



ORIGINAL RESEARCH PAPER

Psychology

EMOTIONAL INTELLIGENCE, MINDFULNESS AND COPING SELF-EFFICACY AMONG MENTAL HEALTH PROFESSIONALS

KEY WORDS:

emotional intelligence, mindfulness, coping self-efficacy, mental health professionals.

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ABSTRACT

This study was done to understand the relationship between emotional intelligence, mindfulness and coping self-efficacy among mental health professionals. It also tried to understand the influence of mindfulness over emotional intelligence and coping self-efficacy. The data was drawn from an online survey on 100 mental health professionals across India and purposive sampling method was used to do the same. The participants ranged between the age group of 21-65 years and belonged to different backgrounds in the field of mental health. The study was done using three questionnaires which assessed the participant's emotional intelligence, mindfulness and coping self-efficacy levels. A Pearson Correlation was carried out to understand the relationship between the three variables under study and further, simple linear regression analysis was done to find out if there was any influence of mindfulness on emotional intelligence and coping self-efficacy. The results showed a significant positive relationship between emotional intelligence, mindfulness and coping self-efficacy. It was also found out that there was a significant influence of mindfulness on emotional intelligence and coping self-efficacy. This study is of importance in the field of mental health as it sheds light on the relationship between emotional intelligence, mindfulness and coping self-efficacy, three factors which are crucial to the role of a mental health professional.

INTRODUCTION

The field of psychology is growing and evolving at a fast pace and the professionals involved in the field are expanding like never before. Individuals working in the field of mental health and providing mental health services are referred as mental health professionals. Mental health professional is a broad, umbrella term and consists of multiple people who work under it. There are various roles that come into play when providing various mental health services. The intense emotional nature of their employment, healthcare practitioners frequently experience emotional tiredness. There is a state of persistent physical and emotional tiredness brought on by stress, overload, and the demanding and emotionally taxing work of providing care (Kim et al., 2020). Mental healthcare professionals who are emotionally exhausted have lower energy levels, find it difficult to do the activities required by their jobs, and have less opportunity for rewarding work experiences. Since emotional tiredness is reflected in poorer job performance and ineffective care delivery, it has an adverse effect on both the mental health of the professionals and the quality of care provided to their patients (Panari et al., 2020). Since the severe emotional demands of caring are a contributing factor in emotional tiredness, professionals could become more tolerant to these demands by honing abilities like EI (López-Cabarcos et al., 2019).

Emotional intelligence (EI) is considered to be one of the subsets of social intelligence which refers to the ability of understanding one's own emotions and that of others and being able to distinguish between them and use this knowledge to guide the feelings and emotions of oneself (Salovey & Mayer, 1990). There are four components to emotional intelligence, namely, perceiving emotions, understanding emotions, regulating emotions and managing emotions (Mayer et al., 2003). The importance of EI in the sector of healthcare very clear, mental health professional high on EI, would be more empathic, compassionate, resilient, considerate and would be able to manage their emotions better and help their clients in a more effective way. Mindfulness, though not a component of EI, has also been found to be highly related to EI and consists of few of the components that make up EI (Perry et al., 2020). Experts say practising mindfulness can help people improve their EI, which in turn can promote greater wellbeing (Schutte &

Malouff, 2011). Mindfulness is the awareness of here and now. Being mindful means to be aware of all the tiny details around one and paying attention to different sensations and feelings one might experience while doing any particular thing. The phrase "paying attention in a certain way; on purpose, in the present moment, and nonjudgmentally" is a typical definition of mindfulness. It has been found that mindfulness is associated with improved emotion regulation and decreased levels of several types of distress, such as communication anxiety and fear of being negatively evaluated, which could heighten feelings of self-criticism, self-consciousness, and self-preoccupation (Roemer et al., 2009). However, it has also been found that coping self-efficacy is an important element that may also mediate the link between mindfulness and emotion control (Hofstetter et al., 1990).

Coping self-efficacy refers to the confidence an individual has in their own ability to effectively cope with difficult or threatening situations. It tells how much an individual is sure or confident in their own abilities to solve a problem efficiently in case of difficult events. CSE is made up of three main components, like confidence in one's capacity to: be able to cope by problem solving approach (e.g.: ability to come up with solutions for extremely difficult tasks), gain family's and friend's support (e.g.: having friends to help with the current problem) and prevent unpleasant thinking and feeling (e.g.: ability to stop oneself from having negative thoughts). Coping self-efficacy is important in a profession revolving around mental health since mental exhaustion and emotional fatigue are common issues in this profession. Mental health professionals often need to cope with both their personal issues and the fatigue that comes with their profession. In a scenario like this, being high on coping self-efficacy is helpful.

Mental health professionals are growing in number and their mental health is something that is yet to be explored and studied completely. Emotional intelligence and mindfulness are two very important aspects of a mental health professional and coping self-efficacy is something that can be enhanced if they are high on EI and are mindful. This research will help shed light on the links between EI, mindfulness and coping self-efficacy which will help mental health professionals to inculcate these values in them which would lead to effective functioning of the professionals and also their work.

METHOD

Research design

The study is a quantitative research study which adopts a correlational research design to determine if there exists any relationship between the variables under study.

Sample

The sample consisted of 100 participants who were mental health professionals across India. The sampling technique used was non probability purposive sampling.

Hypotheses

H₁: There is no significant relationship between emotional intelligence and mindfulness among mental health professionals.

H₀₁: There is no significant relationship between mindfulness and coping self-efficacy among mental health professionals.

H₀₂: There is no significant relationship between emotional intelligence and coping self-efficacy among mental health professionals.

H₀₃: There is no influence of mindfulness on emotional intelligence among mental health professionals.

H₀₄: There is no influence of mindfulness on coping self-efficacy among mental health professionals.

Tools used for the study

Schutte Self-Report Emotional Intelligence Test (SSEIT)

The Schutte Self-Report Emotional Intelligence Test (SSEIT), developed by Nicola Schutte and colleagues in 1998 is a 33-item self-report using a 1 (strongly disagree) to 5 (strongly agree) method of measuring general EI.

15 -item Five Facet Mindfulness Questionnaire (FFMQ-15)

This measure is a short form of the 39-item FFMQ developed by Baer et al. (2008) where respondents have to use the 5-point Likert scale ranging from 1 (never or very rarely true) to 5 (very often or always true) to answer the questionnaire.

Coping Self-Efficacy Scale (CSES-26)

The CSES, developed by Chesney in 2006, is a 26-item measure of one's confidence in performing coping behaviour when facing life challenges. Respondents are asked to rate on an 11-point Likert scale the extent to which they believe they could perform behaviours important to adaptive coping (anchors 0 – “cannot do at all”, 5 – “moderately certain can do”, and 10 – “certain can do”).

RESULTS AND DISCUSSION

The analysis was done using SPSS, descriptive statistics was carried out for socio-demographic details. In order to understand the relationship between the variables, correlation was conducted and simple linear regression was done to identify the influence of variables on each other.

Table 1
Sociodemographic characteristics of participants

Baseline characteristic	n	%
Gender	75	75%
Female	25	25%
Male		
Age	88	88%
20 – 40	11	11%
40 – 60	1	1%
60 +		
Qualification	49	49%
Counsellor	24	24%
Psychologist	17	17%
Clinical Psychologist	2	2%

Psychiatrist	3	3%
Rehabilitation Counsellor	5	5%
Psychiatric Social Worker		

Table 1 shows the sociodemographic details of the participants. It was found out that the number of females (75%) was considerably higher than number of males (25%). The age of the population ranged from 23 years to 63 years and they were categorized into three groups based on the periods of development given by Santrock (2011) in his book Life Span Development (13th ed.). The first group (20 – 40 years) had the highest number of participants (88%) followed by group two (40 – 60 years) which accounted for 11% of the population. And lastly, group three consisting of 60+ years accounted for only 1% of the population. The qualifications of the population were categorized in six groups. The number of counsellors which was 49 % accounted for almost half the population followed by psychologist at 24%. It was found out that clinical psychologists accounted for 17% of the population while psychiatric social workers, rehabilitation counsellors and psychiatrists were at 5%, 3% and 2% respectively.

Table 2
Descriptive Statistics and Correlation of Measured Variables

Variable	n	M	SD	1	2	3
1. Emotional Intelligence	100	50.00	10.00		.613**	
2. Mindfulness	100	53.89	7.734			.673**
3. Coping Self-Efficacy	100	50.00	10.00	.661**		

Note: **p < 0.01

Table 2 shows the mean value, SD and correlation among the three studied variables, emotional intelligence, mindfulness and coping self-efficacy. The mean value for emotional intelligence was found to be 50.00 and SD was found to be 10.00. The mean values for mindfulness and coping self-efficacy were found to be 53.89 and 50.00 respectively and SD for mindfulness was found to be 7.734 while for coping self-efficacy it was 10.00.

Further, Pearson correlation was conducted to test Hypothesis 1, 2 and 3. It was found that emotional intelligence and mindfulness had a significant positive correlation. They were found to be significant at 0.01 level ($r = .613$) which means that the null hypothesis, “There is no significant relationship between emotional intelligence and mindfulness among mental health professionals” was rejected as emotional intelligence and mindfulness are significantly related. This was supported by a previous study wherein they examined how emotional intelligence mediates the relationship between mindfulness and subjective well-being. It was found out that greater emotional intelligence, positive affect, life satisfaction and lower levels of negative affect were all linked to higher levels of mindfulness (Schutte & Malouff, 2011).

Mindfulness and coping self-efficacy were found to have a significant positive correlation and it was also significant at 0.01 level ($r = .673$). This indicates that the null hypothesis, “There is no significant relationship between mindfulness and coping self-efficacy among mental health professionals” was also rejected as both variables have a significant relationship. A study conducted by Luberto & colleagues (2013) on under-graduate psychology students revealed that mindfulness skills were significantly related to coping self-efficacy. Along with this, a significant relationship between emotion regulation and mindfulness was also established (Luberto et al., 2013).

Lastly, coping self-efficacy and emotional intelligence were

also found to be significantly positively correlated. They were found to be significant at 0.01 level ($r = .661$) which means that the null hypothesis, "There is no significant relationship between emotional intelligence and coping self-efficacy among mental health professionals" was rejected since there is a significant relationship between the two variables. A small number of studies has been conducted to examine the relationship between coping self-efficacy and emotional intelligence. One such study conducted by Anand Pooja (2019) on occupational stress: relationship with emotional intelligence and coping self-efficacy revealed that emotional intelligence and coping self-efficacy were significantly positively correlated. It was also found out that individuals high on emotional intelligence and coping self-efficacy reported lower levels of occupational stress.

Table 3
Influence of Mindfulness on Emotional Intelligence

Independent Variable	R	R ²	β	t	p
Mindfulness	.613	.376	.613	7.68	.001

Note. N=100. DV = Emotional Intelligence

A Simple Linear Regression Analysis was performed to study the influence of mindfulness on emotional intelligence. Mindfulness was added as a predictor to see the effect on the dependent variable emotional intelligence. Mindfulness significantly explained 37% of the total variance (R^2) on emotional intelligence ($R^2 = .376$, $F(1, 98) = 59.102$, $p < .001$) and it was successful in predicting emotional intelligence ($r = .613$, $t = 7.68$, $p < .001$). It was also found out that each level increase on mindfulness, the beta value is increasing by .613 indicating there is a .613 increase on emotional intelligence. The overall regression results were found to be statistically significant which means that the null hypothesis, "There is no influence of mindfulness on emotional intelligence among mental health professionals" was rejected. The above results were supported by Picon et al., (2021). in a systematic review done on healthcare professionals wherein the researchers examined the relationship between mindfulness and emotional intelligence as a protective factor for healthcare professionals. The results revealed that there was a relationship between emotional intelligence and mindfulness whereby mindfulness interventions lead to higher levels of emotional intelligence.

Table 4
Influence of Mindfulness on Coping Self-Efficacy

Independent Variable	R	R ²	β	t	p
Mindfulness	.673	.453	.673	9.00	.001

Note. N=100. DV = Coping Self-Efficacy

A Simple Linear Regression Analysis was performed to study the influence of mindfulness on coping self-efficacy. Mindfulness was added as a predictor to see the effect on the dependent variable Coping Self-Efficacy. Mindfulness significantly explained 45% of the total variance (R^2) on Coping Self-Efficacy ($R^2 = .453$, $F(1, 98) = 81.120$, $p < .001$) and it was successful in predicting Coping self-efficacy ($r = .673$, $t = 9.00$, $p < .001$). It was also found out that each level increase on mindfulness, the beta value is increasing by .673 indicating there is a .673 increase on coping self-efficacy. The overall regression results were found to be statistically significant which means that the null hypothesis, "There is no influence of mindfulness on coping self-efficacy among mental health professionals" was rejected. In a study conducted before revealed that mindfulness had an effect on coping self-efficacy. However, this study was done on university students who engaged in non-suicidal self-injury. It was found out that those who had recently engaged in non-suicidal self-injury had much lower levels of mindfulness and

coping self-efficacy than their peers who weren't self-harming. Additionally, it was discovered that coping self-efficacy completely mediated the association between mindfulness and non-suicidal self-injury. It was also revealed that the daily experience of mindfulness was highly associated with coping self-efficacy, especially the ability to cope with difficult emotions and to solve problems (Heath et al., 2016).

Implications

This study can be useful in the field of mental health especially when talking about the mental health of the professionals working in this field. Since this study shows that mindfulness has an influence on emotional intelligence and coping self-efficacy, mindfulness interventions can be used for mental health professionals to enhance their emotional intelligence and coping self-efficacy. Mindfulness techniques can be included as a part of training for mental health professionals so as to build upon their emotional intelligence and coping self-efficacy. In future this study can be conducted using counsellor self-efficacy as one of the variables to understand how emotional intelligence and mindfulness levels can have an effect on counselling efficacy of a professional.

Limitations

One of the most important limitations of the study can be that since it was conducted on mental health professionals, their prior knowledge about the subject and variables under study may have hindered or affected their responses. Due to time constraints, a limited number of professionals could only be a part of this study. The online mode of data collection didn't provide much scope to understand the participant's responses in detail and only self-report responses were studied.

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