

Original Article

Association of Emotional Intelligence with Oral and General Health Behaviours among Corporate professionals – A Cross-sectional Correlational Study

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ABSTRACT

Background: In recent years public health research increased its focus on Psycho social determinants of health related behaviors. Various psychological constructs like sense of coherence are related to oral and general health behaviors. A less researched yet another possible construct in this aspect is Emotional Intelligence (EI).

Aim and objectives: To assess Association of EI with General health and Oral health behaviours among corporate professionals in Mysore city, India.

Methodology: A Cross-sectional was conducted during April 2010 among 478 corporate professionals. Self-administered questionnaires were utilized to obtain information on general health behavior (GHB) and Oral health behavior (OHB). The EI of the participants were assessed by Trait EI (short version) questionnaire. Total EI, oral and general health behavior scores were calculated. Data was analyzed using SPSS version 17.

Results: Positive correlation was observed between total EI score with OHB score which was very highly significant ($p=0.000$). Similar correlation observed between total EI score and GHB scores which was again very highly significant ($p=0.000$). Those who had early onset of smoking and alcohol in their life, showed lesser EI scores in our study ($p=0.005$) which was statistically significant.

After controlling effect of age and qualification on Oral and general health behavior, total EI was positively correlated with oral health and general health behavior scores ($p = 0.000$).

Conclusion: The study results supported the hypotheses of a positive association between EI with OHB & GHB. Higher EI is a protective factor against potential health threatening behaviors like tobacco and alcohol use.

Key words: Emotional intelligence, health behavior, oral health behavior, smoking and alcohol.

INTRODUCTION

Health is multidimensional and Diseases are multifactorial. They cannot be adequately conceptualized within pathogenic paradigm of diseases. The 'Salutogenic model' by Antonovsky stresses the Psycho social determinants of health and disease process [1].

In recent years public health research increased its focus on psycho social determinants of health and

illness related behaviors to provide effective health promotion and intervention measures [2].

Various Psychological constructs like sense of coherence are related to oral and general health behaviors in recent research. Though their relationship is not yet firmly established but there are evidences to that suggests Sense of coherence is at least a predictor of health related behaviours [3,4,5,6,7,8].

A less researched yet another possible construct in this aspect is Emotional Intelligence (EI). EI is defined as

“the subset of social intelligence that involves the 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”. Individuals with higher EI are thought to be able to perceive process and apply information better and are considered psychologically more stable [9].

Consequently, they are expected to maintain positive health-related behaviors as suggested by early research. Thus EI is considered to be a resiliency factor which fit in the Salutogenic perspective and appear to play a role in active practicing of health related behaviors.

Hence the present study was attempted to find the association between EI and Oral and General health behavior.

OBJECTIVE

To assess the Association of EI with General health and Oral health behaviours among Corporate professionals in Mysore city.

METHODOLOGY

A Cross-sectional correlation study was conducted during April, 2010. Ethical clearance was obtained from institutional review board.

One out of three large corporate companies in Mysore city was selected by simple random sampling. Permission was obtained from the managing director of the company to conduct the study. Self-administered questionnaire was built on existing literature. Questionnaire comprised of general information like age, gender, literacy levels etc. In addition to which questions pertaining to general health behavior(GHB) and oral health behavior(OHB), like physical activity, dietary fat intake, regular medical check-ups, tobacco use and alcohol intake, tooth brushing habits, dental visits were also incorporated in the questionnaire.

The EI of the participants were assessed by Trait EI (short version) questionnaire [10] which had 30 statements with 7 point Likert type scale; (1- Completely agree to 7-Completely disagree). The EI score range was 30 – 210. Oral and general health behaviors were also given scores which ranged between 0-20.

Questionnaire was checked for its face and content validity. It had a high reliability of about 0.95 using Cronbach’s alpha.

The date and time of study was confirmed with the authorities in prior. Questionnaires were distributed to the employees who volunteered to participate in the study. Informed consent was obtained from all the participants of the study. A drop box was kept in the company premises and the participants were instructed to complete the questionnaire and drop it in the box at the end of the working day. The examiner collected the questionnaire the next day and analysed the data. There were a total of 478 employees out of which 433 volunteered to participate in the study. Only 382 forms were returned back within stipulated time out of which 321 were completely filled questionnaires which were used for statistical analysis.

Total EI, oral and general health behavior scores were calculated for all the questionnaires. Data was analyzed using SPSS version 17. Descriptive statistics, Pearson’s correlation, Partial correlation co-efficient and Step wise regression analysis, were performed and the results were obtained.

RESULTS

Out of the 321 participants 81.3% were males and 18.7% were females. The mean age of the participants was 28 ± 5.3 years. Comparing the literacy levels 63.6% were graduates, 34.3% were post graduates and the rest were doctorates.

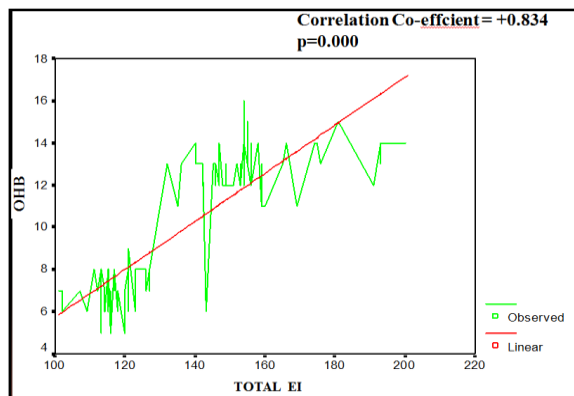
Pearson’s correlation coefficient: There was a positive correlation observed between total EI score with Oral health behavior score (correlation coefficient +0.834) which was very highly significant ($p=0.000$) (Fig 1). Similar positive correlation was also observed between total EI score and general health behavior scores which was again very highly significant (correlation coefficient +0.893, $p=0.000$) (Fig 2).

Those who had early onset of smoking and alcohol in their life, showed lesser emotional intelligence scores in our study ($p=0.005$) which was statistically significant.

Partial correlation coefficient: After controlling the effect of age and qualification on Oral and general health behavior, total EI was positively correlated with oral health and general health behavior scores.

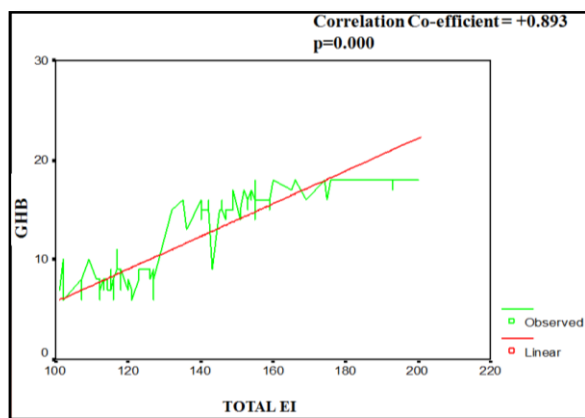
Partial correlation coefficients were +0.836, +0.891 at $P < 0.000$ respectively for oral and general health behavior scores with EI.

Fig 1: Correlation between Oral health behaviour (OHB) scores and Emotional intelligence scores (EI) scores using Pearson’s Correlational co-efficient:



EI –Emotional intelligence, OHB-Oral health behavior

Fig 2: Correlation between General health behaviour (GHB) scores and Emotional intelligence scores (EI) scores using Pearson’s Correlational co-efficient:



EI –Emotional intelligence, GHB-General health behavior

Stepwise regression analysis: The predictive power of total EI for OHB & GHB when age and qualification were excluded was + 0.695 & + 0.796 (Adjusted R^2) respectively at $p=0.000$ which is again statistically very highly significant.

DISCUSSION

Higher EI was correlated with better oral health behaviors in our study. Not much similar studies had been carried in the past. Hence adequate comparison

cannot be made on this aspect. Yet similar psychological constructs like sense of coherence has been associated with better oral health behavior in the past.[3,4,5,6,7,8] Single research in the past compared EI with response to periodontal treatment which indirectly analyzed the patients oral hygiene performance. Though the researchers utilized a different EI scale than the one utilized in our study, results of their study also yielded statistically significant positive correlation between higher EI scores and better response to the treatment procedure [9].

There are few past studies to suggest positive correlation between EI and General health behavior which are similar to our study [11,12].

Lower EI scores were positively correlated with early onset of smoking and alcohol habits in our study which was in accordance with similar studies conducted by Trinidad and Johnson in US [13,14,15].

CONCLUSION

With limitations, our study results supported the hypotheses of a positive association between EI with OHB & GHB. Higher EI is a protective factor against potential health threatening behaviours like Tobacco and alcohol use.

Adequate evidence suggests that EI can be improved by developing Social emotional learning (SEL) among adolescent and school aged children. Countries like United Kingdom, United states of America and Singapore included SEL in the school curriculum to develop EI among children [16,17,18].

Psychologic constructs concentrate on health promoting behavior rather than the risk factors. Hence constructs like EI should be included in to existing health behavioral models and adequately addressed in health promotion measures particularly in tobacco and alcohol cessation.

Future research can be conducted to correlate oral health status with Emotional intelligence. Dental Health education programs can be conducted among different groups and the effectiveness between groups can be evaluated on the basis of EI. Longitudinal studies can be conducted to study the impact of improving EI on Oral health.

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