of emotional intelligence differed significantly by gender during COVID-19. Most people are understandably on edge and on edge about the future right now; it's more important than ever to show empathy in times of crisis. Everyone reacts differently to coronavirus and social isolation. Keeping in mind the many ways in which our colleagues, acquaintances, and family members may experience this circumstance helps improve our communication with them. Each individual has their own way of dealing with stress, so it's crucial to attempt to put yourself in their shoes and show some compassion to those around you. Finally, maintaining composure is really crucial during this time. Technology has made it possible for us to maintain relationships with others even while physically apart. In addition, we may use the Internet to get guides on how to meditate, breathe deeply, and relax in order to feel less stressed. It's crucial to maintain composure, show empathy, and figure out how to minimise the impact of this catastrophe on day-to-day living in these uncertain times. Reducing stress and putting our attention where it belongs, on our health, is crucial. There are important ramifications of this study's findings. Since no previous research has focused on the relationship between emotional intelligence and COVID-19 patients, this study fills a gap in the available literature. Second, if health care providers really want to regain control, they'll have to invest time and effort into enhancing people's emotional intelligence.