

Relationship between health status and emotional competence of primary school teachers

■ P.G. Holeyannavar and S.K. Itagi¹

Department of Human Development and Family Studies, College of Rural Home Science, University of Agricultural Sciences, DHARWAD (KARNATAKA) INDIA

¹Department of Human Development, College of Home Science, Punjab Agricultural University, LUDHIANA (PUNJAB) INDIA
(Email : poojash@gmail.com; itagi.s.k.@gmail.com)

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ABSTRACT

A study on relationship between health status and emotional competence of 105 primary school teachers aged more than 25 years, with at least 5 years of teaching experience was conducted in Dharwad city during 2008-09. Health status was assessed using the Post Graduate Institute of Medical Education and Research (P.G.I.) Health Questionnaire N-2 developed by Wig and Verma (1978) and emotional competence by EC- Scale developed by Bharadwaj and Sharma (1995). The results revealed that majority of the teachers (89.5%) showed average to competent level of emotional competence and mildly affected physical and mental health status (88.6%). There was negative relationship between age and work experience with health status of teachers. Age and work experience of teachers had positive and highly significant relationship with the emotional competence. Negative and highly significant relationship was found between health status and emotional competence of teachers, indicating increase in the emotional competence reduced the physical and mental health problems. Thus, the study concluded that increase in the age and work experience resulted in increased emotional competence. Also higher the emotional competence there was significant reduction in the health problems (neurosis) among primary teachers.

INTRODUCTION

The feminine role in India crystallizes women's connections to others, her embeddedness in a multitude of familiar relationships. The Indian thought on status of women revealed that socio-cultural values hold considerable importance in women's inner-world, and so, the psychological processes occurring in the Indian cultural context determine the experiences and status of today's Indian women in many telling ways. Today women have entered in diverse fields and are successful. The employment of women whether by choice or necessity has a deep impact on basic institution of family and marital relations.

Teaching is a profession in which majority of women are employed and it is a demanding job. The effectiveness of the educational system largely depends on active, resourceful and competent teachers. Quality conscious teachers are those

who are committed, enthusiastic, intellectually and emotionally energetic in their work with children. They are aware of the role played by the emotions in classroom teaching. Teachers who understand and improve their emotional competence skills are able to simultaneously develop professional and personal strength by improving the areas of weakness (Nelson *et al.*, 2005). The studies have indicated that resources generated from employment appear adequate to enhance well-being of women. Varma and Dhawan (2006) observed that psycho-social competence was significantly related to general well-being, positive effect, confidence in coping and family group support of Indian women. Therefore, the emotional competence is the ability of an individual to express emotions in an effective manner as well as to cope up with problem emotions and thus encourage positive emotions. The handling of these emotions in an intelligent way helps in reducing the health problems by

enhancing physical and mental well-being. Very few studies deal with interrelation between health and emotional competence, hence the present study was undertaken with the following objectives to study the emotional competence and health status of female primary school teachers, to know the relation between selected factors with health status and emotional competence of teachers and to know the relationship between health status and emotional competence of primary school teachers.

METHODS

Out of 352 teachers working in 50 Government primary schools, 105 female married teachers with at least 5 years of experience were selected randomly. The self-structured interview schedule was used to collect the information regarding age, caste, education, type of family, family size and income and work related information such as occupation, work experience, distance of work place and number of working hours.

Post Graduate Institute of Medical Education and Research Health Questionnaire N-2 developed by Wig and Verma (1978) was used to assess the health status. It is a 2 point scale with two alternatives 'yes' or 'no' for 60 items. For neuroticism (N) score, the items are from 1-50 with a maximum score of 50. The items from 51-60 are considered for lie scale with total score of 10. The respondents scoring less than 5 on the lie scale are selected for the study. Based on the neuroticism score, the respondents were categorized into mildly, moderately and severely affected health status.

Emotional competence (EC- scale) developed by Bharadwaj and Sharma (1995) was used to assess the emotional competence. This scale consists of 30 statements divided into five components with 6 items in each component. It is a five point scale having five alternatives to each and scoring of 1,2,3,4 and 5 from upper to lower end. The components of emotional competence are adequate depth of feeling (ADF), adequate expression and control of emotions (AEC), ability to function with emotions (AFE), ability to cope with problem emotions (ACPE) and encouragement of positive emotions (EPE). The total score of each component ranges from 6-30 and total emotional competence score ranges from 30-150. The raw score of all the components are converted into 'Z' scores with the help of the 'Z' table. Based on the 'Z' scores, the components as well as overall emotional competence can be classified as highly incompetent, incompetent, average, competent and highly competent.

The teachers were contacted personally and requested to spare some time for providing the information.

OBSERVATIONS AND ANALYSIS

The distribution of the teachers by age, education, type

of family, monthly income and job particulars like cadre and work experience is shown in Table 1. It is apparent that 36.2 per cent of the teachers belonged to 45-54 years age group, followed by 34.3 per cent, 18.1 per cent and 11.4 per cent fell in 35-44 years, 25-34 years and above 55 years age group, respectively.

With regard to education, 28.6 per cent of teachers had completed SSLC with diploma courses, followed by 31.4 per cent, 23.8 per cent and 16.2 per cent who completed minimum PUC, degree and PG with diploma courses, respectively.

Many of the teachers (71.4%) belonged to the nuclear family, followed by 28.6 per cent belonged to the joint family structure. With respect to the income, 47.6 per cent of the teachers had monthly family income ranging between Rs.21,000-33,000, followed by 33.3 per cent and 19 per cent having less than Rs.20,000 and more than Rs.34,000/month, respectively.

The job particulars of the female primary school teachers

Table 1 : General profile of the female primary teachers (n=105)		
Sr. No.	Particulars	Teachers
1.	Age (years)	
	25-34	9 (18.1)
	35-44	36 (34.3)
	45-54	38 (36.2)
	>55	12 (11.4)
2.	Education	
	Illiterate	-
	Upto matriculation	-
	SSLC with diploma courses	30 (28.6)
	PUC with diploma courses	33 (31.4)
	Degree with diploma courses	25 (23.8)
3.	PG with diploma courses	17 (16.2)
	Type of family	
	Nuclear	75 (71.4)
	Joint	30 (28.6)
4.	Monthly income (Rs.)	
	<20,000	35 (33.3)
	21,000-33,000	50 (47.6)
5.	>34,000	20 (19.0)
	Cadre	
	Assistant teachers	69 (65.7)
6.	Associate teachers	32 (30.5)
	Head mistress (in charge)	04 (3.8)
	Experience (years)	
	< 10	19 (18.1)
	11-20	45 (42.9)
	21-30	31 (29.5)
	>31	10 (9.5)

Figures in parenthesis indicate percentages

included cadre and work experience. Regarding the cadre, 65.7 per cent of the teachers belonged to the assistant teachers, followed by 30.5 per cent and 3.8 per cent fell in associate teachers and head mistress cadre, respectively. With respect to the experience of school teachers, 42.9 per cent had an experience of 11-20 years, followed by 29.5 per cent, 18.1 per cent and 9.5 per cent had an experience of 21-30 years, less than 10 years and above 31 years, respectively.

The health status of an individual refers to both physical as well as mental well-being and freedom from diseases. Mental health refers to the full and harmonious functioning of total personality as well as to bio-socio-psychological and spiritual well-being. The health status of the teachers was identified on the basis of neuroticism score and is presented in Table 2. The results pointed out that none of the teachers' health status was severely affected indicating no pronounced physical and mental health problems. Majority of the teachers (88.6%) fell in mildly affected category of health status, followed by 11.4 per cent showed moderately affected health status, indicating more physical and mental health problems compared to the previous group. Rastogi and Kashyap (2001) reported that teachers had most sound mental health than the clerks and nurses. Thakar and Misra (1999) observed that employed women showed better well-being in terms of mental health compared to the unemployed counterparts. Ursin *et al.* (2008) reported negative correlations between psychological factors and immunological function.

Emotional competence as an efficiency to deal effectively with several situations is a blend of many competencies (Coleman, 1970). The need for competence or effectance, is considered innate part of human nature. The person functioning competently is characterized by the capacity to enjoy successes and suffering failures and building from both. They encompass mastery, maintenance and

protective activities. The results of teachers in five components as well as overall emotional competence are presented in Table 3. It is interesting to note that regarding the first component of emotional competence *viz.*, adequate depth of feeling, only one of the teachers showed highly incompetent and highly competent level, whereas 46.7 per cent had average ADF, followed by 44.8 per cent and 6.7 per cent belonged to competent and incompetent levels, respectively.

With respect to the second component of emotional competence, namely, adequate expression and control of emotions, 77.1 per cent of teachers showed average levels, followed by 9.5 per cent of teachers fell in incompetent and competent levels of expression and control of emotions, and only 3.8 per cent in highly incompetent level, but none of them showed highly competent level.

In case of ability to function with emotions, more than three-fourth of the teachers (77.1%) expressed average ability, whereas 16.2 per cent of them showed competent level, followed by 4.8 per cent and 1.9 per cent indicated incompetent and highly competent ability respectively. None of the respondents was highly incompetent in the third component of emotional competence.

With regard to the fourth component of emotional competence, ability to cope with problem emotions, 1-2 per cent of teachers showed highly incompetent and highly competent levels. Whereas 59 per cent of them had average ability to cope with problem emotions, followed by 35.2 per cent and 2.9 per cent indicated competent and incompetent levels, respectively.

None of the respondents was highly competent in case of encouragement of positive emotions and only one teacher fell in highly incompetent level. 70 per cent of teachers showed average level towards encouragement of positive

Table 2 : Health status of the primary school teachers

Sr. No	Health status categories	Score range	Teachers (n=105)
1.	Mildly affected	0-17	93 (88.6)
2.	Moderately affected	18-34	12 (11.4)
3.	Severely affected	35-50	-

Figures in parenthesis indicate percentages

Table 3 : Emotional competence of the primary teachers (n=105)

Sr. No.	Components of emotional competence	Teachers				
		Highly Incompetent	Incompetent	Average	Competent	Highly competent
1.	Adequate depth of feeling (ADF)	01(1.0)	07 (6.7)	49 (46.7)	47 (44.8)	01 (1.0)
2.	Adequate expression and control of emotions (AEC)	04 (3.8)	10 (9.5)	81 (77.1)	10 (9.5)	-
3.	Ability to function with emotions (AFE)	-	05 (4.8)	81 (77.1)	17 (16.2)	02 (1.9)
4.	Ability to cope with problem emotions (ACPE)	02 (1.9)	03 (2.9)	62 (59.0)	37 (35.2)	01 (1.0)
5.	EPE	01 (1.0)	14 (13.3)	74 (70.5)	16 (15.2)	-
	Emotional competence	-	07 (6.7)	41 (39.0)	53 (50.5)	04 (3.8)

Figures in parenthesis indicate percentages

emotions, followed by 15.2 per cent and 13.3 per cent expressed competent and incompetent levels, respectively.

None of the teachers indicated highly incompetent level of overall emotional competence and only 3.8 per cent showed highly competent levels. It was interesting to note that half of the teachers (50.5%) were competent, whereas 39 per cent and 6.7 per cent expressed average and incompetent levels towards overall emotional competence, respectively. The knowledge of teachers helps them to develop the ability to cope with problems, have adequate depth, expression and control of emotions, ability to function with and encourage positive emotions and in turn help them to develop better emotional competence. Similar findings were reported by Ramganes and Johnson (2008) that the teacher educators in Pondicherry and Karaikal regions had average emotional quotient.

The relationship between age with health status and emotional competence of primary school teachers is depicted in Table 4. In case of health status, the teachers belonging to all the four age categories showed mildly affected health status (78.9 to 94.4%), followed by 5.6 to 21.1 per cent fell in moderately affected health status. The coefficient of correlation between age and health status of teachers was -0.111, depicting negative but non-significant relationship. This indicated that as the age increased the perceived health problems decreased. Sometimes few symptoms may be considered as routine by them. The young teachers showed slightly more physical and mental health problems compared to the older group, which may be because they are in the process of getting acquainted to the different roles and responsibilities of family and job duties. Abril *et al.* (2007) reported that with the increase in the age, the psychiatric morbidity increased but not the health problems among the teachers.

Regarding emotional competence, 47.4 per cent teachers in the age range of 25-34 years fell in average level, followed by 26.3 per cent both in competent and incompetent levels. Among the teachers of 35-44 years age group, 58.3 per cent showed competent, followed by 36.1 per cent average level. About 2.8 per cent of teachers fell in both highly competent and incompetent levels. 47.4 per cent of teachers

from 45-54 years age group were average, 39.5 per cent competent, 7.9 per cent highly competent and only 5.3 per cent of them were found incompetent to emotions. Lastly, with respect to above 55 years age group, 83.3 per cent of teachers were competent and only 16.7 per cent had average levels of competence to emotions. 26.3 per cent of young teachers (25-34 years) showed incompetent level. The correlation coefficient between age and emotional competence of teachers was 0.290, indicating highly significant and positive relationship existing between age and emotional competence. This indicated that elder teachers handled the emotions competently compared to the younger teachers. Sridhar and Badiei (2007) reported that older teachers (41-50 years) had more emotional intelligence compared to the younger ones (below 30 years).

The relationship between work experience with health status and emotional competence of teachers is shown in Table 5. With respect to health status, most of them having the work experience *viz.*, less than 10 years, 11-20 years, 21-30 years and more than 31 years, showed mildly affected health status *i.e.* 78.9 per cent, 91.1 per cent, 90.3 per cent and 90.0 per cent, respectively, followed by 21.1 per cent, 8.9 per cent, 9.7 per cent and 10.0 per cent fell in moderately affected health status, respectively. The coefficient of correlation between work experience and health status was negative but not significant, indicating that with the increase in the work experience, the physical and mental health problems of teachers get reduced to some extent. The percentage of teachers (21.1%) having moderately affected health status reduced to less than half with the increase in years of experience. The highly experienced teachers showed fewer health problems, may be due to more concern about their health with increase in the age. Abril *et al.* (2007) observed that higher experience is associated with psychiatric morbidity among teachers of Spain, but not provided details about physical health problems.

Among the teachers possessing less than 10 years work experience, 42.1 per cent showed average competence, followed by 26.3 per cent both competent and incompetent levels and only 5.3 per cent highly competent level of emotional competence. 55.6 per cent teachers having 11-20

Sr. No.	Particulars	Category	Age (in years)				'r' value
			25-34 (n=19)	35-44 (n=36)	45-54 (n=38)	>55 (n=12)	
1.	Health status	Mildly affected	15 (78.9)	34 (94.4)	33 (86.8)	11 (91.7)	-0.111
		Moderately affected	04 (21.1)	02 (5.6)	05 (13.2)	01 (8.3)	
2.	Emotional competence	Incompetent	05 (26.3)	01 (2.8)	02 (5.3)	-	0.290**
		Average	09 (47.4)	13 (36.1)	18 (47.4)	02 (16.7)	
		Competent	05 (26.3)	21 (58.3)	15 (39.5)	10 (83.3)	
		Highly competent	-	01 (2.8)	03 (7.9)	-	

Figures in parenthesis indicate percentages

** indicates significance of value at P=0.01 level

years of experience showed competent level, 40.0 per cent average and only 4.4 per cent incompetent level. In case of teachers having 21-30 years work experience, 45.2 per cent each indicated average and competent level, followed by 6.5 per cent and 3.2 per cent highly competent and incompetent levels respectively. Most of the teachers (70.0%) having more than 31 years work experience, documented competent level, 20.0 per cent average and 10.0 per cent highly competent level of emotional competence. None of them fell in incompetent level of emotional competence. There was positive and highly significant relationship between work experience and emotional competence of the teachers (0.275) indicating that as the work experience increased the emotional competence also increased. All the experienced teachers indicated more than average emotional competence. The percentage of teachers having incompetent level of emotional competence decreased considerably with increase in work experience (from 26.0% to 3.0%). This may be because of initial adjustment time required for less experienced teachers. As experience increases, the teachers learn to cope up with the school as well as familial problems. Bansibihari *et al.* (2004) reported that emotional intelligence developed and increased with the increase in experience of the teachers. The higher emotional quotient linked with higher job experience.

The emotional competence is a positive personality attribute which helps in acquiring a better health status. An emotionally competent person can deal with different emotive situations and meet his/her needs including the efforts to maintain a harmonious relationship with the

environment. The correlation coefficient between health status and emotional competence of teachers is depicted in Table 6. Correlation coefficient between five components of emotional competence *viz.*, adequate depth of feeling (ADF), adequate expression and control of emotions (AEC), ability to function with emotions (AFE), ability to cope with problem emotions (ACPE), encouragement of positive emotions (EPE) and health status of the teachers was -0.247, -0.318, -0.272, -0.319 and -0.091, respectively. There was significant negative correlation between health status and 4 components of emotional competence (ADF, AEC, AFE and ACPE) except EPE. The coefficient of correlation between overall emotional competence and health status of teachers (-0.319) was negative and highly significant. Thus, the results pointed out that as the emotional competence of teachers increases, their health problems will be reduced and *vice versa*. Gaur and Dhawan (2000) revealed that evolution of efficacious adaptation pattern among working professionals have implications for positive mental health. Varma and Dhawan (2006) reported that psychosocial competence was significantly related to general well being, positive effect and family group support of Indian women.

On the whole, majority of the teachers showed average to competent level of emotional competence and mildly affected physical and mental health status. Age and work experience of teachers had positive and highly significant relationship with the emotional competence. Negative and highly significant relationship was found between health status and emotional competence of teachers. Thus, higher the

Table 5 : Relationship between work experience with health status and emotional competence of teachers (n=105)

Sr. No.	Particulars	Category	Work experience (years)				'r' value
			<10 (n=19)	11-20 (n=45)	21-30 (n=31)	>31 (n=10)	
1.	Health status	Mildly affected	15 (78.9)	41 (91.1)	28 (90.3)	09 (90.0)	-0.091
		Moderately affected	04 (21.1)	04 (8.9)	03 (9.7)	01 (10.0)	
2.	Emotional competence	Incompetent	05 (26.3)	02 (4.4)	01 (3.2)	-	0.275**
		Average	08 (42.1)	18 (40.0)	14 (45.2)	02 (20.0)	
		Competent	05 (26.3)	25 (55.6)	14 (45.2)	07 (70.0)	
		Highly competent	01 (5.3)	-	02 (6.5)	01 (10.0)	

Figures in parenthesis indicate percentages ** indicates significance of value at P=0.01

Table 6 : Correlation coefficient between health status and emotional competence of teachers

Particulars	Health status
Components of emotional competence	
Adequate depth of feeling (ADF)	-0.247*
Adequate expression an control of emotions (AEC)	-0.318*
Ability to function with emotions (AFE)	-0.272**
Ability to cope with problem emotions (ACPE)	-0.319**
Encouragement of positive emotions (EPE)	-0.09
Overall emotional competence	-0.319**

* and ** indicate signification of values at P=0.05 and 0.01, respectively

emotional competence there was significant reduction in the health problems (neurosis) among primary teachers.

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