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Trait emotional intelligence can predict the health behaviour of employees: An empirical study in Indian pharmaceutical industry

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***Abstract*---**Emotional Intelligence can be measured either as an ability, based on maximum performance tests or as a trait, based on self-perception tests. A lot of academic, professional and behavioural attributes have been studied in relation to EI and research has shown that trait EI is better correlated with health outcomes than ability EI. Health behaviour is an understudied subject that has been shown to be linked with EI. The present study evaluated the correlation of EI, measured both by an ability and a trait measure among one hundred nineteen employees of the Indian pharmaceutical industry with health behaviour, as measured by Vickers health behavioural checklist, and to assess the role of age in association with these parameters. Trait EI, as measured by Schutte self-report test, was found to be better correlated with health behaviour than ability EI, as measured by an Indian scale by Chadha and Singh. Further, trait EI was found to be predictive of health behaviour. Age was positively correlated with both ability and trait EI, but not with health behaviour. The potential implication of the results for the organization and the future direction of research in this field has been discussed in the Indian scenario.

***Keywords*---**Emotional intelligence, Trait EI, Ability EI, Health behaviour.

Introduction

EI- definitions and tools

The field of emotional intelligence (EI), popularized in the early 90s with the landmark academic studies of Mayer and Salovey (Salovey & Mayer 1990) and the

subsequent famous book by Goldman (1995), has seen rapid advancements in the last three decades. The various theories, models and measuring tools are a testimony to the rising interest in this field. As expected, because of so many diverging views, there is also growing debates about the true meaning, and definition of the term as well as the correct tool to measure it. In simple terms, Emotional Intelligence can be defined as the ability to restrain negative feelings of anger, stress and anxiety, and focus on positive feelings of patience, confidence and empathy (Goleman, D. 1995). The three main models by Mayer and Salovey (2004), Bar-On (2006), and Goleman (1995), respectively reflect some basic distinctive schools of thought regarding the concept, which was further explored by Petrides and Furnham (2000)by classifying the construct into trait and ability EI, primarily on the basis of the testing measuring tool. Tests evaluating the self-perception of one's own emotions measure the construct known as trait emotional intelligence (trait EI), while maximum performance tests evaluating emotional perception and regulation are thought to measure an inborn ability like cognitive intelligence known as ability emotional intelligence (ability EI) (Petrides and Furnham, 2000). Apart from the type of test used for measurement, there is another major difference between the two subsets of EI. Mayer and Salovey (2004) argue that the ability to learn EI skills arises out of an inborn form of intelligence. In this respect, it can hardly be improved with learning or training. Goleman (1995) and Bar-On (2006), on the other hand, argue that EI is a set of skills that are learnable. Some of the studies have, in fact, shown that trait EI can be improved with training (Kotsou et al,2018, Gilar-Corbi et al,2019). Further, such training can also improve the academic performance of students, and the organizational performance of managers and leaders, among others (Nelis D. et al.,2011). Based on this dichotomy, Emotional intelligence (EI) can be defined either as a self-perception about emotions, or as an ability to perceive and regulate emotions. A lot of occupational, academic, personal and professional traits, qualities and attributes have been studied in relation to EI and their correlation with each other have been explored (Ciarrochi, J., et al 2006: Petrides, et al 2016).

Martins et al (2010) in a comprehensive meta-analysis argued that generally, trait EI is more strongly linked to adaptive outcomes than ability EI. Based on a large number of studies involving a cumulative size of more than 19000 subjects, the results suggested that when measured as a trait measure, EI was more strongly associated with health than ability EI. Petrides et al (2016), in a systemic review, summarized the definition, biological basis, practical applications in various fields of psychology, and training of trait EI. They argued that the existing body of research in this field suggests that trait EI has strong predictive linkages with human behavioural patterns. Zeidner et al (2012) reviewed the role of EI in predicting well-being and health and concluded that EI has a predictive relationship with indicators of well-being, along with physical and psychological health.

Among the various measuring tool for evaluating EI, Schutte self-report emotional intelligence test (SSEIT or SREIT) is an internationally valid tool for measuring trait EI which is a concise tool and has been well studied in several large studies and meta-analysis (Schutte et al., 1998, 2007, 2009). It is one of the best tools which is freely available and is easy to analyse. MSCEIT, ESI, EQ-I, and TEIQue

are some of the other well recognised international tools for measuring EI, either as trait, ability or a mixed measure depending upon the different models and theories (O'Connor et al,2019). However, none of them are freely available and are long and time consuming and not very suitable for online format with time constraints. Several Indian scales have also been developed but not extensively validated in relation to other international tools. (Hyde et al 2007, Pandey & Anand 2008, Deepa & Krishnaveni, 2012). One such scale developed by Chadha and Singh measures ability EI based on maximum performance and is a concise tool suitable for an online survey (Singh, 2006). This has been validated as a measure of emotional intelligence based on the definition of EI as an ability measure and has been standardized among businessmen, professional managers, artists, bureaucrats and graduate students.

Both in the academic and occupational environment, assessment of EI is an easy tool in the hands of managers and administrators to search and screen those with low EI scores, so that appropriate intervention can be designed to target them. Research has shown that trait EI is better correlated with health outcomes than ability EI, though no Indian study has systematically looked into this matter.

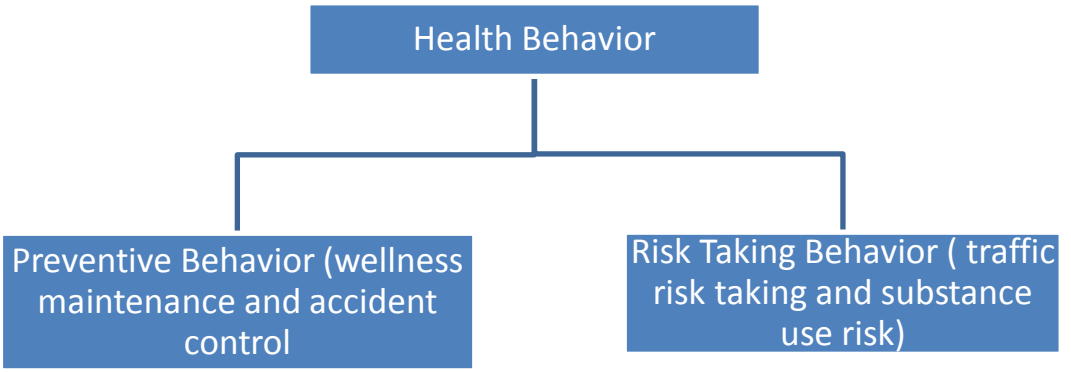
The relationship of age with emotional intelligence has been studied in a few studies, which have shown conflicting results. While Nasir and Masrur (2010), in a study done among University students of Islamabad did not find any difference in EI, as measured by Bar-On's EQ-i measuring tool in relation to age, Fernandez-Berrocal et al (2012) did find a mediating role of age with ability EI as measured by MSCEIT in a Spanish study form a broader population sample of a wide age range. Studies employing trait EI tools have also shown that it generally increases with age (Ioannis et al 2013). One Indian study done among service sector employees using TEIQue- SF has also shown that age and EI are positively correlated (Pooja 2016). The ability model of EI presumes it similar to other types of cognitive intelligence which has been seen to generally increase with age and experience (Extremera 2006). But other studies have not found this association (Palmer et al, 2005) and propose that older individuals have some difficulty in perceiving and regulation of emotions. The relationship of age and health behaviour is less well explored. Fernández-Abascal & Martín-Díaz, (2015), in a study from Spain, reported that EI dimensions are better predictors of health outcomes, both physical and mental, but had lesser predictive relation with health behaviour. Older people had better preventive behaviour, which is usually expected given the risk averse attitude of older people coupled with more awareness about their general health.

Health Behaviour

Health behaviour is, similarly a relatively new area of research, which has been studied in relation to EI and other physical and psychological parameters. Connor (2015), defined health behaviours as any activity undertaken for the purpose of preventing or detecting disease or for improving health and wellbeing. These include behaviours like substance use, dietary habits, physical activity, sexual behaviours, adherence to drugs and physician visits, screening and vaccination etc.

Vickers et al, (1990) while developing a measure to assess health behaviours, found that health behaviours are multidimensional and their individual differences can be explained as a hierarchical model. Basically, they can be categorized in two broad categories or dimensions. The first one comprises of preventive health behaviours that encompass two specific dimensions of wellness maintenance behaviours and accident control behaviours. The second dimension comprises of risk- taking behaviours including traffic-related risk taking and use of potentially harmful substances. These four subsets, along with a fifth miscellaneous component, are incorporated into their measuring tool, known as Vickers Health Behaviour Checklist (HBC), which is still the most widely used tool to measure health behaviour.

The COVID-19 pandemic has further underscored the importance of health behaviour, not only as a behaviour tool for prevention at an individual level, but at the larger community level also. Covid appropriate behaviour has acquired a new meaning and this term is being increasingly used in common conversations and scientific literature. Another important point to consider is that while positive or preventive health behaviours can serve as a motivation for others, the risk taking behaviour can also attract others, sometimes even more strongly than a positive motivation. Young students or older individuals with lenient or unstable personality traits can be more susceptible to such behaviours, and it is especially important to target them at an early stage to avoid future adverse health outcomes.



Most of the studies on health behaviour have been done on college students, both because they are relatively easily available for large sample collection, and also as they are considered an appropriate target for behaviour modification strategies. These studies have shown a positive correlation between EI and health behaviour. (Saklofske et al 2007, Pokhrel et al 2014, Malinauskas et al 2018). Some studies have also looked into the relationship of teacher training incorporating health behaviour modifications and larger impact on student behaviour and performance (Laudanska-krzeminska, 2014). Other studies in adults and older individuals from general population have found similar positive correlation between EI and

health behaviours (Sygit-Kowalkowska et al 2015, Espinosa & Kadić-Maglajlić 2018)

No Indian study has so far explored the relationship between EI and health behaviour. Moreover, as previously stated, no Indian study has been previously done to compare two different tools of EI, one measuring trait EI and another measuring ability EI, simultaneously and then study their correlation with a health outcome measure. We have previously conducted a study of trait EI and stress on college students (presented as a conference paper) and further plan to explore the relationship between EI and health behaviour in different population samples and create a comprehensive database of trait EI in Indian scenario. The complex issue of ability versus trait EI measures and demographic variables affecting these parameters is also an understudied subject in this context.

Aims and Objectives

The present study was undertaken with the aim of assessing the emotional intelligence of employees in Indian Pharmaceutical Industry with two different measuring tools, one measuring trait EI and other ability EI, and to correlate their relationship with health behaviour. The main objectives of the study are as follows:

1. To evaluate Trait EI by Schutte Self-reported Emotional Intelligence Tool
2. To evaluate Ability EI with the scale by Chadha and Singh.
3. To determine health behaviour by Vickers Health Behaviour Checklist
4. To study relationship between EI measured by these two different tools and Health Behaviour
5. To study the correlation of age with EI and health behaviour

Hypothesis

The review of available literature suggests that there is a positive correlation between EI and health behaviour, both in young college students and older individuals in other professions. It follows that emotionally intelligent individuals are more likely to behave responsibly and show positive health behaviour and avoid risk taking behaviour. It can be hypothesized that by determining EI, one can predict the health behaviour of an individual. We propose that just like routine assessment of cognitive intelligence at every step of academics and profession to find the suitability of career progression or leadership, an organization should also assess the EI of its members routinely so as to determine their physical, mental and psychological well-being. Every student or working professional should carry, just like certificates of educational qualification, an assessment of their EI, which will be of great help for the employers or managers. With this starting point, one can predict a lot of behavioural and psychosocial parameters. Health behaviour is also one of the important parameters which can help managers keep track of the health of the employees and to improve the overall productivity of the organization. It is also important as risk taking behaviour can be contagious and needs to be checked periodically and at early stage to make others aware about the adverse outcomes associated with it. Thus, to summarize the key points of literature review, and keeping in mind the

objectives of the present study, we propose the main points of hypothesis as follows:

1. There is a positive correlation between trait EI and health behaviour.
2. There is a positive correlation between ability EI and health behaviour
3. Emotional intelligence is predictive of health behaviour
4. Age is an independent variable which is positively correlated with both EI and Health behaviour

Material and Methods

The sample population consisted of working professionals of both genders, working in different pharmaceutical companies spread all over India. An online survey with three set of questionnaires was designed, along with some general demographic details. Due to the nationwide lockdown, participants could not be interviewed personally and were contacted through email and other social media platforms. Following standard tools were used for the study.

1) For measuring trait EI, Schutte Self-report Emotional Intelligence Test (SSEIT) was used. It consists of 33 questions with responses measured on a 5-point Likert-type scale ranging from 1 (strongly-disagree) to 5 (strongly-agree).
2) For measuring ability EI, Indian scale by Chadha and Singh was used which comprises of 22 questions. Each question in the test has four options, with different marks for each option. As it is a test of maximum performance where the answers are either right or wrong based on the assumed correct answers based on the larger population, the participants answers are rated accordingly. The sum total gives the total EI score.
3) For measuring health behaviour, health behaviour checklist by Vickers was used. This tool has 40 questions relating to four main behavioural patterns of wellness maintenance and enhancement, accident control, traffic risk taking and substance risk taking. The remaining questions are put together in the fifth miscellaneous component. Participants answer on a 5-point Likert scale ranging from1 (disagree strongly) to 5(agree strongly). A few questions were reframed given the widespread use of mobile phones nowadays (in place of fixed landlines) and internet and to suit the weather conditions in India (written as extremes of temperature in place of 'chilled').

Statistical analysis- 1) Cronbach alpha for questionnaire reliability. 2) For correlation between EI and health behaviour, Pearson's Correlation coefficient was calculated both between trait EI and HBC, and ability EI and HBC, respectively. This analysis was done with HBC as a composite measure, its two main dimensions of preventive and risk taking behaviour and then subsequently with the five components of HBC. 3) Further, regression analysis was also done between EI measures and HBC to see whether they have a predictive relationship. 4) For determining the relationship of age, correlation was analysed with all three scales separately. All numerical data are expressed as mean ± SD. SPSS (IBM Inc) version 25 was used for statistical analysis.

Results

Demographics

A total of one hundred and nineteen professionals from pharma sector participated in the study. SSEIT and HBC were filled fully by all participants, while Singh scale was completed by only 104 participants. One hundred two participants (86%) were males. Average age was 36.78 ± 7.47 years. The most common highest academic qualification was Masters degree reported by 74 participants (62.2%) followed by Bachelor degree with 40 respondents (33.6%). The majority of respondents belonged to Madhya Pradesh with 51 (42.9%), followed by Uttar Pradesh with 18 (16%), Uttarakhand with 16 (13.4%), Maharashtra with 10 (8.4%), while 24 participants (20.2%) were from other states. About 65.5% of participants were aware about the concept of EI. In terms of years of experience, the highest percentage was between 6-10 years (27.7%), followed by more than 15 years (26.9%) Table 1 (authors') summarizes the demographic details.

Questionnaire Reliability

Cronbach alpha for each questionnaire dealing with two measures of emotional intelligence, SSEIT and Singh scale respectively and Health Behaviour checklist, was 0.899, 0.765, and 0.847. These values denote good reliability of questionnaires (Table- 2-authors'). This shows that apart from SSEIT for trait EI and HBC for health behaviour which are known internationally valid measuring tools for the corresponding parameter, Singh scale is also a reliable questionnaire for measuring ability EI.

Table 1
Demographic profile of respondents

	Characteristics	Frequency	Percentage
Gender	Male	102	85.7%
	Female	17	14.3%
Age	21 to 25	5	4.2%
	20 to 30	15	12.6%
	31 to 35	37	31.09%
	36 to 40	27	22.7%
	41 to 45	19	15.97%
	46 to 50	10	8.4%
	50 above	6	5.04%
Academic Qualification	Doctorate Degree	2	1.6%
	Master Degree	74	62.2%
	Bachelor Degree	40	33.6%
	Professional Degree	3	2.5%
Native State	Madhya Pradesh	51	42.9%
	Uttar Pradesh	18	13.4%
	Uttarakhand	16	15.12%
	Maharashtra	10	8.4%

	Others	24	20.2%
Years of Experience	0-5 yrs	26	21.8%
	6-10yrs	33	27.7%
	11-15yrs	28	23.5%
	15 and above	32	26.9%

Emotional intelligence

The mean value for Trait EI by SSEIT, was 131.85, with SD of 16.99. This is considered high normal range and is in accordance with previous research with SSEIT. The mean EI score across many large samples has been reported as 124 ± 13. Mean scores below 111 or above 137 are considered unusually low or high (Schutte et al 2009). The mean value for ability EI by Singh scale was 349.09 ± 40.03 (Table-2-authors'). Scores between 379 to 440 are considered as extremely high, 308 to 379 are considered as high, 261 to 307 as moderate, while below 260 is considered as low score (Singh 2006). Thus, the ability EI score in the studied sample, likewise showed high emotional intelligence.

Health Behaviour

The composite mean score of Vickers HBC was 138.73 ± 18.67. Some studies use only two broad categories of positive and negative health behaviour and compare them among different populations and with other parameters while others use different components for analysis. We have done correlation of both ability EI and trait EI separately with total HBC score, its two main dimensions and all five components (Fig 1-author's). Fig 1. Health Behaviour dimensions and components (excluding Miscellaneous)

Table 2
Descriptive statistics and Cronbach Alpha for the three scales

	minimum	maximum	Mean	Std. Deviation	Cronbach alpha	N
Trait EI -SSEIT	50	161	131.85	16.99	0.899	119
Health behaviour-HBC	95	183	138.73	18.67	0.847	119
Ability EI -Singh scale	220	410	349.09	40.03	0.765	104

Correlations Analysis

Correlation analysis between SSEIT and HBC revealed that trait EI was significantly correlated with all HBC components and dimensions as well as the composite score except the traffic risk behaviour, which had a negative correlation but was not statistically significant (Table-3- authors'). The strongest correlation was with the accident control behaviour component (r= 0.549), followed by miscellaneous component (r= 0.451). Expectedly, the preventive behaviour dimension and its two components had positive correlation while the risk-taking behaviour dimension as well as its two components had negative correlation. Correlation with overall composite score was significant and positive, although

not very strong (r= 0.371). Thus, trait EI had a good correlation with health behaviour components and dimensions.

Table 3
Correlations analysis between trait EI and Health Behaviour

	Trait EI	Wellness Maint.	Accident control	Traffic risk	Substance risk	Miscell	HBC prevent	HBC risk	HBC composite
Trait EI - SSEIT	1	.328	.549	-.038	-.392	.487	.451	-.194	.371
		.000	.000	.679	.000	.000	.000	.035	.000
	119	119	119	119	119	119	119	119	119

Correlation is significant at the 0.05 level (2-tailed).

Correlation with Singh scale showed that ability EI also has significant correlation with three of the components of HBC, namely traffic risk, accident control and substance use, in that order as well as the overall risk -taking dimension, but there was no significant correlation with overall composite HBC score (Table-4-author's). Further, it had a negative correlation with the wellness maintenance component (r= -0.022) and the overall composite score (r=-0.072), although both of these were non -significant. This analysis suggests that ability EI has a poor correlation with health behaviour, both with its different components and dimensions as well as the composite score.

Table 4
Correlation analysis between ability EI and Health Behaviour

	Ability EI	Wellness Maint.	Accident control	Traffic risk	Substance risk	Miscell	HBC prevent	HBC risk	HBC composite
Ability EI - Singh	1	-.022	.234	-.363	-.199	.133	.074	-.421	-.072
		.821	.017	.000	.043	.178	.456	.000	.470
	104	104	104	104	104	104	104	104	104

Correlation is significant at the 0.05 level (2-tailed).

Regression Analysis

Linear regression analysis gives a fair idea of the predictive or causative relationship between the two variables. Here also, as shown in tables-5.1,5.2,6.1and 6.2 (authors'), trait EI had a significant association with health behaviour, while ability EI did not have a significant relation. This further confirms the results of the correlation analysis and suggests that trait EI can predict health behaviour, while ability EI does not have a predictive relationship with heath behaviour.

Table 5.1.
Regression analysis between Trait EI and HBC

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	5666.027	1	5666.027	18.697	.000[b]
	Residual	35455.368	117	303.037		
	Total	41121.395	118			

a. Dependent Variable: HBC composite
b. Predictors: (Constant), SSEIT

Table 5.2.
Regression analysis between Trait EI and HBC

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	84.956	12.538		6.776	.000
	SSEIT	.408	.094	.371	4.324	.000

a. Dependent Variable: HBC composite

Table 6.1.
Regression Analysis between Ability EI and HBC

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	182.634	1	182.634	.525	.470[b]
	Residual	35475.982	102	347.804		
	Total	35658.615	103			

a. Dependent Variable: HBC composite
b. Predictors: (Constant), Singh scale

Table 6.2.
Regression Analysis between Ability EI and HBC

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	151.496	16.127		9.394	.000
	Singh scale	-.033	.046	-.072	-.725	.470

a. Dependent Variable: HBC composite

Correlation with Age

Calculation of Pearson correlation coefficient between age and the three scales showed that age was positively correlated with both trait EI ($r=0.186$, $p<0.05$),

and ability EI (r=0.289, p< 0.005), but it had no correlation with health behaviour (r=0.056, p > 0.05). Interestingly, the strength of association was stronger with ability EI than with trait EI.

To summarize, the results of the study confirm the first hypothesis that trait EI is positively correlated with health behaviour, but refute the second hypothesis that ability EI has similar correlation. The third hypothesis is partly proved in that only trait EI, and not ability EI, is predictive of health behaviour. The fourth and final hypothesis was only partly proved in that age had a significant correlation with both trait and ability EI, but not with health behaviour.

Discussion

The results of the present study show that while trait emotional intelligence, as measured by SSEIT, is positively correlated with health behaviour of employees in pharma sector, ability emotional intelligence, as measured by Singh scale, has poor correlation with health behaviour. This is in accordance with previous research in this filed which shows that trait EI is better correlated with health outcomes than ability EI. The results reinforce the importance of emotional intelligence in determining the behaviour patterns of individuals, and underline the value of assessing this parameter as part of routine assessment of employees, along with their cognitive skills and physical health. Further, trait EI was significantly correlated with all components and dimensions of health behaviour except traffic risk behaviour, while ability EI was correlated with two components only and its overall corelation with the composite HBC was not significant. The negative correlation with traffic risk implies that it may have some relation with certain health behavioural aspects related to risk taking behaviours which need to be studied in larger studies. The results also show that trait EI has a predictive relationship with health behaviour while no such relationship exists between ability EI and health behaviour. This has important implications for managers in the organization, where assessment of a simple tool like trait EI can help them in predicting the health behaviour of workforce and thereby design appropriate target interventions to improve the health and performance of employees. Those individuals with low EI are likely to have poor health behaviours and can be selected for further screening and motivated for better health related activities. Health behaviour of employees in any organization is an important parameter to determine their overall physical and mental well-being as it evaluates their priorities regarding various positive and negative influences of everyday life and their various habits which have a bearing on their performance and overall health of the organization. By making measurement of trait EI a routine part of employee evaluation both at entry level and subsequent performance evaluations, a lot can be achieved in terms of overall organizational health and productivity.

The lack of Indian data regarding health behaviour in different sample populations also needs to be addressed. It is commonly believed that although a healthy diet and physical exercise are commonly emphasized as part of a healthy lifestyle, other areas, which are equally important for the overall health and well - being of a society, like traffic rules awareness and abiding by them, regular health check-ups and doctor visits, certain risk taking behaviours and finally awareness about various common ailments receive less attention and are often neglected.

Some of these issues have recently gained importance in the light of the Corona virus pandemic and wider penetration of mobile and internet technology have further helped in awareness about some of these issues. It is high time that more studies with larger sample size and including a wider population base be conducted to better understand these complex associations between emotional intelligence and health behaviour.

In the current study, in accordance with the previous research, age was found to have a significant correlation with both facets of EI, with ability EI having stronger relation than trait EI. While most of the international research with ability EI has been done with MSCEIT (Fernandez-Berrocal et al 2012), we have used an Indian scale which is short and validated in Indian sample populations. Previous research has shown a correlation coefficient ranging from 01. To 0.3 (Extremera, 2006), and our results are similar to this value. However, age was not significantly correlated with health behaviour. Though not much data is available to compare this finding, one Spanish study reported better health behaviour scores in older individuals (Fernández-Abascal & Martín-Díaz, 2015). While it can be expected that older people may have less risk -taking behaviours and more awareness about their illnesses, it is equally true that many younger individuals are very careful about their physical fitness and engage in physical activities and exercise more often than older individuals. This result also suggests that while with increasing age, there might be some improvement in emotional intelligence, this does not always translate into a better health behaviour with advancing age. Or in other words, the positive correlation of age and EI and EI and health behaviour are independent of each other.

There are some notable weaknesses of the study. First, although a sample size of more than 100 is usually considered adequate and given the constraints put by lockdown, a total sample size of 119 was satisfactory, a larger sample size would have further strengthened the results of the study. The strong positive correlation and predictive relation between trait EI and health behaviour highlights the validity of the hypothesis, but similar conclusion cannot be made with same conviction about the non-significant results about ability EI, as only 104 participants fulfilled the questionnaire, and there was a significant correlation with some components of HBC, which needs further evaluation with larger studies to confirm or refute this association. Second, the best studied and internationally valid tool to assess ability EI is MSCEIT, developed by Mayer, Salovey and Caruso based on their ability model, but it's a very long and time-consuming test and not available freely to researchers. The tool developed by Chadha and Singh is a simple and concise tool appropriate for online surveys and validated in Indian population. So, while the inference regarding trait EI can be drawn with some conviction, the results regarding ability EI would require more such studies with Indian scales to create a larger database for better comparison. The findings that the Singh scale had a reasonably adequate Cronbach alpha, had scores in the high range scores of EI comparable to SSEIT, and showed correlation with age and some HBC components all show that it is a valid measure of EI, and should be used by more Indian researchers to further validate its standing vis a vis other international tools. Finally, for all statistical analysis, only composite scores of EI tools were used. Although many researches have advocated use of different EI dimensions and their component scores, the

composite score is equally valid, as suggested by Schutte et al themselves, and it retains the simplicity associated with the test, especially from the point of view of HR managers, as distinct from a detailed psychological evaluation, which requires assessment in different dimensions mandatory.

Conclusion

In conclusion, the present study shows that trait EI is positively correlated with health behaviour among employees of Indian pharmaceutical industry, while no definitive relation exists between ability EI and health behaviour. Trait EI and health behaviour have a predictive relationship which can help managers in the workplace. Emotional intelligence generally improves with increasing age, while no such definite relationship exists between age and health behaviour. Assessing trait EI and its improvement with appropriate training should be considered as part of routine assessment and appraisal of employees. Emotional intelligence is a simple and concise tool, which has already been associated with a lot of other organizational metrics like job performance, stress, satisfaction, leadership qualities etc, and is increasingly being recognized as a necessary tool for routine and regular monitoring of employees. Health behaviour is one more important outcome measure which can be easily predicted using this simple measurement. It can identify those individuals which can be appropriately counselled and trained as part of routine employee training programs, so that their overall health can be improved. Just like cognitive intelligence and abilities are tested and enhanced to improve financial health of both individual employees and the whole organization, the assessment of emotional intelligence and its improvement through training can lead to significant improvement in physical and mental health of employees, and consequently their overall performance.

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Declaration: The authors declare that:
a) The work is original, and has not been published in any form prior to submission with this journal.
b) The work has not been submitted elsewhere concurrently.
c) There is no conflict of interest. This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.
d) The corresponding author has the permission of all co-authors for submitting with this journal.

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