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ABSTRACT: The purpose of the present study was to explore the difference of emotional intelligence on psychological wellbeing among 1st year medical students of public and private college and to see the correlation of emotional intelligence with psychological well-being. The sample consisted of one hundred and fifty (n=150) students (75 males and 75 females students) taken from two institutes of Multan. The scale of emotional intelligence and Ryff's psychological well-being scale were used to measure the level of emotional intelligence and psychological well-being among males and females students. Results showed the significant correlation of emotional intelligence with psychological well-being. The findings of results showed that the emotional intelligence and psychological well-being has significant difference on dimensions of psychological wellbeing (autonomy, environmental mastery and personal growth) and has insignificant difference on three dimensions of psychological well-being (positive relations, purpose in life and self- acceptance) among two age groups. The findings of the results further showed that the emotional intelligence and psychological well-being has significant difference on dimensions of psychological well-being (autonomy, environmental mastery and personal growth) and has insignificant difference on three dimensions of psychological well-being (positive relations, purpose in life and self-acceptance) among private and public college. When comparison made with the gender, findings of results showed that there is insignificant difference between emotional intelligence and dimensions of psychological well-being (autonomy, environmental mastery and personal growth) and has significant difference on these three dimensions of psychological well-being (positive relations, purpose in life and self-acceptance) among male and female students of private and public college.

KEYWORDS: Emotional Intelligence Psychological Well-Being.

1 INTRODUCTION

1.1 EMOTIONAL INTELLIGENCE

A form of 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 (Salovey & Mayer, 1990).

Emotional intelligence is eye-catching and attractive term but it is controversial, highly debatable and there is no consensus regarding its single definition. Emotional intelligence helps individuals to achieve the life quality that will make them successful and content by guiding the actions of individuals. In this sense, the studies focused on measurement of Emotional intelligence level have been increasing day by day. Thanks to the increasing number of studies focused on Emotional intelligence and researches conducted by various disciplines, there is an extensive literature on this subject. Emotional intelligence literature reveals that the researches are mainly focused on students. The researchers are especially oriented towards impact of Emotional intelligence, as well as IQ, is required to explain success. In other words, success cannot be explained only through IQ. Besides, Emotional intelligence does not have influence only on success but also on choice and development of career path. Along with the effects of Emotional intelligence. When we bear in mind that

development of Emotional intelligence is a lifetime process, determining the effect of Education on development of Emotional intelligence becomes important. In this context, it is Crucial to determine whether or not there is a difference between emotional intelligence of Students studying at different majors. Different researches (Solvey & Mayer, 1990, Goleman 1998, Boyatzis 1982) have defined it in different perspectives; some of them have discussed Emotional intelligence as, It is a form of social intelligence that involves the ability to monitor one's own and other's feelings and emotions, to discriminate among them, and to use this information to guide one's thinking and action (Solvey & Mayer, 1990).

Further Mayer et al (2003) postulated that El involves the ability to perceive accurately, appraise and express emotion, the ability to access and/ or generate emotional knowledge, and the ability to regulate emotion to promote emotional and intellectual growth. Goleman (1995) defined Emotional intelligence as the capacity for recognizing our own feelings and those of others, for motivating ourselves, and for managing emotions well in us and in our relationships. Boyatzis, (1999) defined it as the ability to process emotional information efficiently and effectively. According to Hein (2007) Emotional intelligence is the innate potential to feel, use, communicate, recognize, remember, describe, identify, learn from, manage, understand and explain emotions. In 1985, Payne wrote a doctoral dissertation which included the term "emotional intelligence" in the title. This seems to be the first academic use of the term "emotional intelligence." In next five years, no one else seems to have used the term: emotional intelligence" in any academic papers. The first use of term "emotional intelligence" is usually attributed to Wayne Payne's doctoral thesis, a study of emotion: Developing Emotional intelligence (Payne, 1985).

Bar-on (1997) differential Emotional intelligence is on personal, social and emotional competencies and not on the cognitive dimensions of intelligence. Bar-on (2002) took this term as a collection of personal, emotional and social abilities and skills that influence one's ability to succeed in coping with environmental demands and pressure. Bar-On (2004) proposed a new model of emotional intelligence in which emotional intelligence is considered a cross section of inter-related emotional and social competencies, skills and factors that determine how effectively we understand and express ourselves, understand others and relate with them and cope with daily demands. Bar-On (2004) clarified that at the interpersonal level, emotional intelligence involves the ability to be aware of oneself and ones strengths and weaknesses and to express ones feeling while the interpersonal level refers to the ability to be aware of others emotions, feeling and needs and to establish and maintain cooperative, constructive and mutually satisfying relationships. Gardner (1983) did not use the term emotional intelligence; his concepts of intrapersonal and interpersonal intelligence is the ability to know one's own emotions, while the core of interpersonal intelligence is the ability to understand other individuals' emotions and intentions.

Salovey and Mayer (1990) who first used the term "emotional intelligence" postulated that Emotional intelligence consists of the following three categories of adaptive abilities: appraisal and expression of emotion, regulation of emotion and utilization of emotions in solving problems. The first category consists of the components of appraisal and expression of emotion in the self and appraisal of emotion in others. The component of appraisal and expression of emotion in the self is further divided into the subcomponents of verbal and non-verbal and as applied to others is broken into the subcomponents of regulation of emotions in the self and regulation of emotions in others. The third category, utilization, has the components of regulation of emotions in the self and regulation of emotions in others. The third category, utilization of emotion, includes the components of flexible planning, creative thinking, redirected attention and motivation. Even though emotions are at the core of this model, it also encompasses social and cognitive functions related to the expression, regulation and utilization of emotions.

Gender Differences in Emotional Intelligence: Competing evidence exists surrounding whether or not males and females differ significantly in general levels of emotional intelligence. Goleman (1998) asserts that no gender differences in emotional intelligence exist, admitting that while men and women may have different profiles of strengths and weaknesses in different areas of emotional intelligence, their overall levels of emotional intelligence are equivalent. However, studies by Mayer and Geher (1996), Mayer, Caruso, and Salovey (1999), and more recently Mandell and Pherwani (2003) have found that women are more likely to score higher on measures of emotional intelligence than men, both in professional and personal settings. The discrepancy may be due to measurement choice. Brackett and Mayer (2003) found that females scored higher than males on emotional intelligence when measured by a performance measure (the Mayer-Salovey-Caruso Emotional Intelligence Test). However, when using self-report measures such as the Bar-On Emotion Quotient Inventory (EQ-I) and the Self-Report Emotional Intelligence Test (SREIT), they found no evidence for gender differences. Perhaps gender differences exist in emotional intelligence only when one defines emotional intelligence in a purely cognitive manner rather than through a mixed perspective. It could also be the case that gender differences do exist but measurement artifacts such as overestimation of ability on the part of males are more likely to occur with self-report measures. More research is required determine whether or not gender differences do exist in emotional intelligence

Goleman's Emotional Intelligence Theory: Although Mayer and Salovey, along with DiPaolo, tentatively developed the idea of emotional intelligence in a 1990 paper, Goleman is largely credited with its popularization in organizational applications. Goleman (1995) writes that in key leadership positions, emotional intelligence is required because of the fact that building consensus and personal connections are difficult tasks. The days of direct orders being the only way in which organizational leaders communicate are over. Emotional intelligence brings strategic self-awareness into communication with team members, and allows for better decisions made on the job, as well as better recruitment and promotion of people within organizations. This is because, as Goleman (1995) writes, it allows individuals who are in leadership roles to retain control of their feelings and impulses; decisions are made based on proactive rather than reactive concerns. Looking at the medical profession, one can see how this approach could help temper decisions made in a multiple-expert environment such as that within a hospital. Goleman (1995) states that emotional intelligence built on personal engagement needs to be linked to constant innovation. This runs counter to traditional organizational leadership research, which is more focused on making people work effectively as a team than delivering rapid, adaptive change mechanisms. The reason this is necessary in both organizational and personal life is that, as Goleman (1995) writes, there is a need to build a committed collection of different individuals that each have the skills to mitigate change and Conflict in their own way, but who can work together. Again, this theory can be aligned with the medical profession given the need for constant strategic shifts in care. A health care professional who is emotionally intelligent and socially able can bring together a team of individuals with differing personalities and backgrounds. An effective doctor or hospital administrator can recognize personality differences and succeed in creating a common sense of purpose and a shared identity as members of a team.

Psychological well-being: Well-being has been studied extensively by social psychologists (Campbell 1981; Ryan and Deci 2001). While the distinct dimensions of well-being have been debated, the general quality of well-being refers to optimal psychological functioning and experience. Two broad psychological traditions have historically been employed to explore well-being. The hedonic view equates well-being with happiness and is often operationalized as the balance between positive and negative affect (Ryan and Deci 2001; Ryff 1989b). The eudaimonic perspective, on the other hand, assesses how well people are living in relation to their true selves (Waterman 1993).

Psychological well-being (PWB) is a field of psychology that attempts to understand people's evaluations of their lives. These evaluations may be primarily cognitive (e.g., life satisfaction or marital satisfaction) or may consist of the frequency with which people experience pleasant emotions (e.g., joy, as measured by the experience sampling technique) and unpleasant emotions (e.g. depression). Researches in the field strive to understand not just undesirable clinical states, but also difference between people in positive levels of long term well-being. The article briefly reviews research on measuring PWB, on the demographic correlates of it, and cultural difference in reports of PWB. We also describe influence on PWB such as temperament, and theoretical models of PWB (e.g. context approaches) Kasser, T., &Ryan, R. M. (1993).

Most people evaluate what is happening to them as either good or bad, so they are normally able to offer judgments about their lives. Furthermore, people virtually always experience moods and emotions, which have a hedonic component that is pleasant, signaling a positive reaction, or unpleasant, signaling a negative reaction. Thus, people have a level of psychological well-being even if they do not often consciously think about it, and the psychological system offers virtually a constant evaluation of what is happening to the person. Headey, B., & Wearing, A. (1992).

The nature of psychological well-being: Psychological or subjective well-being is a multifaceted concept; it is generally agreed that three aspects can be distinguished (Dolan, Layard and Metcalfe, 2011; Kahneman and Deaton, 2010):

- Evaluative well-being, involving global assessments of how people evaluate their lives, or their satisfaction with life.
- Affective or hedonic well-being, involving measures of feelings such as happiness, sadness and enjoyment. There is compelling evidence that positive indicators are not simply the opposite of negative indicators, but that both carry valuable information (Kahneman and Krueger, 2006).
- Eudemonic well-being, which focuses on judgments about the meaning or purpose of one's life and appraisals of constructs such as fulfillment, autonomy and control.

Cognition and psychological well-being: An idea that has long captivated writers is that how we perceive and think about the world determines our psychological well-being. In certain philosophical and religious traditions, advice about constructive thinking is offered that appears to be designed to guide one's moods and emotions. For example, mental detachment from the world is counseled in some religious traditions in order to dampen one's unpleasant emotions. Philosophical traditions such as stoicism also recommended thinking in a certain manner in order to steel oneself against adversity.

Cognitive theories of well-being and ill-being within the behavioral science were developed in the last decades. For example, the attribution theory of depression is well-known. Depressed individuals are more likely to believe that negative events are caused by global and stable causes, such that negative events are very likely to continue to happen to them. Beck (1967) popularized the idea that depressed people think about the world in self-defeating ways. In the area of PWB, researches find that one can dampen or amplify one's emotions (Larsen, Diener, & Croponzano, 1987). Thus, the belief of the stoics, ascetics, Buddhist, and others, that how "attached" or psychologically involved one becomes with goals and life circumstances can influence how intensely one reacts, has been confirmed empirically.

Conceptualizing a multidimensional model of well-being: Ryff has argued in several publications that previous perspectives on operationalizing well-being are theoretical and decentralized (Ryff 1989a; Ryff 1989b). To address this shortcoming, she developed a new measure of psychological well-being that consolidated previous conceptualizations of eudaimonic well-being into a more parsimonious summary. The exact methods used to develop this measure and the specific theoretical foundations underlying each dimension have been thoroughly discussed elsewhere (Ryff 1989a; Ryff 1989b). Briefly, Ryff's scales of psychological well-being (RPWB) include the following six components of psychological functioning: a positive attitude toward oneself and one's past life (self-acceptance), high quality, satisfying relationships with others (positive relations with others), a sense of self-determination, independence, and freedom from norms (autonomy), having life goals and a belief that one's life is meaningful (purpose in life), the ability to manage life and one's surroundings (environmental mastery), and being open to new experiences as well as having continued personal growth (personal growth).

Dimensions of psychological wellbeing: Ryff (1989) gave following dimensions of psychological wellbeing in Ryff's model of psychological wellbeing.

Autonomy: There is considerable emphasis on such qualities as self-determination, independence and the regulation of behavior from within. Self-actualizers are described as showing autonomous functioning and resistance to enculturation. The fully functioning person is described as having an internal locus of evaluation, whereby one does not look to others for approval, but evaluates oneself by personal standards. Individuation is seen to involve a deliverance from convention, in which the person no longer clings to the collective fears, beliefs, and laws of the masses. The process of turning inward in the later years is also seen by life-span develop mentalists to give the person a sense of freedom from the norms governing everyday life.

Components of psychological well-being: In his highly influential Psychological Bulletin article Subjective Wellbeing (SWB) Diener (1984) proposed that Subjective well-being and psychological well-being has three distinct components: life satisfaction (LS), positive affect (PA), and negative affect (NA). More recently, Diener, Suh, Lucas, and Smith (1999) also included satisfaction in specific life domains (henceforth domain satisfaction [DS], e.g., satisfaction with health) in the definition of subjective well-being. SWB or PWB researchers often distinguish cognitive and affective components of subjective well-being (Diener, 1984; (Diener et al., 1999). Life satisfaction and domain satisfaction are considered cognitive components because they are based on evaluative beliefs (attitudes) about one's life. In contrast, positive affect and negative affect assess the affective component of subjective well-being or psychological well-being. Positive affect and negative affect reflect the amount of pleasant and unpleasant feelings that people experience in their lives.

Theories of psychological well-being: Individual differences in both personality and subjective well-being or psychological well-being emerge early in life, are stable over time, and have a moderate to strong genetic component (Diener & Lucas 1999). These findings have led some to conclude that psychological well-being is primarily determined by our inborn predispositions (e.g., Lykken & Tellegen 1996). Others have argued that the importance of inborn traits may depend on the types of questions we ask about subjective well-being or psychological well-being. For example, Lucas et al. (2002a) argued that by looking at SWB or PWB within individuals over time, researchers will find that life events and life changes have important implications for well-being beyond the effects of personality. Yet, regardless of the origins of individual differences, personality and PWB researchers must develop precise theories that can explain why certain individuals are chronically happier and more satisfied with their lives. Temperament theories of personality and SWB or PWB have been focused primarily on three aspects of individual differences in well-being: (a) baseline levels of affective and cognitive wellbeing, (b) emotional reactivity, and (c) cognitive processing of emotional information. For example, Headey & Wearing (1992) proposed the Dynamic Equilibrium Model, in which individuals have unique baseline levels of well-being that are determined by their personality. Specifically, they argued that individuals with certain personalities are likely to experience certain types of events-extraverts may be more likely than introverts to get married or to get a high-status job-and these events influence an individual's average level of well-being. Unusual events can move a person above or below this baseline level, but according to Headey & Wearing, the individual will eventually return to baseline as events normalize. Other researchers have argued that average differences in well-being are due to differences in emotional reactivity.

Based on Gray's (1970, 1991) theory of personality, scientists such as Tellegen (1985) and Larsen (e.g., Larsen & Ketelaar 1989, 1991; Rusting & Larsen 1997) argued that extraverts are more reactive to pleasant emotional stimuli than are introverts, and neurotic individuals are more reactive to unpleasant emotional stimuli than are stable individuals. Although there has been some support for individual differences in reactivity in laboratory studies (e.g., Larsen & Ketelaar 1989, 1991; Rusting & Larsen 1997), evidence of real world reactivity assessed in experience-sampling studies has been mixed (e.g., Gable et al. 2000, Lucas et al. 2002b), and the small differences in reactivity that have been found do not account for all of the covariance between personality and psychological well-being. A final temperament variable that might explain the relations between personality and PWB is the way people process emotional information. Diener & Lucas (1999) reviewed a number of additional theoretical explanations for individual differences in SWB, including emotion-socialization models and goal models. However, these models are often more useful in explaining the long-term stability and consistency of SWB than the specific links between personality traits and well-being.

Emotional intelligence and psychological wellbeing: The theoretical structure of the construct of psychological wellbeing (e.g. Bradburn, 1969; Diener, 1984; Ryff, 1989, 1995; Ryff and Keyes, 1995; Schmutte and Ryff, 1997) and its operationalization have been subjected to extensive research (e.g. Ryff and Keyes, 1995; Ryff and Singer, 1995). Psychological wellbeing is a complex and multidimensional construct. In its simplest form, psychological wellbeing represents "a generalized feeling of happiness" (Schmutte and Ryff, 1997, p. 551). It represents wellness that is conceived as "progressions of continued growth across the life course" (Ryff, 1995, p. 99). This view reflected an emphasis on life satisfaction and happiness. A more accurate approach is to view wellbeing as a construct that represents aspects of positive functioning (Ryff, 1995). In an attempt to capture these aspects, Ryff (1989, 1995) structured a multi-dimensional model of psychological wellbeing. This model encompasses dimensions such as breadth of wellness that includes positive evaluation of oneself and one's past life (self-acceptance), a sense of sustained growth and development as a person (Personal growth), the belief that life is meaningful (purpose in life), the establishment and the sustaining of quality relations with others (positive relations with others), the capacity to effectively manage one's life and the surrounding world (environmental mastery), and a sense of self-determination (autonomy).

1.2 OBJECTIVES AND RATIONALE OF THE STUDY

Emotional intelligence refers to perceive and understand emotions in one and others, use emotions to facilitate thinking and to manage emotions. Emotional intelligence is an ability to recognize the meanings of emotions and their relationship and to solve problems on the basis of them. It involves the perception, assimilation, understanding and management of emotions. Psychological or subjective well-being may be defined as one's emotional and cognitive evaluations of his or her life. These evaluations include one's moods, emotional reactions to events, judgments about fulfillment and life satisfaction, and satisfaction with specific life domains. Previous researches are conducted on emotional intelligence in relationship with psychological well-being and other variables among different populations but not on medical students. Therefore researcher conducted research on emotional intelligence and psychological well-being among 1st year medical students to see whether there is any relationship between emotional intelligence and psychological well-being among male and female students of public and private institute. The aim of present study is to investigate the level of emotional intelligence and psychological well-being among 1st year medical students and needs to be touched from different perspectives. This research is a miniature effort to explore more. A number of studies have addressed different aspects emotional intelligence and psychological well-being separately but a few researches have addressed these variables combined.

The significance of present research was to see the level of emotional intelligence and psychological well-being among 1st year medical students. Our society is facing overwhelming problems of poverty, violence racism and selfishness, competition in order to grow and survive in the society; children have to learn their full human potential. They need to strategies to manage their emotions and themselves and to survive in the society with the greater sense of well-being. The improvement of emotional intelligence and psychological well-being is helpful and necessary for every individual and especially for medical students because they have to face many challenges

The study will help to find out how emotional intelligence and psychological well-being correlates. Emotional intelligence and psychological well-being play important role in people's life. Medical students face many challenges and they have needed to enhance their level of emotional intelligence and psychological well-being so that they can perform better and achieve good grades. They must need to learn, understand and manage emotions of oneself and others. The objectives of the study are as follows:

- To find out the relationship between emotional intelligence and psychological well-being among medical students.
- To investigate the level of emotional intelligence among 1st year medical students.
- To find out the significance difference on emotional intelligence and dimension of psychological well-being among male and female students.
- To find out significant difference on emotional intelligence and dimensions of psychological well-being among public and private institutes.
- To find out significant difference on emotional intelligence and dimensions of psychological well-being among two age groups.

2 HYPOTHESES

- Emotional intelligence will be positively correlated with psychological well-being
- There is positive correlation between emotional intelligence and autonomy
- There is positive correlation between emotional intelligence and environmental mastery
- There is positive correlation between emotional intelligence and personal growth
- There is positive correlation between emotional intelligence and positive relations
- There is positive correlation between emotional intelligence and purpose in life
- There is positive correlation between emotional intelligence and self-acceptance
- There will be significant difference between emotional intelligence and autonomy, environmental mastery and personal growth among different age groups
- There will be no significant difference between emotional intelligence and positive relations, purpose in life and selfacceptance among different age groups
- There will be significant difference between emotional intelligence and autonomy, environmental mastery and personal growth among students from private and public college
- There will be no significant difference between emotional intelligence and positive relations, purpose in life and selfacceptance among students from private and public college
- There will be significant difference between emotional intelligence and autonomy, environmental mastery and personal growth among male and females.
- There will be no significant difference between emotional intelligence and positive relations, purpose in life and selfacceptance among male and females.

3 METHOD

3.1 RESEARCH DESIGN

Correlational research design and survey method was used in this study. Stratified sampling technique has been used participants were selected on the basis of strata's. Strata were made on the basis of qualification.

3.2 PARTICIPANTS

The sample of study was consisted of 150 (75 male and 75 females) 1st year medical students selected from Nishtar (N=100) and Multan medical and dental college (N= 50) of Multan. Participants were taken through stratified sampling method. Certain demographic variables such as Age, gender, socio-economic status, education and institute were included.

3.3 INSTRUMENTS

Following instruments were used to accomplish the objectives of present study in order to measure the emotional intelligence and psychological well-being.

Emotional intelligence scale (Pawliw, 2002): Scale consisted of 12 items with five options each ranging from strongly agree to strongly disagree. A participant can respond by obtained 1 for "strongly disagree", 2 for "disagree", 3 for "neutral", 4 for "agree" and 5 for "strongly agree". Total score was calculated by summing up score for each item. Scores range was from 12-60. 12-24 scores indicated low emotional intelligence 25-34 scores indicated moderate emotional intelligence 35-44 scores indicated above average emotional intelligence and 45-60 scores indicated high emotional intelligence.

Ryff, s psychological well-being scale, 42 item version(1989): Scale consisted of 42 items in which some are negative phrased items 3,5,10,13,14,15,16,17,18,19,23,26,27,30,31,32,34,36,39, 41.(i.e. if the scored is 6 in one of these items, the adjusted score is 1; if 5,the adjusted score is 2 and so on....). Add together the final degree of agreement in the 6 dimensions: Autonomy: items 1,7,13,19,25,31,37 Environmental mastery: items 2,8,14,20,26,32,38 Personal growth: items 3,9,15,21,27,33,39 Positive relations: items 4,10,16,22,28,29,34,40 Purpose in life: items 5,11,17,23,29,35,41 Self-acceptance: items 6,12,18,24,30,36,42

3.4 PROCEDURE

The inform consent, Demographic sheet, Emotional intelligence scale (pawliw Fry) and Ryff's psychological well-being scale. (Ryff) were used as instrument for the purpose of data collection. Participants of the study were male and female medical students of private and public college of Multan. Afterward, they were provided with a detailed explanation of the purpose of the study and were instructed how to respond to the questionnaires. In case of any uncertainty, ambiguity or difficulty, in the understanding of question, it was tried to make the questions clear to them in simple and clear language. They were guaranteed about the privacy of their responses.

All the information collected from stratified sample and made result on statistically analyzed by using Statistical Package for Social Sciences (SPSS).

4 RESULTS AND DISCUSSION

In this chapter the focus is on detailed statistical analysis of the research data. The data was analyzed using the SPPS (statistical packages of social science 17.00). Significant level of 0.05 was used for all the analysis. The standardized test (Emotional Intelligence Scale) and (Ryff's psychological well-being) were administered on 150 1st year medical students. The obtained results provide the evidence that emotional intelligence has positive strong correlation with the dimensions of psychological well-being. There is significant difference between emotional intelligence and some dimensions of psychological well-being on the basis of demographic variable like age, gender and institute. Independent sample t-test also used to find out the comparison between Emotional intelligence and dimensions of psychological well-being on the basis of age, gender and institutes.

Descriptive statistics: The descriptive statistics frequency, percentage, means, standard deviation, is also illustrated in the preceding tables. The entire sample includes 150 participants. There were further divided into male and female.

Demographics	N	Mean	SD
Age	150	1.36	.482
Gender	150	1.50	.502
Education	150	1.00	.000
Institute	150	1.67	.473
SES	150	1.00	.000
Scales	Ν	Mean	SD
EIT	150	3.06	.364
PWBAUT	150	3.56	.753
PWBEM	150	3.62	.620
PWBPG	150	3.45	.660
PWBPR	150	3.67	.660
PWBPIL	150	3.59	.606
PWBSA	150	3.81	.648

Table 1. Descriptive Statistics of the variance (N=150)

It represents descriptive statistics mean and standard deviation of the variables. It illustrated that mean of demographics of the respondent are with the SD. Mean of Emotional Intelligence is (M=3.06) with the SD (.364). Mean of PWBAUT is (M=3.56) with the SD (.753)

Mean of PWBEM is (M=3.62) with the SD (.620), mean of PWBPG is (M=3.45) with the SD (.660), PWBPR is (M=3.67) with the SD (.660), mean of PWBPIL is (M=3.59) and with the SD (.606) and the mean of PWBSA is (M=3.81) and with SD (.648)

	EI	PWBAUT	PWBEM	PWBPG	PWBPR	PWBPIL	PWBSA
	1	.440**	.070	.219 ^{**}	.378 ^{**}	.374**	.409**
EI		(.000)	(.397)	(.007)	(.000)	(.000 ⁾	(.000)
		1	.311**	.283**	.441**	.312**	.483**
PWBAUT		1	(.000)	(.000)	(.000)	(.000)	(.000)
PWBEM			1	.123	.214 ^{**}	.026	.179 [*]
PWBEIN				(.133)	(.008)	(.749)	(.029)
PWBPG				1	.258 ^{**}	.238 ^{**}	.116
PWDPG				T	(.001)	(.003)	(.159)
PWBPR					1	.127	.326**
PVVDPK					T	(.123)	(.000)
PWBPIL						1	.280 ^{**}
						T	(.001)
PWBSA							1

Table 2. Matrix of Pearson Correlational Coefficient on the scores of Emotional intelligence with dimensions of psychological well-being
(N=150)

Note. *p<0.05, **P < .01, M= Mean, SD= standard Deviation

Table 2 indicates the correlation of emotional intelligence and psychological well-being

EI has strong positive correlation with PWBAUT r= .440**, (.000) p<0.01 and it has no correlation with PWBEM r= .070, (.397) p>0.05, EI has strong positive correlation with PWBPG r= .219**, (.007) p<0.01, and also has strong positive correlation with PWBPG r= .219**, (.007) p<0.01, and also has strong positive correlation with PWBPR r=.378**, (.000) p<0.01, EI has strong positive correlation with PWBPIL r=.374**, (.000) p<0.01, and it has positive correlation with PWBSA r=.409**, (.000) p<0.01. EI has strong correlation with dimensions of psychological well-being.

	Age	Ν	Μ	SD	Т	Р
FI	18-21	96	3.13	.384	2 502	.0005***
	22-25	54	2.92	.285	3.502	.0005****
18-	18-21	96	3.68	.822	2 5 2 0	.006**
PWBAUT	22-25	54	3.36	.563	2.529	.006***
PWBEM	18-21	96	3.53	.609	-2.201	.0145*
PVVBEIVI	22-25	54	3.76	.618		.0145*
	18-21	96	3.47	.640		0.22
PWBPG	22-25	54	3.42	.699	.441	0.33
PWBPR 18-2	10 01	-21 96	3.72	.651		.0775
				.669	1.428	
	22-25	54	3.56			
PWBPIL	18-21	96	3.65	.630	1 474	0715
	22-25	54	3.49	.554	1.474	.0715
	18-21	96	3.92	.663	2.041	0015**
PWBSA	22-25	54	3.60	.569	3.041	.0015**

 Table 3. Difference in the level of emotional intelligence and dimensions of psychological well-being (autonomy, environmental mastery, personal growth, positive relations, purpose in life and self-acceptance) among two age groups (N=150)

Note *P< 0.05, M=Mean, SD=Standard deviation

Results indicate the comparison of emotional intelligence and psychological well-being between 1st year medical students of private and public colleges on the basis of two age groups. The EI score is t (3.502), p (.0005) average mean score and standard deviation of EI for 1st age group (18-21) is (M=3.13, SD= .384) and average mean score and standard deviation of

EIT for 2^{nd} age group(22-25) is (M=2.92, SD=.285). Independent sample t-test has been applied. EI score is t (3.502), p (.0005) PWBAUT score t is (2.529), p (.006) average mean score and standard deviation for 1^{st} age group is (M=3.68, SD=.822) and for 2^{nd} age group is (M=3.36, SD=.563), PWBEM score t is (-2.201), p (.0145) average mean score and standard deviation for 1^{st} age group is (M=3.68, SD=.822) and for 2^{nd} age group is (M=3.76, SD= .618), PWBPG score t is (.441), p (0.33) average mean score and standard deviation for 1^{st} age group is (M=3.47, SD=.640) and for 2^{nd} age group is (M=3.42, SD=.699). So, there is positive significant relationship between emotional intelligence and autonomy and negative significant relationship between emotional intelligence and personal growth of hypothesis no 8. So, this hypothesis has been accepted because emotional intelligence has significant relationship with two dimensions of psychological well-being.

The El score is t (3.502), p (.0005) average mean score and standard deviation of El for 1^{st} age group (18-21) is (M=3.13, SD= .384) and average mean score and standard deviation of El for 2^{nd} age group(22-25) is (M=2.92, SD=.285). El score is t (3.502), p (.0005) PWBPR score t is (1.428), p (.0775) average mean score and standard deviation for 1^{st} age group is (M=3.72, SD=.651) and for 2^{nd} age group is (M=3.56, SD=.669), PWBPIL score t is (1.474), p (.0715) average mean score and standard deviation for 1^{st} age group is (M=3.65, SD=.630) and for 2^{nd} age group is (M=3.49, SD=.554), PWBSA score t is (3.041), p (.0015) average mean score and standard deviation for 1^{st} age group is (M=3.60, SD=.569) So, there is no significant relationship between emotional intelligence and positive relations and purpose in life but it have significant relationship between emotional intelligence and two dimensions of psychological well-being.

	Institute	Ν	Μ	SD	Т	Р
EI	MMDC	50	2.90	.324	-3.851	0.00***
	Nishtar	100	3.14	.360		
PWBAUT	MMDC	50	3.28	.631	-3.374	.0005***
	Nishtar	100	3.70	.772		
PWBEM	MMDC	50	3.69	.568	1.025	.1535
	Nishtar	100	3.58	.644		
PWBPG	MMDC	50	3.33	.654	-1.634	.052*
	Nishtar	100	3.51	.658		
PWBPR	MMDC	50	3.40	.564	-3.369	0.00**
	Nishtar	100	3.80	.666		
PWBPIL	MMDC	50	3.53	.495	859	.196
	Nishtar	100	3.62	.655		
PWBSA	MMDC	50	3.69	.557	-1.509	.067
	Nishtar	100	3.86	.685		

 Table 4. Difference in the level of emotional intelligence and dimensions of psychological well-being (autonomy, environmental mastery, personal growth, positive relations, purpose in life and self-acceptance) among students of public and private college (N=150)

Results indicate the comparison of emotional intelligence and psychological well-being between 1st year medical students of public and private colleges. The EI score is t (-3.851), p (0.00) average mean score and standard deviation of EI for MMDC is (M=2.90, SD=.324), and average mean score and standard deviation of EI for Nishtar is (M=3.14, SD=.360). Independent t-test has been applied EI score is t (-3.851), p (0.00) PWBAUT score t is (-3.374), p (.0005) average mean score and standard deviation for MMDC is (M=3.28, SD=.631) and for Nishtar is (M=3.70, SD=.772), PWBEM score t is (1.025), p (.1535) average mean score and standard deviation for MMDC is (M=3.28, SD=.631) and for Nishtar is (M=3.69, SD=.568) and for Nishtar is (M=3.58, SD=.644), PWBPG score t is (-1.634), p (.052) average mean score and standard deviation for MMDC is (M=3.51, SD=.658) So, there is negative significant relationship between emotional intelligence and autonomy and personal growth but there is insignificant relationship between emotional intelligence and environmental mastery of hypothesis 10. So, this hypothesis has been accepted because it has significant relationship with two dimensions of psychological well-being.

The El score is t (-3.851), p (0.00) average mean score and standard deviation of El for MMDC is (M=2.90, SD=.324), and average mean score and standard deviation of El for Nishtar is (M=3.14, SD=.360). El score is t (-3.851), p (0.00) PWBPR score t is (-3.369), p (0.00) average mean score and standard deviation for MMDC is (M=3.40, SD=.564) and for Nishtar is (M=3.80,

SD=.666), PWBPIL score t is (-.859), p (.196) average mean score and standard deviation for MMDC is (M=3.53, SD=.495) and for Nishtar is (M=3.62, SD=.655), PWBSA score t is (-1.509), p (.067) average mean score and standard deviation for MMDC is (M=3.69, SD=.557) and for Nishtar is (M=3.86, SD=.685). So, there is negative significant relationship between emotional intelligence and positive relations but it has insignificant relationship between emotional intelligence of hypothesis no 11 so, this hypothesis has been accepted because there is no significant relationship between emotional intelligence and two dimensions of psychological well-being.

Table 5. Difference in the level of emotional intelligence and dimensions of psychological well-being (autonomy, environmental mastery, personal growth, positive relations, purpose in life and self-acceptance) among male and female students (N=150)

	Gender	Ν	Μ	SD	Т	Р
EI	Male	75	2.99	.245	-2.330	.105
	Female	75	3.13	.445		
PWBAUT	Male	75	3.39	.563	2 902	.003**
PWBAUT	Female	75	3.73	.877	-2.803	
PWBEM	Male	75	3.67	.583	1.092	.1385
	Female	75	3.56	.654		
PWBPG	Male	75	3.37	.692	-1.545	.0625
	Female	75	3.54	.621		
PWBPR	Male	75	3.54	.678	2.276	.012*
	Female	75	3.79	.623	-2.276	
PWBPIL	Male	75	3.50	.566	1 0 2 0	.034*
	Female	75	3.68	.635	-1.839	
PWBSA	Male	75	3.72	.594	1 574	.059*
	Female	75	3.89	.692	-1.574	.059*

Mean, Standard Deviation, t and p values for EI among male and female students of two age groups. (N=150)

Results indicate the comparison of emotional intelligence and psychological well-being among male and female students. The EI score is t (-2.330), p (.105). Average mean score and standard deviation of EI for male is (M=2.99, SD=.245), and average mean score and standard deviation of EI for female is (M=3.13, SD=.445). Independent sample t-test has been applied. EI score is t (-2.330), p (.105) PWBAUT score t is(-2.803), p (.003) average mean score and standard deviation for male is (M=3.39, SD=.563) and for female is (M=3.73, SD=.877), PWBEM score t is (1.092), p (.1385) average mean score and standard deviation for male is (M=3.67, SD=.583) and for female is (M=3.56, SD=.654), PWBPPG score t is (-1.545) p (.0625) average mean score and standard deviation for male is (M=3.37, SD=.692) and for female is (M3.54=, SD=.621). So, there is negative significant relationship between emotional intelligence and autonomy but emotional intelligence has insignificant relationship with environmental mastery and personal growth of hypothesis no 12. This hypothesis has been rejected because emotional intelligence has no significant relationship with dimensions of psychological well-being.

The EI score is t (-2.330), p (.105) average mean score and standard deviation of EI for male is (M=2.99, SD=.245), and average mean score and standard deviation of EI for female is (M=3.13, SD=.445). EI score is t (-2.330), p (.105) PWBPR score t is(-2.276), p (.012) average mean score and standard deviation for male is (M=3.54, SD=.678) and for female is (M=3.79, SD=.623), PWBPIL score t is (-1.839), p (.034) average mean score and standard deviation for male is (M=3.50, SD=.566) and for female is (M=3.68, SD=.635), PWBPSA score t is (-1.574), p (.059) average mean score and standard deviation for male is (M=3.72, SD=.594) and for female is (M=3.89, SD=.692). So, there is negative significant relationship between emotional intelligence positive relations, purpose in life and self-acceptance of hypothesis no 13. This hypothesis has been rejected because it has significant difference on three dimensions of psychological well-being.

This research was undertaken to investigate the relationship between emotional intelligence and psychological well-being and to analyze the level of emotional intelligence and psychological well-being among 1st year medical students of public and private college. The results show that emotional intelligence has positive significant correlation with dimensions of psychological well-being.

The first hypothesis stated that emotional intelligence will be positively correlated with psychological well-being. The findings support hypothesis because the result shows the significant positive correlation of emotional intelligence with dimensions of psychological well-being.

The second hypothesis stated that there is positive correlation between emotional intelligence and autonomy. The findings support the hypothesis because result shows that there is significant relationship between emotional intelligence and autonomy.

The third hypothesis states that there is positive correlation between emotional intelligence and environmental mastery. The results support the hypothesis because emotional intelligence has significant correlation between emotional intelligence and environmental mastery.

The fourth hypothesis states that there is positive correlation between emotional intelligence and personal growth.

The fifth hypothesis states that there is positive correlation between emotional intelligence and positive relations. The findings support the hypothesis because results show that there is significant correlation between emotional intelligence and positive relations.

The sixth hypothesis states that there is positive correlation between emotional intelligence and purpose in life. The findings support the hypothesis because it has significant correlation

Seventh hypothesis states that there is positive correlation between emotional intelligence and self-acceptance. The findings support the hypothesis because statistical results show that emotional intelligence has positive significant correlation with self-acceptance.

The eighth hypothesis stated that there will be significant difference between emotional intelligence and autonomy, environmental mastery and personal growth among different age groups. The findings support the hypothesis because results shows the significant difference between emotional intelligence and dimensions of psychological well-being among two age groups so, this hypothesis has been accepted

The ninth hypothesis stated that there will be no significant difference between emotional intelligence and positive relations, purpose in life and self-acceptance among two age groups. The findings support the hypothesis because results show the insignificant difference between emotional intelligence and dimensions of psychological well-being among two age groups so, this hypothesis has been accepted

The tenth hypothesis stated that there will be significant difference between emotional intelligence and autonomy, environmental mastery and personal growth among students from private and public college. The findings support the hypothesis because results show the significant difference between emotional intelligence and these three dimensions of psychological well-being among private and public college.

The eleventh hypothesis stated that there will be no significant difference between emotional intelligence and positive relations, purpose in life and self- acceptance among students from private and public college. The findings support the hypothesis because the results show the insignificant difference between emotional intelligence and these three dimensions of psychological well-being so, this hypothesis has been accepted.

The twelfth hypothesis stated that there will be significant difference between emotional intelligence and autonomy, environmental mastery and personal growth among male and females. The findings do not support the hypothesis because the results show the insignificant difference between emotional intelligence and these three dimensions of psychological well-being so, this hypothesis has been rejected. There can be different reasons behind this. The sample approximately was from same socioeconomic class.

The thirteenth hypothesis stated that there will be no significant difference between emotional intelligence and positive relations, purpose in life and self-acceptance among male and females. The findings do not support the hypothesis because results show the significant difference between emotional intelligence and these three dimensions of psychological well-being so, the hypothesis has been rejected. There can be different reasons behind this result. The sample approximately was from same socioeconomic class and has same education.

5 CONCLUSION

This study explores the correlation of emotional intelligence and dimensions of psychological well-being and shows the significant difference between emotional intelligence and dimensions of psychological well-being. The findings of results showed that the emotional intelligence and psychological well-being has significant difference on dimensions of psychological well-being (autonomy, environmental mastery and personal growth) and has insignificant difference on three dimensions of psychological well-being (positive relations, purpose in life and self- acceptance) among two age groups. The

findings of the results further showed that the emotional intelligence and psychological well-being has significant difference on dimensions of psychological well-being (autonomy, environmental mastery and personal growth) and has insignificant difference on three dimensions of psychological well-being (positive relations, purpose in life and self-acceptance) among private and public college. When comparison made with the gender, findings of results showed that there is insignificant difference between emotional intelligence and dimensions of psychological well-being (autonomy, environmental mastery and personal growth) and has significant difference on these three dimensions of psychological well-being (positive relations, purpose in life and self-acceptance) among male and female students of private and public college.

6 LIMITATIONS

It is important to critically evaluate the results and whole study. The present study has certain limitations that need to be taken into account when considering the study and its contribution. These limitations may play important role and provide frame work while considering further studies. It may help out those researchers who conducting research on this topic. There are following important limitations of this study.

- In this present study the sample size was too short that we cannot generalized findings on the whole population
- The sample size was restricted to two institutes of the Multan (Nishtar college and Multan medical and dental college)
- The level of Emotional intelligence and psychological well-being can vary culture to culture
- The subject was not allowed to given any other information that is not relevant to the scale
- The sample was consisted of 1st year medical students so; it cannot be generalized for all medical students.

7 SUGGESTION

For the further study in this area, following suggestions are suggested.

- The study of emotional intelligence can help the people to cope any situation and to manage their emotions in an appropriate way.
- Sample size should be large enough so the results of the study could be generalized.
- A large sample size is a good representative.
- Data collection should be from different age groups.
- Data collection should be from different medical colleges
- Data collection should be from different cities of Pakistan.
- Data collection should be from all classes of medical students.

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