

FUNCTION OF EMOTIONAL INTELLECT IN MANAGING DEPRESSION AND REGULATING ANXIETY FOR DOCTORS OF PRIVATE HOSPITALS IN KOLKATA

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ABSTRACT

Emotional intelligence is a rising issue in behavioral study as researchers seek to understand its impact on diverse social interactions. Based on current research, emotions serve as a crucial part when dealing with anxiousness and depression for essentially all disciplines. The review of the literature underlines the necessity of evaluating the association across emotional intelligence as an essential paradigm for managing stress, depression, and anxiety. The current study investigates four hypotheses concerning the role of emotional intelligence as an indicator in addressing depression and anxiety. The research included 120 medical professionals. The variables were measured using the Beck Depression Inventory, Beck Anxiety Inventory, and Emotional Intelligence Scale. The data analysis involved the utilization of descriptive statistics, correlation, and regression analysis. The results revealed a positive association between Emotional Intelligence and the factors of Depression and Anxiety. The management of Depression and anxiety demonstrated statistical significance in regards to its relationship with Emotional Intelligence. The interpretation of the findings was conducted within the context of the present circumstances prevalent in professional work environments.

Keywords: Emotional Intelligence, Depression, Anxiety, Hospitals, Health- Sector.

INTRODUCTION

Individuals who achieve success in their respective fields, be it Management, Psychology, Law, Medicine, Engineering, or Banking, possess not only proficiency in their roles but also demonstrate attributes of friendliness, flexibility, and positivity. In other words, attaining accomplishments in the professional realm necessitates more than conventional cognitive abilities. It also necessitates possessing 'emotional intelligence', which involves the capacity to control negative emotions like anger, self-doubt, stress, and anxiety, and instead, prioritize positive emotions such as confidence, empathy, and affability.

Emotional Intelligence (EI) has caught a substantial attention from scholars and human resources professionals worldwide over the past decade. The cultivation of emotional intelligence skills is crucial as it is often overlooked when designing skills development programs. Nevertheless, research indicates that effectively managing emotions can foster trust, loyalty, and

dedication. Within this framework, a multitude of noteworthy progressions, innovations, and accomplishments have been attained by individuals, teams, and organizations. (Cooper, 1997).

As stated by Salovey and Mayer (1990), emotional intelligence consists of an "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 actions". A similar description includes the "ability to adaptively recognize emotion, express emotion, regulate emotion and harness emotions" (Schutte et al., 1998). Emotional intelligence has been observed to exhibit variations based on age or developmental stage as well as gender. (Gardner, 1999).

In 1997, according to Sawaf and Cooper, have stated that emotional intelligence allows individuals to distinguish between various emotions, leading to the ability to make suitable decisions regarding cognition and behavior. (Salovey and Mayer, 1993) Intelligence can be acquired, cultivated, and enhanced through learning and practice. (Perkins, 1994; Sternberg, 1996). In a time of evolving paradigms, organizations must focus on cultivating their human resources to gain a competitive edge (Schuler, Dowling & De Cieri, 1993). To thrive in the 21st Century and effectively compete, organizations must implement forward-thinking human resources strategies to develop and strengthen the skills of their workforce. The success of an organization can be closely linked to the individual competencies of its employees. This success is influenced by the socio-behavioral traits and adaptations that individuals must make within their roles and positions to establish a common ground within the organizational environment.

Emotional Intelligence (EI) is currently being recognized as a crucial factor in various organizational areas, including organizational change (Ferres & Connell, 2004; Singh, 2003); leadership (Ashkanasy, 2002; Dearborn, 2002); life satisfaction (Palmer, Donaldson & Stough, 2002); perceiving work stress (Nicklaou & Tsaousis, 2002; Oginska-Bulik, 2005); and management performance (Slaski & Cartwright, 2002); Gardner & Stough, 2002; Weymes, 2002) In order to achieve the goals of an organization, it is a common practice to incorporate emotions and emotion-driven thoughts and behaviors into a structured framework known as emotional culture. (Lord, Klimiski, & Kanfer 2002).

Emotional Intelligence at Work Field

A manager, doctor, or leader is an individual who is actively involved with their subordinates and is responsible for managing them on both at professional and psychological levels. To effectively fulfil this role, a manager must possess emotional intelligence, self-awareness, and empathy. They should be capable of understanding and controlling their own emotions, while also intuitively comprehending the emotions of others and accurately assessing their emotional states.

The recent literature on Emotional Intelligence (EI) has identified significant skill areas capable of impacting an individual's career trajectory and fostering abilities that enhance their value in the workplace. A comprehensive analysis of the literature on emotional intelligence (EI) has (Dulewicz and Higgs, 2000) illustrated the significant influence of emotional intelligence on one's professional achievements. Studies conducted on nearly 500 organizations globally, as

analyzed by Goleman (1998), reveal that individuals with high emotional intelligence (EI) scores tend to ascend to leadership positions within corporations. These "star" employees exhibit superior interpersonal abilities and self-assurance compared to their "regular" counterparts, who often receive less favorable performance on evaluations. Notably, emotional intelligence is deemed twice as important as technical and analytical skills combined when it comes to achieving stellar performance, especially as individuals progress up the corporate ladder. Moreover, executives and managers, in particular, require a high level of EI as they serve as the face of the organization, engaging with a wide range of individuals both internally and externally, and play a pivotal role in shaping employee morale.

It is indeed accurate that leaders who possess empathy have the ability to comprehend the needs of their employees and offer them constructive feedback. However, it is important to acknowledge that different professions require varying forms of emotional intelligence. For instance, achieving success in sales necessitates the empathetic skill of assessing a customer's emotional state, as well as the interpersonal ability to determine the appropriate timing for pitching a product or remaining silent. On the other hand, when making business decisions, it is crucial to rely on information, logic, and a composed and rational mindset, minimizing the influence of emotions. Nevertheless, it is impractical to assume that emotions can be completely disregarded upon entering the workplace. Some individuals may believe, for various reasons, that emotional neutrality is an ideal state and attempt to conceal their feelings. Such individuals tend to work and interact in a particular manner, often appearing inflexible, detached, or apprehensive, and consequently, they fail to fully engage in the dynamics of the workplace. While this behavior may not necessarily be detrimental in certain situations, it is generally unfavorable for an organization if such individuals assume managerial positions. The same principle applies to individuals who excessively express their emotions, constantly sharing their feelings about every matter.

Depression Including Various Stressors at Work Field

Work has been a fundamental aspect of human existence since ancient times, and the presence of depressive illnesses can have a significant impact on an individual's capacity to discover, maintain, and restore meaningful employment.

Depressive disorders are severe, and might often be long-lasting conditions that rank as one of the primary contributors to disability on a global scale. However, they are treatable. Initiatives that focus on enhancing awareness and advocating for early identification and effective treatment of these disorders can enhance both medical and professional results, allowing workers to excel in their job settings.

Numerous organizations spanning different industries have transformed their workplaces into high stress environments. Employees are facing elevated stress levels stemming from a variety of factors including heavy workloads, stringent deadlines, demanding targets, the nature of their work, lack of job fulfillment, extended working hours, and performance pressure. Additionally, interpersonal tensions within the workplace, such as relationships between superiors and subordinates, as well as interactions with colleagues, contribute to the overall stress levels. It is

worth noting that conflicts arising from the intersection of work and family responsibilities further exacerbate the stress experienced by employees.

It is widely acknowledged by specialists that the adverse effects of stress could have a direct influence on the operational efficiency of an establishment, as well as the overall welfare of its workforce. The presence of stress within a professional setting was found to be associated with increased rates of employee absenteeism, elevated turnover, and a decline in productivity levels. Moreover, stress was found to induce feelings of exhaustion, irritability, hindered communication, and a propensity for encountering difficulties or making errors.

Elevated stress levels can also have a detrimental effect on employee morale and motivation. If stress is not managed effectively, it can result in various physical and mental health issues. For example, stress has been linked to gastrointestinal problems, irritable bowel syndrome, acid reflux, sleep disturbances such as insomnia, mood disorders such as depression, and heart disease. Additionally, stress may also lead individuals to engage in risky behaviors such as smoking, drinking, and unhealthy use of substances. The prevalence of stress-related illnesses can contribute to higher rates of absenteeism and turnover, ultimately impacting the overall profits of an organization.

Organizations across various industries are actively working towards providing employees with a healthy and stress-free working environment. The measures taken to tackle this problem were more noticeable in certain industries compared to others. While the skilful professionals believe that workplace stress is a worldwide issue, experts in certain industries were more prone to experiencing stress than those in others. For example, surveys conducted in 2006 and 2007 in the UK and the US respectively revealed that employees in the Information Technology (IT) industry, including the IT outsourcing sector, reported the highest levels of stress. Consequently, these organizations have begun adopting various unconventional approaches to reduce workplace stress.

In India, organizations have recognized the seriousness of this issue and are adopting innovative approaches to reduce stress in the workplace. To take an example, Tata Consultancy Services Ltd. has established different clubs, such as the Theatre Club, Book/poetry Club, Adventure & Trekking Club, Fitness Club, Sanctuary Club, Music Club, and Community Services Club, to provide employees with opportunities for stress reduction. On the other hand, Infosys Technologies Ltd. has concentrated on promoting self-awareness and assisting employees in managing stress through workshops conducted by various professionals in their respective fields.

Furthermore, apart from organizing workshops on stress and depression management, organizations were also arranging off-site picnics, games, and inter-departmental competitions. Additionally, certain companies were implementing a mentorship program and encouraging open communication to enhance workplace interactions. Most established companies had provided the privilege of accessing in-house counseling centers. Additionally, some companies employ nutritionists to ensure nutritious meals at the office canteens and offer guidance on healthy eating

habits and lifestyle choices to their employees. Furthermore, companies were contemplating the idea of employing psychologists to provide counseling services to their workforce.

Experts emphasized that organizations were utilizing innovative approaches to tackle workplace stress. However, they stressed the need for further action in terms of assessing the situation and implementing concrete measures to address this issue.

Anxiety at Work Field

In the current state of economic turmoil, various factors such as downsizing, layoffs, mergers, and bankruptcies have resulted in numerous individuals losing their jobs. Many others have been reassigned to unfamiliar roles within their companies and are uncertain about the duration of their employment. In addition to these pressures, workers also have to contend with new supervisors, computer monitoring of productivity, reduced health and retirement benefits, and the perception that they must work longer and harder merely to maintain their current economic standing. As a consequence, individuals at all levels of the workforce are experiencing heightened tension and uncertainty, which are the primary sources of stress and anxiety.

Within any work environment, there exists a set system that individuals are obligated to adhere to, encompassing rules, regulations, and policies at office. At times, anxiety might arise due to a conflict between personal beliefs regarding what is right and the dictates of the established system. This conflict can be particularly evident when dealing with consumers or interacting with colleagues. It is natural for individuals to alleviate their anxiety either by adapting to the workplace or by seeking alternative employment.

Similar to other sorts of anxiety, anxieties related to job can define and be evident in various ways, which may include panic episodes, hypochondriac concerns, excessive concern about work, post-traumatic stress reactions, or social phobias related to work. Anxiety frequently results in individuals avoiding certain situations or activities, and can consequently result into unexplained instances of sick leave, absenteeism from work, or premature retirement. A study demonstrated that workplace stress was a significant factor in 45% of newly diagnosed cases of depression or generalized anxiety disorder. Additionally, 12% of individuals who encountered stress in the workplace and did not have any previous mental health problems, encountered their initial bout of depression or anxiety at the age of 32. Workers exposed to elevated psychological stress at work exhibited a 75-80 percent higher likelihood of developing depression or anxiety in comparison to their counterparts with minimal stress levels (Martin, 2007).

LITERATURE REVIEW

Impact of the stress of all depends on their perception that means the effect is not same as the perception are in subjective in nature. Like perception, effect of stress varies with individuals. There are individual differences in coping with stressful situations. Some people go to pieces at the slightest provocation while others seem unflappable even in extremely stressful conditions because Emotional Intelligence (EI) come to our rescue and guides us to respond appropriately to different stressors. EI helps one to cope with stressful situations in a positive way. So the

management of stress mainly depends on the emotional balance of stress condition and individuals reaction to it.

A high emotional intelligent health care professional can reciprocate more promptly with his or her patients. High EI can help him or her to establish an appropriate empathetic communication as well as emotions, preference, trust, mutual respect, responds and concerns to patients. Patients these days are not only seeking medical care, but also emotional support, respect and compassion (Dugue et al. 2021). A strong emotional intelligence brings a TFL impact as doctors and nurses can tailor their communication style, tone and language to suit different patients and situations, and to convey empathy, honesty, and confidence.

Emotional Intelligence enhances communication, relationship-building, conflict resolution, and overall leadership effectiveness, contributing to a positive and productive learning or working environment. In educators and managers, it is a crucial attribute. Teachers with high emotional intelligence tend to establish a strong connection with their students (Cavaness et al. 2020).

Halian et al. (2020), educators with high emotional intelligence can manage their stress levels effectively. This further contributes to a healthier work-life balance and a more positive classroom atmosphere. According to Satamraju et al. (2020), the teachers are able to understand their feelings and perspectives, which helps create a more compassionate and understanding learning environment.

Recently, there has been a growing recognition of the importance of emotional intelligence (EI) in determining an individual's success, especially in emotionally taxing and high-stakes settings like the healthcare industry (Karimi et al. 2020). With an emphasis on the efficacy of EI training programs for healthcare providers, this literature review attempts to give a thorough overview of the body of research on EI in the context of healthcare (Sharp et al. 2020). This review aims to provide insights for future research and practice, clarify the role of emotional intelligence (EI) in healthcare settings, and identify important opportunities and challenges in EI training interventions by synthesizing findings from pertinent studies.

In Covid cases or Earthquake relief campaigns, or in the disasters faced by people round the world in the tornados of Australia, a strong emotional intelligence and sense can help in identifying with the victims and patients state of mind (Mansel and Einion 2019). This again, allows doctors to manage stress more effectively which further prevents burnout and in maintaining overall well-being. It also helps in handling difficult situations and resolving conflicts. Emotional intelligence equips individuals with the skills to navigate conflicts diplomatically, promoting a positive and collaborative work environment.

Studies conducted by Montes-Berges et al., (2007) with nursing students have concluded that the negative stress consequences are gradually decreased by emotional intelligence. They also said that EI is a skill. They examined the influence of perceived emotional intelligence (PEI) studied by Trait Meta-Mood Scale, in the social support in terms of quality and quantity, in the use

of strategies of coping the stress, in the mental health of nursing students. The results signifies a strong positive correlations between mental health and social support, social support and repair, clarity and social support.

In early twenty first centuries, Matthews et al., (2006) collate and contrast emotional intelligence as well as the Five Factor Model (FFM) of personality factors is very much responsible of stress responses. And obviously these stress responses are task-induced in nature. Results shows that there is a negative correlation in between emotional intelligence, avoidance coping and worry states, even with the FFM statistically controlled.

Emotional Intelligence played a crucial role to determine one's personal as well as professional life. Individuals successful work life, decision making and an overall active interaction with circumstantial environment depend on his or her inclusive frame work of emotional intelligence. According to Oginska et al., (2005) there is an essential, but not very strong inter correlation between emotional intelligence, perceiving occupational stress and preventing employees of human services from negative health outcomes.

Objectives

The objectives of the present study is to find out the effect of Emotional Intelligence on Depression Management and controlling Anxiety of both male and female Doctors' of private hospitals in Kolkata.

1. To determine whether the Doctors, male and female in private hospitals of Kolkata, are significantly different from each other in respect of their Depression.
2. To determine whether the Doctors, male and female in private hospitals of Kolkata, are significantly different from each other in respect of their Anxiety.
3. To analyse whether the Depression and Anxiety of both Male and Female Doctors' in private hospitals of Kolkata, are inter correlated with their Emotional Intelligence.
4. To ascertain whether the criterion variables of the study, Emotional Intelligence contribute differentially to the predictor variables namely Depression and Anxiety of Doctors' in private hospitals of Kolkata.

Hypotheses

- H1-Male and Female Doctors' in private hospitals of Kolkata are significantly different from each other in respect of their Depression.
- H2- Male and Female Doctors' in private hospitals of Kolkata are significantly different from each other in respect of their Anxiety.
- H3- Depression Management and Controlling Anxiety of both Males and Females Doctors' in private hospitals of Kolkata are correlated with their Emotional Intelligence.
- H4- The criterion variable Emotional Intelligence of Doctors' in private hospitals of Kolkata, is contribute differentially to the predictor variables of the present study namely Depression and Anxiety.

METHODS

Participants

The sample size of the present study consist of 120 Doctors of private hospital were randomly selected from Kolkata. Both male & female Doctors' were considered, fifty (50) for each sex. The range of age of the study group was 40 years to 50 years. The minimum professional experience was within 7 to 12 years. Both graduate (MBBS) and post-graduate (MD) Doctors' were selected. All Doctors were married and their monthly income range was in between 2,50,000 to 4,00,000 rupees.

Tools and Data Collection

For the present research studies following measures were used:

Emotional Intelligence Scale: The Emotional Intelligence Scale, created by Schutte et al. (1998), consists of 33 items that are assessed on a five-point Likert scale, ranging from strongly agree to strongly disagree. This scale is divided into three categories:

- (a) A thorough evaluation and representation of emotional experiences assessed through a set of 13 items.
- (b) Evaluating emotion regulation with a set of 10 items; and
- (c) The assessment of emotion utilization involved 10 items. The Cronbach alpha coefficient was established at 0.90, and the test-retest reliability was determined to be 0.78.

Beck Depression Inventory-II (BDI-II): BDI-II, developed by Beck, Steer & Brown (1996), consists of 21 multiple-choice questions aimed at assessing the severity of depression. The current version of BDI-II is specifically designed for individuals aged 13 and above. It encompasses various items that explore symptoms of depression, including hopelessness and irritability, as well as cognitive aspects such as guilt or feelings of being punished. Additionally, it addresses physical symptoms like fatigue, weight loss, and lack of interest in sex (Beck, 1972). Furthermore, the test demonstrates high test-retest reliability over a one-week period, with a Pearson r value of 0.93. This suggests that the BDI-II is not excessively influenced by daily fluctuations in mood (Beck, Steer & Brown, 1996). Moreover, the BDI-II demonstrates high internal consistency, with a coefficient alpha value of 0.91 (Beck, Steer, Ball & Ranieri, 1996). This indicates that the items within the test are highly correlated with each other, providing a reliable measure of depression severity. The construct validity of the BDI-II has also been established, particularly in relation to medical symptoms it measures. Beck's study reported a coefficient alpha rating of 0.92 for outpatients and 0.93 for college student samples. This suggests that the BDI-II effectively captures the intended construct of depression. The administration of the BDI-II can be done in a self-administered manner or verbally by a trained administrator.

Beck Anxiety Inventory: The Beck Anxiety Inventory (BAI) was created by Beck & Steer (1990) and comprises 21 multiple-choice self-report questions that assess the severity of anxiety in adults

and adolescents. The BAI focuses on emotional, physiological, and cognitive symptoms of anxiety, allowing it to differentiate between anxiety and depression. The internal consistency of the BAI, as measured by Cronbach’s alpha, ranges from .92 to .94 for adults, while the test-retest reliability over a one-week interval is .75. Concurrent validity of the BAI has been established through correlations with the Hamilton Anxiety Rating Scale, Revised (.51), the State (.58) and Trait (.47) subscales of the State-Trait Anxiety Inventory, Form Y, and the mean 7-day anxiety rating of the Weekly Record of Anxiety and Depression (.54). Furthermore, the BAI has demonstrated acceptable reliability, as well as convergent and discriminant validity, among both 14-18 year olds and inpatients and outpatients.

RESULTS WITH DISCUSSION

To fulfil the main objective of the present study, the obtained data were subjected to a number of statistical analyses by using statistical package for social sciences (SPSS 13.0). In this case, Regression analysis is most pertinent to the objectives of the present study. Descriptive statistics as well as Pearson Correlation were also computed, with their tabular presentation. The results with their interpretations of all analyses have been exposed in separate headings.

Descriptive Statistics

Table-1: Means and SDs of Depression, Anxiety and Emotional Intelligence

	Depression			Anxiety			Emotional Intelligence		
	Male	Female	Clubbed	Male	Female	Clubbed	Male	Female	Clubbed
Mean	22.95	23.98	23.46	21.58	20.26	20.92	96.23	94.30	95.26
S.D.	10.72	7.73	9.22	10.58	10.00	10.29	26.94	29.27	28.45

(M) – Male (60) F – Female (60) C -- Clubbed Sample, which denotes—both Male and Female); N – Total Sample – 120.

Table-1 displays the Mean and standard deviations for all variables under observation. Descriptive statistics were calculated to examine the distribution pattern of scores. Upon reviewing **Table-1**, it is evident that the mean score for the Anxiety variable is (20.92), including a standard deviation of (10.29). On the other hand, in case of Depression, the mean score is (23.46), with a standard deviation of (9.22), while the mean score for Emotional Intelligence (EI) is (95.26), with a standard deviation of (28.45). These results indicate that the scores for the Anxiety variable fall within the range of Average and Normal. Similarly, the scores for Stress and Emotional Intelligence variables range from average to above average, yet remain within the normal range.

Parametric Statistics:

Table-2: Z-ratio of significance of difference between Males and Females on Depression, Anxiety and Emotional Intelligence.

	Result z Score	Remarks
Emotional Intelligence	0.377	Not significant (at both 0.05 and 0.01 level of significance).
Depression	-0.603	Not significant (at both 0.05 and 0.01 level of significance).
Anxiety	0.701	Not significant (at both 0.05 and 0.01 level of significance).

Significance Value: 1.96 and 2.58; at 0.05 and 0.01 level of significance respectively.

Given that no Z ratio in **Table-2** demonstrated statistical significance, the decision was made to combine the male and female samples into a single pool of subjects, as indicated in **Table-1**. This amalgamation was prompted by the rejection of research hypotheses 1, 2, and 3, due to the z-ratios falling below the critical values of (1.96) at the (0.05) level of significance and (2.58) at the (0.01) level of significance. Consequently, the subsequent step involved computing r values to investigate the nature of the relationship between each independent variable and the dependent variable considered individually.

Table-3: Inter correlation matrix

Variables	Emotional Intelligence	Anxiety	Depression
Emotional Intelligence	1.00	-0.505@	0.069
Anxiety	-0.505@	1.00	0.242@
Depression	0.069	0.242@	1.00

@p<0.01, p<0.05; N—120

df (degrees of freedom) -- (n-2) -- (120-2) -- 118

The correlation coefficient values (r) in this specific data set, at the significance levels of (0.05) and (0.01), are (0.159) and (0.208) respectively. These values are associated with a total of 148degrees of freedom.

The correlations among the three variables were analyzed using Pearson's Product Moment method to explore the relationship between Depression, Anxiety, and Emotional Intelligence. The main purpose was to assess the degree of association between these measures. Examination of the inter-correlation matrix in **Table - 3** indicates that all variables are significantly correlated with each other. Notably, the correlation coefficient between Anxiety and Depression was calculated to

be (0.242), which is statistically significant at the (0.01) level of significance. This result suggests that Doctors with high levels of Depression are more prone to developing Anxiety. Thus, it can be inferred that Depression may act as a precursor to the emergence of Anxiety in Doctors of private hospitals of Kolkata.

A significant negative correlation of (-0.505) was found between Anxiety and Emotional Intelligence, with a significance level of significance at (0.01). This negative relationship indicates that Doctors with lower Emotional Intelligence exhibit higher levels of anxiety. Consequently, it can be inferred that higher Emotional Intelligence is associated with lower anxiety levels, and vice versa. Conversely, the correlation between Depression and Emotional Intelligence is positive and highly significant, with an inter-correlation coefficient of (0.069), also significant at the (0.01) level. This suggests that private hospitals Doctors in Kolkata, with high emotional intelligence are at a higher risk of experiencing depression.

Analysis of Linear Regression

Table-4a: Summary of Regression Analysis

Multiple r	0.542a	df		SS		MS	
r Square	0.294	Regression	2	27468.397	13734.199		
r Square(Adjusted)	0.282	Residual	117	66091.070	564.881		
Standard Error	23.767	F	24.313	P	0.000		

a. Predictors : (Constant), Depression, anxiety.

Table-4b: Variables in Equation.

Variables	B	se B	beta	T	P
Depression	0.610	0.241	0.203	2.536	0.013
Anxiety	-1.511	0.219	-0.554	-6.916	0.000

Criterion: Emotional Intelligence

The relationship between a dependent variable and a group of predictor variables was examined through regression analysis. This method allows for a precise evaluation of the importance of each predictor in the overall relationship. The outcomes of the regression analysis for the dependent variable Emotional Intelligence (EI) are outlined in **Table- 4a**. The results

demonstrate that both Depression and Anxiety were acknowledged as significant predictors of Emotional Intelligence. Together, these predictors accounted for a Multiple R value of (0.542). The F ratio computed to determine the significance of the Multiple R was (24.313), indicating significance at the (.001) level.

The primary objective of this research was to investigate the influence of Emotional Intelligence on Depression Management and controlling Anxiety among private hospitals Doctors in Kolkata. Upon evaluating the results, it is apparent that the original hypothesis of the study is partially confirmed, as Depression and Anxiety are both capable of predicting Emotional Intelligence. Nevertheless, they predict Emotional Intelligence in a disparate manner, with Depression exhibiting a notably positive relationship (0.610) while Anxiety demonstrates a contrasting negative relationship (-1.511) in **Table- 4b**.

CONCLUSION

The current study aimed to explore the impact of emotional intelligence on the management of depression and the control of anxiety among doctors in Kolkata. Upon examination of the data, it is evident that the hypotheses posited in this study, specifically the negative correlation between emotional intelligence and anxiety, as well as the prediction of emotional intelligence based on levels of depression and anxiety, are partially supported. The results suggest that both low and high levels of emotional intelligence are associated to some degree with depression and anxiety. The inverse relationship between emotional intelligence and stress and anxiety underscores the potential of emotional intelligence as a valuable tool in addressing stress and anxiety in the workplace.

The research conducted by Oginska et al. (2005), Matthews et al. (2006), Montes-Berges et al. (2007), and Naidoo et al. (2008) highlights similar outcomes, indicating that emotional intelligence involves the skill of managing negative emotions such as anger, self-doubt, stress, and anxiety, while focusing on positive emotions like confidence, empathy, and friendliness. Therefore, it is imperative to prioritize the development of emotional intelligence to address stress and anxiety in the workplace and achieve success in various aspects of life.

LIMITATIONS

Several constraints are present in the current study. The ever-changing nature of respondents' opinions introduces a level of variability that must be considered. Moreover, there is a possibility that some respondents may have provided misleading information due to concerns about confidentiality. Furthermore, the study's results are based on a limited number of individuals, restricting the ability to generalize findings to a larger population. Lastly, satisfaction levels with various factors may differ among individuals.

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