

**EMOTIONAL INTELLIGENCE AND ADVERSITY QUOTIENT
OF SELECTED HELPING PROFESSIONALS**

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TABLE OF CONTENTS

CHAPTER 1	
THE PROBLEM AND ITS BACKGROUND	
Introduction	1
Theoretical Framework	3
Conceptual Paradigm	9
Statement of the Problem	10
Hypotheses	12
Significance of the Study	12
Scope and Limitations	13
Definition of Terms	14
CHAPTER 2	
REVIEW OF RELATED LITERATURE AND STUDIES	17
CHAPTER 3	
RESEARCH METHODOLOGY	
Research Design	34
Description of Respondents and Research Locale	35
Sampling Techniques	35
Research Instruments	36
Data Gathering Procedure	37
Data Analysis	38
CHAPTER 4	
PRESENTATION, ANALYSIS, AND INTERPRETATION OF DATA	40
CHAPTER 5	
SUMMARY OF FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS	
Summary of Findings	49
Conclusions	51
Recommendations	53
References	

CHAPTER 1

THE PROBLEM AND ITS BACKGROUND

Introduction

Helping professionals encounter clients and patients in crisis regardless of the type of profession. Medical professionals like doctors and nurses are often faced with life-threatening conditions among patients. Psychologists, psychiatrists, and guidance counselors, who cater to psychological needs, are frequently confronted with various psychological conditions of clients. Despite these challenges, helping professionals continue to provide physical and mental health services to the community. This has been observed during the devastation of the Typhoon Haiyan or known as *Typhoon Yolanda* in 2013. Medical personnel immediately responded to the needs of those affected. Dozens of psychologists and counselors also arrived at the disaster-stricken area and helped the survivors deal with the disaster. The role of helping professionals in extending assistance to the typhoon survivors continue to be felt. In just a month after the devastation, the World Health Organization (WHO) (2013) conducted a workshop to Filipino psychologists, physicians, and psychiatrists for psychological first aid. A year ago, the International Medical Corps (2014) provided mental health training to doctors and nurses in the province of Leyte. The training was directed to integrate mental health into primary health care services. Doctors and nurses from rural health units (RHU) gathered to learn how they can aid typhoon victims with mental health issues.

Helping professionals have a lot of responsibilities in their respective work. They are oftentimes confronted with adversities within their practice. These include, among others, physical strain, work-related concerns, and other environment stressors. They may also face situations wherein their personal belief system may put into dilemma, but they have to act in the best interests of their clientele. In some other instances, they are at risk of vicarious trauma or stress when they render treatment services to clients and patients. They serve to provide physical and mental health for clients and patients at different stages of their lives. Their accountability manifest in their decision-making. This is important because the physical and mental health of patients and clients are at stake. Working in the helping profession is emotionally demanding as well. Emotional reactions are evoked when confronted with adversities at work. Helping professionals engaged in this kind of work need to utilize and manage their emotions. These may, in fact, challenge their physical and mental well-being. All of these practices require the exercise of emotional intelligence and resilience. To be effective in their work, they must understand and manage their emotions in a manner similar to the way they cope with adversities. These qualities are thought to be essential for professionals who work in the physical and mental health profession.

There has been a plethora of research about emotional intelligence (Jayawardena & Gregar, 2013; Thingujam, 2011) and Adversity Quotient[®] over the years. Emotional Intelligence or EI have found links with diverse constructs. Much of Adversity Quotient or AQ[®] studies have been drawn from researches in business and

industries. Despite these attentions paid to EQ and AQ[®], there is a limited literature on the relationship of the two constructs. Foreign and local studies, alike, provided little evidence on the link between EQ and AQ[®]. One might speculate that helping professionals demonstrate emotional competencies and resilience given a huge extent of adversities they encounter at work. Even so, it appears that this remains unexplored. It is imprudent to assume that studies about EQ and AQ[®] conducted to diverse populations will also be akin to helping professionals. Therefore, it is timely to focus on these two different constructs and extend the literature to the helping professions in the Philippines. Thereby, in the course of investigation, the study attempted to portray an EQ and AQ[®] profile of helping professionals with respect to their age, gender, marital status, and type of profession.

Theoretical Framework

The following discussions contained the theoretical underpinnings of emotional intelligence and adversity quotient according to how they were treated in this study.

Intelligence Theories

Intelligence is relevant to many scientific disciplines, particularly psychology. The theory about intelligence stems from the time of Francis Galton in which he asserted that individuals differed in their natural abilities. Not long after, Stern presented the term intelligence quotient or IQ which is determined by dividing mental

age from chronological age. Current views on intelligence began from the theory of Spearman when he coined the term “g” for general intelligence. Mackintosh (2011) affirmed that this resulted from Spearman's correlations between different measures of school attainment and musical performance. Following the early proponents of intelligence, Wechsler introduced his definition of intelligence as “the aggregate or global capacity of the individual to act purposefully, to think rationally, and to deal effectively with his environment” (as cited in Coetzer, 2013). With the introduction of intelligence theories, various tests are continuously emerging. Intelligence tests are marketed all over the world because of their popularity. Their use range from school classification and work requirement to counseling support and research studies. IQ is undeniably one of the most researched psychological constructs. Implicit in these studies are validation of emerging intelligence constructs.

Gardner's (2004) theory of multiple intelligence is a popular construct being applied to a wide array of institutions and organizations. This theory contends human beings to possess not just a single intelligence rather, a set of distinct intelligences. One of these is the interpersonal-intrapersonal intelligence, which relates to the aspect of emotions. It is defined as the capacity to discriminate and understand one's own feelings and other people. Having this understanding, an individual may discriminate different emotions and use this in molding his or her own behavior. Relative to this are the emerging tests for EI such as the popular BarOn Emotional Quotient Inventory (EQ-i), Schutte Self-Report Inventory (SSRI) and

Work Profile Questionnaire- Emotional Intelligence Version (WPQei). Another assessment tool is the Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT), which Sternberg, Lautrey, and Lubart (2003) assert to have good evidence of validity. All these tests validate the growing interest on other aspects of intelligence, specifically the emotional intelligence.

The Concept of Emotional Intelligence

Intelligence is a broad construct demonstrating not only the cognitive but also the emotional aspect. In recent years, the concept of emotional intelligence or EI has emerged and has gained interest from researchers. It was formed as part of the intelligence theories. Mayer, Salovey, and Caruso are credited as one of the first theorists to introduce the psychological concept of EI, which is defined as “the ability to perceive emotions, to access and generate emotions so as to assist thought, to understand emotions and emotional knowledge, and to reflectively regulate emotions so as to promote emotional and intellectual growth” (as cited in Hatch & Kornhaber, 2006, p.36). In its broadest sense, EI refers to abilities for identifying, processing, and managing emotion, in both self and others (Matthews, Zeidner & Roberts, 2005). Goleman posited the characteristics that make up EI which are self-awareness, self-regulation, motivation, empathy, and social skills (as cited in Wilding, 2007). With EI skills, people recognize and communicate effectively their emotions and understand the emotions of others as well (Segal, 2008).

Genos Emotional Intelligence Model

Relative to the emotional intelligence concept is the Genos EI model, rooted from the works of Palmar and Stough and the Swinburne University Emotional Intelligence Test (SUEIT). It is defined as “the ability to adjust, shape and identify environments through emotion processes that are relevant” (Gignac, 2010). Specifically, the Genos EI is purely the demonstration of *emotional intelligence skills* across seven dimensions as described below:

Emotional Self-Awareness (ESA). This skill is a representation of individuals' awareness that their emotions may affect their thoughts and behaviors at work. It incorporates both positive and negative affect states (Gignac, 2010).

Emotional Expression (EE). This accounts the verbal or non-verbal (or a combination of the two) nature of expressing emotions appropriately at work. It implies how individuals show their emotions in the right way, at the right time, and with the right people (Gignac, 2010).

Emotional Awareness of Others (EAO). This emphasizes individuals' identification of the emotions expressed by others in the workplace. Awareness, in this context, involves verbal and non-verbal expressions of emotions by others (Gignac, 2010).

Emotional Reasoning (ER). This skill integrates the consideration of one's own emotions and that of others when making decisions at work. Emotionally relevant information are used in the process of problem solving and decision making in the workplace (Gignac, 2010).

Emotional Self-Management (ESM). This places emphasis on the individuals' successful management of their emotions at work. It displays how individuals maintain positive emotional state and move on from emotional set-back, which may encounter at work (Gignac, 2010).

Emotional Management of Others (EMO). This skill shows how individuals manage the emotions of others at work. It demonstrates actions to motivate colleagues in distress creating a positive work environment for others (Gignac, 2010).

Emotional Self-Control (ESC). Although similar to Emotional Self-Management, this skill focuses on the behavioral demonstration of controlling reactive emotions at work contrary to Emotional Self-Management, which is more proactive. Individuals who exhibit Emotional Self Control manage to maintain their focus at work even in times of emotional adversities (Gignac, 2010).

Stoltz' Adversity Quotient[®]

According to Stoltz (1997), Adversity Quotient[®] or better known as “AQ[®]” is the science of resilience. It describes how well one withstands adversity and one's ability to overcome it. Likewise, it predicts who will overcome adversity and who will be crushed, who will exceed expectations and who will fall short, who gives up and who perils. AQ[®] takes three forms as shown in the figure illustrated below. First, it is a conceptual framework of understanding success, drawn from many years of research. Second, it is an instrument to measure how an individual responds to adversity. Lastly, it is a scientifically-grounded set of tools for persevering through adversities.

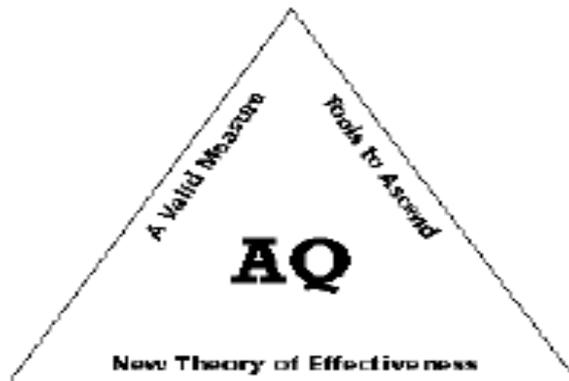


Figure 1. Stoltz AQ[®] Concept

Stoltz (1997) further explained AQ[®] into four dimensions as identified above:

C – Control. This is the ability to control one's response to anything that might happen. People with higher AQ[®] are more likely to display a superior form of response control. These people are able to manage their responses when adversity strikes (Stoltz, 1997).

O – Origin and Ownership. The first O is the extent to which a person improves a situation at hand and takes it upon himself or herself. Those with higher AQ[®] hold themselves accountable for dealing with situations regardless of their causes. Those with lower AQ[®] tend to blame themselves for bad situations. The other O pertains to accountability; it is like owning the outcomes of adversity. Those with higher AQ[®] take the responsibility over the results of adverse situations while those with lower AQ[®] give up easily and blame others (Stoltz, 1997).

R – Reach. This dimension determines how a person perceives the problem to be. Those with higher AQ[®] deal problems positively and not let them affect their lives. However, those with low AQ[®] are inclined to be poor in decision-making (Stoltz, 1997).

E – Endurance. This concept relates to how long a person perceives the adversity will last. Those with higher AQ[®] maintain hope and optimism. For those with low AQ[®], they see their ability as the cause of failure and in so doing, may find themselves less likely to By discovering, measuring, and applying AQ[®], people are able to stay motivated even in adverse situations. Considerable impetus in the study of AQ[®] came from the works of Dr. Paul Stoltz. Based on numerous studies, he developed the AQ Profile[®] and is credited as the most credible instrument measuring AQ[®]. From its inception, AQ[®] becomes the leading tool in measuring how effectively one deals with adversity (Stoltz, 1997).

Conceptual Paradigm

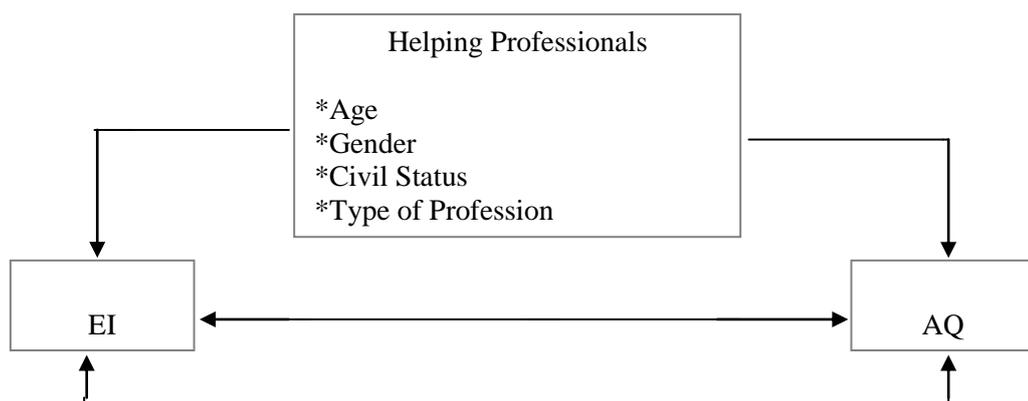


Figure 2. A schematic diagram showing emotional intelligence and adversity quotient of helping professionals.

The above figure illustrates the interrelationships of the research constructs. The respondents of the study were helping professionals, and they were described in terms of their age, gender, civil status, and type of profession. They were assessed through their EI or emotional intelligence as well as their AQ[®] or adversity quotient. The two constructs were compared according to their demographic profile. The study further demonstrated the correlation between *EI skills* and *AQ[®] dimensions*. From the output of the study, the nature of emotional intelligence and adversity quotient of helping professionals was identified.

Statement of the Problem

The study focused on identifying the EI and AQ[®] of helping professionals and ascertained the extent of relationship of these two constructs. Specifically, the study sought to answer the following questions:

1. What is the profile of respondents in terms of the following variables:
 - 1.1. age;
 - 1.2 gender;
 - 1.3 civil status;
 - 1.4 type of profession?
2. What are the mean scores of helping professionals on the following *emotional intelligence skills* as measured by Genos Emotional Intelligence Inventory:
 - 2.1 emotional self-awareness;
 - 2.2 emotional expression;

- 2.3 emotional awareness of others;
 - 2.4 emotional reasoning;
 - 2.5 emotional self-management;
 - 2.6 emotional management of others;
 - 2.7 emotional self-control?
3. What are the adversity quotient mean scores of helping professionals on the following dimensions as measured by AQ[®] Profile:
- 3.1 control;
 - 3.2 ownership;
 - 3.3 reach;
 - 3.4 endurance?
4. Are there significant differences of helping professionals' EI and AQ[®] on the basis of the following demographic variables:
- 4.1 age;
 - 4.2 gender;
 - 4.3 civil status;
 - 4.4 type of profession?
5. Is there a significant relationship between *EI skills* and *AQ[®] dimensions* of helping professionals?

Hypotheses

The following hypotheses were tested at 0.5 level of significance:

1. There are no differences of EI and AQ[®] of helping professionals in terms of their age, gender, civil status, and type of profession.
2. There is no significant relationship between *EI skills* and *AQ[®] dimensions* of helping professionals.

Significance of the Study

The study determined the degree of relationship of helping professionals' emotional intelligence and adversity quotient. The output is expected to be beneficial to the following:

Administrators. The result of the study would provide the administrators information that are essential to create programs and goals integral to the development of their employees (i.e. helping professionals). Identification of the importance of EQ and AQ[®] constructs would enable them to align their objectives with the needs of their employees. Prospected findings will shed light on the need for seminars and workshops to enhance their employees EQ and AQ[®] skills.

Helping Professionals. The realizations obtained from this study will primarily help increase knowledge about emotional intelligence and adversity quotient, which can assist helping professionals deal with emotions and adversities inherent to their work. Thereby, this will improve their management of themselves and respond effectively to their patients/clients.

Future Researchers. Findings of the study could be of help to future researchers in undertaking studies along this line. Recommendations to be highlighted would initiate new insights that are of significance in the further exploration of EQ and AQ®.

Local Literature. The novel facet of the study would contribute to the dearth literature on the relationship of EQ and AQ® specifically, in the Philippine setting.

Scope and Limitations

Accordingly, the study focused on determining the helping professionals' EQ and AQ® with respect to their age, gender, civil status, and type of profession and the relationships and differences of these constructs. EQ was measured by the Genos EI and facilitated by Genos International. On the other hand, AQ® Profile was used for measuring Adversity Quotient®, conceptualized by Dr. Paul Stoltz. Selected hospitals, clinics, organizations, academe, and agencies in Metro Manila and nearby provinces were the research locales. A few limitations were identified primarily on the response rate that concerns the dissemination of online instruments.

Some respondents may not be committed enough to access the internet and answer the questionnaires. In the case of medical personnel like doctors, their busy schedules and nature of work limit them to participate in the study. Hence, inviting them to take part in the study posed a great deal of persuasion and difficulty. Another difficulty included the retrieval phase of the data. A big number of the respondents were not able to complete the AQ[®] Profile properly. Hence, the researcher made several follow-ups to the identified respondents and requested them to complete the said questionnaire. The researcher sought again the help of PEAK Learning Inc. to open the online system for the respondents to be able to input their responses.

Definition of Terms

The following are the terminologies that were used in the study and are operationally defined for purposes of clarity:

Adversity. This relates to any hardship that emanates particularly at work.

AQ[®]. This represents Adversity Quotient, which measures the ability of an individual to overcome adversities. AQ[®] is further defined along its four dimensions:

C – Control. This is the ability to control one's response to anything that might happen.

O – Origin / Ownership. This pertains to accountability. It is like owning the outcomes of adversity.

R – Reach. This dimension determines how a person perceives the problem to be.

E – Endurance. This concept relates to how long a person perceives the adversity will last.

Emotional Intelligence. Emotional Intelligence (EI) is also known as EQ. In this study, EI and EQ are used interchangeably as they mean the same. This refers to the ability of an individual to understand and manage his or her emotions as well as the emotions of others. EI is further described in terms of its seven *EI skills*:

Emotional Expression (EE). This accounts verbal or non-verbal (or a combination of the two) nature of expressing emotions appropriately at work.

Emotional Awareness of Others (EAO). This emphasizes individuals' identification of the emotions expressed by others in the workplace.

Emotional Reasoning (ER). This skill integrates the consideration of one's own emotions and that of others when making decisions at work.

Emotional Self-Management (ESM). This places emphasis on the individuals' successful management of their emotions at work.

Emotional Management of Others (EMO). This skill shows how individuals manage the emotions of others at work.

Emotional Self-Control (ESC). Although similar to Emotional Self-Management, this skill focuses on the behavioral demonstration of controlling reactive emotions at work contrary to Emotional Self-Management which is more proactive.

Helping professionals. These are physical and mental health practitioners who work in hospitals, clinics, organizations, and institutions. For the purpose of this study, they are categorized under 2 groups: psychological (psychologists, psychiatrists, counselors) and medical (doctors and nurses).

CHAPTER 2

REVIEW OF RELATED LITERATURE

This chapter describes conceptual literature and studies on emotional intelligence and adversity quotient that are imperative in understanding the problem being studied.

LOCAL LITERATURE

Emotions and Resilience

Delos Reyes (2009) defined emotional intelligence (EQ) in the realm of coaching. He described a coach with EQ if he or she is aware of his or her emotions as a tool of enhancing relationships at work with his or her team members to achieve success. Integrating existing concepts, he formulated the SSRS or the four-point convenient guide on how EQ can help coaches in their fields. The SSRS (Self-Awareness, Relationships, Resilience, and Self-Actualization) is better understood below:

Self-Awareness EQ. This pertains to knowing ones unique emotions of happiness, anger, sadness, and fear. Knowing these emotions makes a coach genuine and emotionally honest.

Relationships EQ. This implies how emotions are used to connect everyone in a group. In a simple word, it is the rapport instigated and can be highlighted

through empathy, team spirit, intimacy, win-win conflict, adapting to people, assertiveness, inspirational leadership, and non-judgmental approach.

Resilience. This is the ability to adopt a positive attitude in the face of adversity. The key aspects are: flexibility, problem-solving, stress tolerance, adaptability, transparency, and change catalyst. A coach who possesses these has a high tolerance or resilient to challenges.

Self-Actualization. This means emotional transformation from seemingly negative view of things to a clearer perspective. A coach who possesses this knows how to grab opportunities and face the future with optimism.

The Filipino concept of resilience translates to the philosophy of *katatagang-loob*. Tiangco (2006) connotes that this term can be broken down into two: *katatagan* and *loob*. *Katatagan* denotes the characteristics of Filipinos to endure in the face of adversity. On the other hand, *loob* pertains to personal and spiritual realm of the Filipino personality. Simply, *katatagang-loob* is “the spirit of undying resiliency reflected upon acts of self-endurance and self-durability amidst challenges and adversity. As a valuing for self-endurance and durability, one need not assert power, forceful strength, aggressiveness, nor desire for revolution” (pp. 22-23).

He further described Filipino's concept of resilience in terms of religious spirituality. Given the strong influence of Catholicism, they embraced adversities as also their faith in God.

There is a consolation that experiences of disasters and personal problems can be overcome when they put faith in God's guidance and mercy.

Guthrie and Azores asserted that one of the valued ability of Filipinos is emotional control. This can be observed from cultural values, such as not losing temper, refraining from showing anger, enduring problems, and displaying a positive disposition (as cited in Church, 1986). For example, Filipinos are expected to control their anger when being teased. Expression of aggression is a means of being *pikon* or bad sport. Another aspect on the manifestation of emotional control is the way Filipinos endure their problems or difficulties. This shows how Filipinos take on being resilient. When faced with troubles, they are more likely to accept and tolerate them. The problem with this kind of resilience, according to Sison (2014), is that this is akin to waiting the problem to pass. In her article from a news portal, she argued that Filipinos tend to avoid discomfort when problem arises. This can be observed during the aftermath of natural disasters like flood and earthquakes. They verbalized common expressions like “*Ganyan talaga eh.*” (It's just the way it is.) or “*Anong magagawa natin?*” (What can we do?). She contended that this might be a pride for everybody; however, thinking of concrete solutions is also of equal importance.

De Guzman et al. (2012) identified two origins of resilience from the perspectives of Filipino elderly: conviction and condition. *Conviction* is a fixed belief that stems from an individual's past experiences of stress and adversity. Elderly people tend to believe that having positive behavioral adaptation to present problems was rooted from an adequate support system.

Religion also played a key role in their coping mechanisms in which they resort to God and their faith whenever they face adversity. Another origin of resilience is the concept of *condition*. The latter focused on the ability of elderly people, who suffered from illness, to cope with their conditions using physical and spiritual aspects. This involved physical exercises and spiritual interventions in relation to facing difficult situations.

LOCAL STUDIES

In the study of Santos (2012) among Filipino special education (SPED) teachers, she assessed the role of Adversity Quotient[®] in improving one's quality of life. She asserted that SPED teachers face great deal of challenges in their daily life. They do not only create individualized education programs, but perform administrative tasks and activities as well. Thus, she found it necessary to describe them in terms of their AQ[®]. In the initial phase of the study, a pre-test was conducted using the Adversity Response Profile (ARP) Quick Take. The teachers' pre-test results showed moderately low AQ[®] scores. In the next phase of the study, Santos developed a self-learning modular program entitled *Adversity Quotient: Turning Struggles into Success*. This module was divided into five in which the teachers were required to read one module per week. The purpose of the program was to enhance the teachers' resiliency in one month. After the culmination of the program, a post test was given to the teachers. It was found that the teachers' AQ[®] improved with moderately high AQ[®] scores.

These findings implied that special education teachers are resilient and competent workers. In this regard, Santos suggested that the theory and practice of AQ[®] may be used as part of the school's faculty development program in order to instill adversity awareness.

Similarly, Macabiog (2014) initiated a study on the Adversity Quotient[®] of nurse managers in hospitals and nursing schools in Benguet province. She contended that there were no published research studies dealt with Adversity Quotient[®] in the nursing field. Hence, the study sought to determine the overall AQ[®] of nurse managers and its effects on their years of experience, current field of practice, management positions, and age. The AQ[®] Profile developed by Stoltz was served as the research instrument. Results showed that nurse managers scored moderately high AQ[®]. Moreover, there were significant differences found in their AQ[®] with regard to their current field of practice and management position. However, no significant differences were found with age and years of experience. The findings indicated that nurse managers are resilient in facing adversity in their workplace. Recommendations were posited as to how the study can be extended to staff managers, faculty, and student nurses for their improved performance.

Furthermore, Canivel (2010) explored the association between Adversity Quotient[®] leadership styles, performance, and practices of principals in Rizal province. Interviews were conducted to gather data on principals' performance and practices. The generated results yielded below average AQ[®] in one of its dimensions, particularly *ownership*. With low scores on the said dimension, it signified that

principals tend to blame the cause of their problems when faced with adversities. On the other hand, principals used the *participating style* of leadership when they lead their staff. It was also found that their performance had a positive relationship with adversity quotient[®] in the same aspect with their practices. Nevertheless, no significant relationship was proven between the principals adversity quotient[®] and leadership styles. This showed that AQ[®] is important to principals in order to succeed in their leadership styles and practices.

In a cross-cultural study including Filipino respondents, Sergio, Dungca and Ormita (2015) tried to establish a baseline literature on the link between demographic variables on emotional intelligence and work values. The respondents were selected call center representatives (CSRs) from Pakistan, Middle East, Iran, Russia, India, and the Philippines. It was concluded in the study that emotional intelligence of CSRs is influenced by demographic variables such as gender, civil status, nationality, and work schedule. Findings also showed that their gender, civil status, and nationality affect their work values but not in the case of their work schedule. In light of the findings, the researchers posited three-dimensional programs for organizations who were involved in the study. These programs were: *soft skills program* intended for enhancing personal competence; *communications program* which includes physical and online facilities should be made available; and *closing the loop management program* for call center organizations to monitor the effectiveness of the two former interventions.

In her study on student teachers, Conejar (2014) presented a baseline data on their teaching performance and emotional intelligence. The study sought to show the personality and behavior of these students in the locality, particularly Iloilo province. Findings of the study showed an impressive teaching performance score. This means that student teachers performed their tasks well and were committed to their teaching methods. Even so, their level of emotional intelligence needed some improvement. It can be said that they are still on the stage of developing their awareness of themselves. It was also revealed that there was no relationship between the student teachers' teaching performance and emotional intelligence, suggesting that their performance, when executing their tasks, cannot be affected by emotional instability.

Cando and Villacastin (2014) conducted a study on the relationship between adversity quotient[®] and emotional intelligence and teaching performance of university instructors. The study aimed to present a descriptive profile of PE faculty members at Cebu Institute of Technology in terms of their EQ and AQ[®]. The researchers also looked into the faculty evaluation performance assessed by their students. Results showed an average overall AQ[®], an indicative of having ability to overcome challenges in their lives. The PE instructors EQ scores yielded an overall average profile, implying that they are likely to control and manage their own emotions as well as the emotions of others. Results further revealed the evaluation of the instructors' teaching performance, which had an overall mean of very good. This showed that students perceived their instructors as effective and delivered quality

teaching. Nonetheless, findings differ when EQ and AQ[®] were tried to associate with their teaching performance. It was revealed that both EQ and AQ[®] have no association with the ratings of their teaching performance. This indicates that having the ability to face their life problems and understand their emotions as well as that of others, do not affect the outcome of their teaching performance.

FOREIGN LITERATURE

Emotional Intelligence

Salovey and Pizarro (2003) described emotional intelligence in four branches, namely:

Perceiving emotions is the “ability to recognize how individuals and those around them are feeling. It involves paying attention to and accurately decoding emotional signals in facial expressions, tone of voice, or artistic expressions.”

Using emotions to facilitate thought is the “ability to take feelings into account when reasoning and problem solving. These abilities are focused on how emotion affects the cognitive system.”

Understanding emotions is the “ability to understand emotional information and how emotions combine and progress through relationship transitions and to appreciate such emotional meanings.”

Managing emotion is the “ability to be open to feelings and inoculate them in oneself and others so as to promote personal understanding and growth.” (pp. 303-318)

The proponents pointed out that emotional intelligence is of importance because it provides a framework of synthesizing theories concerning emotions. It also taps other views of intelligence by incorporating the affective system; hence, depicting a theory of individual differences in terms of emotional competencies.

The concept of social-emotional abilities as distinctive from the popularly known “general intelligence” has been historically debated over the years. There are some ways to set up emotional intelligence (EI) as a scientifically grounded construct, according to Matthews, Zeidner, and Roberts (2005). They presented the following principles to provide a better understanding of EI:

Conceptualization and definition. Present conceptions of EI have various indicators such as abilities, competencies, and skills. According to the authors, there should be unanimity on the specifications of identifying what constitutes this domain. This should be done so that theory and research on EI may advance.

Psychometric properties. Tests on EI must encompass the same criteria for reliability and reliability as many other psychometric tests.

Individual differences. A variety of abilities and personality factors are connected to emotional functioning. However, it is important that EI be separated away from those constructs. This is to imply that individual differences are to be recognized.

Coherence of psychological theory. Application of EI to real-life situations is assumed in some contexts. It is therefore essential that a coherent theory will identify how individuals with high EI and those with low EI differ in understanding emotional information.

Practical relevance. Research on EI is applied to diverse applications such as educational, occupational, and clinical psychology. It is imperative to evaluate and assess its significance to existing methods.

The school is probably one of the most important institutions where a person can learn emotional competencies. These may be taught through efforts such as classroom instruction, a positive school climate, and the involvement of its stakeholders (Matthews, Zeidner, & Roberts, 2005). School-based programs are important tools in achieving emotional competencies. Social-Emotional Learning (SEL) plays a big part of the educational system. This refers to schools' effort on developing character and citizenship education, service learning and emotional intelligence. SEL involves teaching tools that aim to help students learn skills and manage life tasks successfully. When added to academic achievement, this may equip students to succeed in their goals (Elias & Harold, 2006). Lewkowicz (2007) recognized the importance of incorporating emotional intelligence into the teaching process. In her book *Teaching Emotional Intelligence*, she highlighted a curriculum based activities on how to teach students deal with their feelings effectively. This provides teachers with strategies and skills, helps students learn how to solve

conflicts, and learns to manage their emotions effectually. When students learn to recognize and express their emotions, not only are they able to recognize their own emotions but those of others as well (Corrie, 2009). In the same manner, teachers must also possess traits that need to be developed in their students. Not only they teach skills and knowledge, but they also serve as role models to their students. According to Ee and Chang (2010), teachers also encounter daily setbacks in school; hence, they should be resilient to carry out their tasks. If they are able to show a positive attitude with their problems, their students can emulate and apply this to their own lives.

Resilience

Cloninger (2013) defined resilience as the “strength to survive stressful situations or those in which one is mistreated, without experiencing the usual negative consequences of such experiences.” She further explained that resiliency is an essential concept in health psychology and is also a characteristic of positive psychology. This means that being resilient is not simply a trait, rather a set of habits or skills. On another note, individuals who are less likely to be resilient when confronted with difficulties, may benefit from positive psychology interventions.

Masten, Cutuli, Herbers and Reed posited some protective factors for resilience in children and youth (as cited in Compton & Hoffman, 2013). In the family and close relationships, organized home environment, authoritative parenting, positive family climate, connections to pro-social peers, and socioeconomic advantage are important aspects of helping children to be

resilient. In the community, factors such as effective schools, good public health, high levels of public safety and ties to pros-social organizations are needed for children to develop resiliency. Lastly, children must also be guided with good problem solving skills, self-regulation skills, positive self-perceptions, sense of meaning in life, and easy temperament.

Research by Green and Humphrey (2012) listed what causes and undermines resilience. The responses of their coaching group in resilience building were balancing work and life, threat of redundancy, relationships with managers and colleagues, family disagreements, coping with illness, financial worries, personal aging, and poor health. On another note, they also presented strategies and techniques to counter those factors, and these included the responses, such as: manage time, prioritize, delegate, take breaks in the working day, have a positive attitude, be assertive, do breathing exercises, and ask for help.

FOREIGN STUDIES

A multitude of validation studies facilitated by PEAK Learning Inc. (n.d.), a forerunner of research and consulting and founded by Dr. Paul Stoltz, depicted the ample role of AQ[®] in research. In its study on a major UK insurance company and Fortune 50 company, it was revealed that AQ[®] correlates strongly with health factors. Health indicators include happiness, fitness, exercise and work satisfaction. Leadership was also tapped into its research concluding that AQ[®]

relates to effective performance. In the case of MP Water Resources, the company received training from PEAK Learning Inc. for their leaders to enhance their AQ[®] and performance. Three follow-up measures on AQ[®] were conducted and found its correlation with performance in the company. To add up with its growing studies, companies such as Starwood Vacation Ownership, Sun Microsystems and Cellular One sought the use of AQ[®] Profile to determine its contribution to sales. It was found unanimously that AQ[®] is a predictor of sales performance and marketing. These studies show that AQ[®] is a known predictor of individual, team, and organizational success.

In the study done by D'souza (2006), the relationship of adversity quotient to the school performance and school climate of secondary school students was determined. The study was administered on the basis of school types, labeled as SSC, ICSE, and CBSE for there was a need to examine whether education imparted to students has helped them face adversities. There were three research instruments used to gauge the data from the three variables: 1) the School Proforma was utilized to ascertain the students' school performance; 2) the Adversity Response Profile[®] was used to measure their AQ[®]; and lastly 3) the Organizational Climate Scale was employed to determine their school climate. Findings showed that students from three school types differ from their AQ[®] scores. It was also found that school performance and school climate of students from three school types do not vary with each other. The results further indicated that AQ[®], school climate, and school performance correlates to each other.

Based on her findings, the researcher believed that AQ[®] can be integrated in the schools' curriculum and other development programs. In so doing, this serves as empowerment to students, teachers, and principals.

Coetzer (2013) conducted a study to university lecturers to determine the relationship between their emotional intelligence (EI) and job satisfaction. The demographic characteristics such as race, gender, lecturing field, marital status, years of service, and qualifications were also taken into account. One of the purposes in developing the study was to serve as a basis in creating performance models that incorporate emotional intelligence and job satisfaction to Westcol FET. Survey results pointed out that lecturers have high EI in contrast to their low job satisfaction; white respondents showed high EI and job satisfaction compared to black respondents; EI and job satisfaction were higher amongst female, older lecturers, lower level qualifications and those who worked longer in Westcol FET; EI was higher among single lecturers and job satisfaction was higher among married lecturers; EI was higher amongst lecturers in the field of Business Management and job satisfaction was higher for those who lectured in the field of IT; and there was a positive relationship between EI and job satisfaction amongst lecturers. In conclusion, the researcher suggested that the Human Resources Department should develop strategies that would improve job satisfaction among their lecturers since most respondents were not satisfied with their jobs.

Stanton and his colleagues (2011) attempted to provide data comparing the emotional intelligence (EQ) of psychiatrist and surgeons. They contended that stereotypes in the medical field project general practitioners as well as surgeons to be impassive and distant. Psychiatrists, on a different note, were portrayed to be more of a *listener*. The Bar-On EQ-i assessment tool was used and completed by 90 psychiatrists and 58 surgeons. Only males were selected to participate because the researchers envisaged difficulties in gender distribution. Results demonstrated an average emotional intelligence for both respondents suggesting a similar level of emotional functioning. This has been quite a surprise to the researchers because of the prejudices usually set for surgeons. Conversely, they differ in some of the EQ skills. Psychiatrists scored higher in emotional self-awareness, empathy, social responsibility, and impulse control while surgeons scored higher in self-regard, stress tolerance, and optimism skills. The findings on the EQ skills were reassuring because psychiatrists truly possess self-awareness and empathy, which are vital skills in their profession. This is in the same manner for surgeons who hold self-regard and stress tolerance. These skills, perhaps, are indispensable when they are faced with real-time pressures at work. In light with their findings, the researchers affirmed the idea that EQ might have a place in the healthcare professions. The predictive component of emotional intelligence, personality, and cognitive ability relative to academic success was examined by Barchard (2003). In her study among college students, she applied a battery of cognitive tests to measure the students' cognitive ability. The researcher also made use of the 23 scales of the NEO Personality Inventory (NEO-PI-R) taking

into account its relevance to the constructs studied. On the other hand, a measure of EI was condensed from a variety of EI instruments. The students' academic success was measured through their year-end grades covering the mean percentage of all courses taken. Results signified that the cognitive ability, personality, and EI measures were not associated with the students' academic success. On the contrary, when skills under the three domains were inspected, it was found that the best predictors for academic success were verbal ability and conscientiousness. It appeared that emotional intelligence was not as good as cognitive ability measure in predicting academic success. Hence, there may be specific academic areas where emotional intelligence is considered essential and future researchers should further examine those areas.

SYNTHESIS OF THE REVIEW

This study discussed the four branches of emotional intelligence, namely: (1) perceiving emotions, (2) using emotions to facilitate thought, (3) understanding emotions, and (4) managing emotions (Salovey & Pizzaro, 2003). Delos Reyes (2009) also described EQ in the context of coaching. He introduced the following four factors that may be used by coaches in their practice: self-awareness, relationships, resilience, and self-actualization. Relative to the development of EQ are competencies that can be of importance in school-based programs (Matthews, Zeidner, & Roberts, 2005; Elias & Harold, 2006; Lewkowicz, 2007; Corrie, 2009; Ee and Chang, 2010). These programs require the active participations of students, teachers, and the school community in fostering EQ development in school.

Furthermore, studies have shown that EQ skills were being practiced by psychiatrists and surgeons (Stanton et al., 2011). The same findings were present in the studies of Barchard (2003) and Conejar (2014) when they found that EQ is associated with academic success and teaching performance.

AQ[®], on the other hand, reflects the concept of resilience and further defined by Cloninger (2003) as the “strength to survive stressful situations or those in which one is mistreated, without experiencing the usual negative consequences of such experiences defined.” In the local context, Tiangco (2006) translated resilience in the Filipino term *katatagang-loob* that denotes the characteristics of Filipinos to endure in the face of adversity. De Guzman et al. (2012) also identified two constructs in which Filipino resilience can be observed. The first construct is conviction, which pertains to fixed belief that resilience stem from past experiences of adversities. The second construct is condition, which portrays resilience in the realm of physical and spiritual practices. When it comes to studies undertaken in reference to AQ[®], a multitude of these became its predictive component to various factors, namely: health, leadership, and sales, among others. These findings were conducted with the assistance of PEAK Learning Inc. D'souza (2006) expounded the above findings in her study of secondary students. It was found that AQ[®] correlates with school performance and school climate and showed how emotional intelligence and adversity quotient relate to different factors. The relationship of these two constructs is not being studied frequently; thus, this study aimed to look into this.

CHAPTER 3

RESEARCH METHODOLOGY

This chapter includes the research design appropriate in the conduct of the study, the description of respondents and research locale, and the sampling technique in identifying respondents. Furthermore, this chapter also presents the data gathering procedure, research instruments, and the statistical tools utilized in the treatment of data.

Research Design

The study employed descriptive approach, particularly comparative and correlational methods with the use of survey questionnaires. In descriptive research, it focuses on the quantitative and qualitative description of the present condition. It typically uses survey as a tool for collecting information about the characteristics and perceptions of the respondents.

Comparative method was utilized to determine the significant differences between the two groups of helping professionals in terms of their EQ and AQ[®]. Similarly, correlational method was used to determine the significant relationship between EQ and AQ[®].

Description of Respondents and Research Locale

From a pool of ninety-six (96) helping professionals, only seventy-four (74) of them were included in the study. About twenty-two (22) initial respondents missed to answer the AQ[®] Profile; thus, the researcher removed them from the final data. Respondents were affiliated from different hospitals, institutions, and organizations in Metro Manila and its nearby provinces.

Sampling Technique

Non-probability purposive sampling was applied in selecting the respondents. Specific criteria were identified in choosing the respondents, and they were limited to doctors, nurses, psychologists, and counselors who were actively participating or had participated in disaster risks management or traumatic interventions, and attending to emergency situations in their respective work. Moreover, convenience sampling was also utilized in selecting which hospitals, clinics, organizations, and institutions should take part in the study. The latter that gave its approvals in conducting the study served as the research locale. Only those which were available and could accommodate the researcher's request were included.

Research Instruments

There were two (2) research tools given to the respondents in order to gather the needed data.

1. Genos Emotional Intelligence Inventory (Genos EI)

The Genos Emotional Intelligence Inventory (Genos EI) is a 70-item multi-rater assessment. It is designed to measure the frequency with which an individual displays emotionally intelligent behaviors. Inventory items contain workplace contexts; hence, it is ideally suited for this study. The normative samples consist of individuals with age ranging from 18 to 76; thus, it is applicable to adults in the workplace. Moreover, the Genos EI has the following reliability: internal consistency reliability of .96; test-retest correlations of .83 and .72, indicating an acceptable level of reliability. For the purpose of this undertaking, the Self-Assessment Full Version was used and converted to online questionnaire. The demographic profile information of the respondents was also included in the online version. Respondents were required to complete the 70 items on a 5-point Likert scale with the range of *1= Almost Never*, *2= Seldom*, *3= Sometimes*, *4= Usually* and *5= Almost Always*. The Genos EI includes negatively worded items (items # 5, 9, 11, 12, 16, 17, 21, 26, 30, 35, 38, 43, 49, 55, 57, 61, 64, 65, 67 and 68) that are needed to be reverse scored first in order to get each *EI skill* score. Scoring and interpretation were based on the Genos EI Technical Manual-2010 edition.

For research purposes, raw scores were obtained and transformed into mean scores as Genos International does not provide the normative percentile scores.

This means that the higher the mean score is the greater the likelihood of exhibiting emotionally intelligent behaviors.

2. Adversity Quotient or AQ Profile[®]

The online AQ Profile[®] 9.0, which is the latest and most robust version of the AQ[®], was used to measure the Adversity Quotient[®] of the respondents. Created by Dr. Paul Stoltz, it is a scale-based and forced-choice questionnaire designed to elicit hard-wired response pattern to a broad range of adverse events. Scenarios or events are presented, each of which is followed by questions to be responded on a 5-point Likert scale. Approximately 10 minutes is allotted to answer the questions online. The AQ Profile[®] demonstrates universality and applicability across cultures having been tested to respondents from 51 countries. Norms are based on a diverse sample of 500,000 employees and students in 37 different companies and educational institutions worldwide. Scoring of the AQ Profile[®] was released by PEAK Learning Inc.

Data Gathering Procedures

Permission was sought from Genos International through Dr. Gilles E. Gignac for the use of the Genos EI instrument. He was kind enough to allow the researcher's request to use the said instrument. After which, the researcher constructed an online version of it.

This was deemed necessary since the AQ Profile[®] is an online instrument. Thus, having two online tools could facilitate convenient data gathering. Likewise, the AQ Profile[®] was obtained from Dr, Paul G. Stoltz through PEAK Learning Inc. As a matter of fact, a research agreement was sent to the researcher, signed, and e-mailed back to PEAK Learning Inc. Subsequently, a unique URL link was granted to the researcher for the respondents' online access. These processes were facilitated through constant e-mail communications with the company.

Sending of correspondence was made through e-mail addresses posted on the official websites of different institutions, hospitals, and organizations. Having acquired the e-mail information, the researcher sent *Letters of Invitation to Participate in Research* to helping professionals' e-mail addresses. To further increase the number of respondents, the researcher asked the help of her colleagues to disseminate the letters of invitation to their acquaintances. These letters contained the URL links in which respondents would click for online access. The entire months of August, September, and October 2015 were devoted for data collection. This included follow-up, retrieval, scoring, and summarizing of the demographic data.

Data Analysis

The researcher made use of the following statistical tools to provide quantitative descriptions of the data:

Frequency and Percentage. This was utilized in determining the profile of the respondents with respect to the demographic variables such as age, gender, civil status, and type of profession.

Mean and Standard Deviation. This was employed to illustrate the average response of the respondents on the emotional intelligence and adversity quotient constructs.

T-test for Independent Means. This was used to determine the respondents' differences when grouped according to their demographic profile.

Pearson r. This was used to demonstrate the degree of correlation between emotional intelligence and adversity quotient.

CHAPTER 4

PRESENTATION, ANALYSIS, AND INTERPRETATION OF DATA

This chapter presents, analyzes, and interprets the data obtained from the research study. The presentation of data includes the description of the respondents in terms of their demographic profile. Likewise, it presents the differences and relationships of constructs being studied.

A. Demographic Profile of the Respondents

Table 1
Respondents' Profile (N=74)

Demographic Profile	Frequency (f)	Percentage (%)
<i>Age</i>		
Younger (21-30 years old)	52	70.3
Older (31 years old and above)	22	29.7
<i>Gender</i>		
Male	25	33.8
Female	49	66.2
<i>Civil Status</i>		
Single	53	71.6
Married	21	28.4
<i>Type of Profession</i>		
Medical	37	50
Doctor	19	25.7
Nurse	18	24.3
Psychological	37	50
Psychologist	17	23
Counselor	20	27

Note. Boldfaced values correspond to highest percentage.

As shown in Table 1, most of the respondents are younger helping professionals marked with 21-30 age range (70.3%). Out of the 74 respondents, female (66.2%) outnumbered their male (33.8%) counterparts.

Majority of the respondents were single with 71.6% while only 28.4% were married. When it comes to the type of profession, both the medical (50%) and psychological (50%) practitioners were equal in number. However, when broken down into its category in medical group, doctors (25.7%) and nurses (24.3%) almost had the same number. Among psychological group, counselors (27%) were slightly greater in participation than psychologists (23%).

B. Emotional Intelligence of Helping Professionals

Table 2
Emotional Intelligence of Helping Professionals along its seven (7) skills and when taken as a whole

Emotional Intelligence	<i>MEAN</i>	<i>SD</i>
Emotional Self-Awareness (ESA)	4.11	.442
Emotional Expression (EE)	3.79	.418
Emotional Awareness of Others (EAO)	3.95	.475
Emotional Reasoning (ER)	3.77	.340
Emotional Self-Management (ESM)	3.77	.340
Emotional Management of Others (EMO)	3.92	.485
Emotional Self-Control (ESC)	3.86	.499
Total EI	3.86	.348

Note. Boldface is high mean values which signify typicality of emotionally intelligent behaviors.

As revealed in Table 2, all the seven components of emotional intelligence have high mean values. The respondents are identified with typical emotional self-awareness having a mean score of 4.11(SD=.442). This component describes the respondents as having consciously identified their emotions at work. It further shows that they are aware of their emotions may affect their thoughts and behaviors at work. This is in concurrence with the study of Stanton and his colleagues (2011) when they learned that psychiatrists possessed *EQ skills* specifically, self-awareness. From the assessment, the respondents are highly expressive of their emotions with a mean score of 3.79 (SD=.418). They express their emotions in an appropriate manner meaning, the right way, at the right time, and to the right people. The respondents are also identified with emotional awareness of others having a mean score of 3.95 (SD=.475). This factor means that they can identify the emotions expressed by other people in their respective workplace. When it comes to the process of their decision-making at work, they integrate emotionally relevant information as can be seen in their mean score of 3.77 (SD=.340). In their approach to solving problems at work, they take into account the emotions of other people as well as their own emotions. It can also be gleaned from the study that they successfully maintain a favorable emotional state as shown in their mean score of 3.77 (SD=.340). They easily moved on when faced with problems instead of dwelling unto them.

On the other hand, the respondents garnered a mean score of 3.92 (SD=.485), which makes them a motivator of positive work environment to their colleagues. Specifically, they help their colleagues resolve issues that cause them tribulation.

It was also evident from their mean score of 3.86 (SD=4.96) that they demonstrate control towards emotional adversity. They still demonstrate focus on their tasks even when faced with challenges at work. This particular result is observed in the theory of Guthrie and Azores when they asserted that Filipinos possess emotional control (as cited in Church, 1986). According to them, Filipinos show an impressive attitude of controlling emotions in times of negative experiences. The overall emotional intelligence would describe the respondents being engaged in a variety of emotionally intelligent behaviors. With a total mean score of 3.86 (SD=.348), they show an ability to purposely adapt to their work environment on a relatively frequent basis. Guthrie and Azores shared the same claim when they asserted that Filipinos possess emotional control (as cited in Church, 1986).

Table 3
Adversity Quotient[®] of Helping Professionals along its four (4) dimensions and when taken as a whole

Dimensions of AQ [®]	MEAN	SD	Interpretation
Control	31.45	7.55	Average
Ownership	34.05	9.19	Below Average
Reach	29.30	6.75	Below Average
Endurance	29.91	6.61	Below Average
Total	124.18	22.63	Below Average

Table 3 shows an evident unfavorable mean score of all the four dimensions of AQ[®]. The respondents scored below average on the dimension of control (mean=31.45; SD=7.55), ownership (mean=34.05; SD=9.19), reach (mean=29.30; SD=6.75), and endurance (mean=29.91; SD=6.61). This indicates that they display a lower than the average capacity to handle challenges, difficulties, and changes. Below average score in *control* means that the respondents are more vulnerable to stress when problems arise. They perceive less control over adversities, which make them experience apathy and frustration. Below average score in *ownership* denotes a weak sense of accountability. They tend not to take responsibility towards their actions; instead, they blame others for their difficulties. This particular result is in agreement with the study of Canivel (2010) in which she found out that school principals had low scores for this AQ[®] dimension. Having a below average score in *reach*, it suggests that problems often get into the areas of their everyday lives. They are likely to adopt pessimistic outlooks because they cannot manage to compartmentalize. Lastly, a below average score in *endurance* implies the tendency to perceive difficulties as long lasting. The respondents may show a low sense of hope that they will overcome difficulties. These findings deviated from what is popularly known as *Filipino resiliency*. Tiangco (2006) described Filipinos in the philosophy of *Katatagang-loob*, which particularly denotes the characteristics of Filipinos to endure adversities. Considerable number of foreign and local studies alike, had shown impressive AQ[®] scores (Santos, 2012; Cando and Villacastin, 2014; Macabiog, 2014) in various participants.

As revealed in Table 4, there are some constructs which show statistical differences. Pertaining to the age group, younger and older respondents differ in terms of emotional expression $t(72)=2.43$, $p=.017$. Older respondents ($M=3.96$) are more likely to express their emotions appropriately than their younger fellow ($M=3.71$). They also tend to be more aware of the verbal and non-verbal emotional expressions of other people $t(72)=2.26$, $p=.027$ ($M=4.14$) compared to the younger respondents ($M=3.87$).

Table 4
Differences on Emotional Intelligence based on Demographic Profile

Demographic Variables		ESA	EE	EAO	ER	ESM	EMO	ESC
Age ^a	<i>T</i>	1.96	2.43	2.26	2.81	3.14	2.83	1.31
	<i>p</i>	.053	.017	.027	.006	.002	.909	.981
Civil Status ^b	<i>T</i>	.790	.967	.793	1.427	2.90	.364	.328
	<i>p</i>	.432	.337	.430	.158	.005	.223	.782
Gender	<i>T</i>	.349	.349	.645	.878	.763	.046	.234
	<i>p</i>	.728	.728	.521	.383	.448	.963	.815
Occupation ^c	<i>T</i>	1.349	.944	2.10	1.97	2.13	1.35	.557
	<i>p</i>	.182	.348	.039	.052	.036	.181	.579

Note. p-value $\leq .05$ highlighted in boldface connotes statistical difference.

In addition, respondents from the two groups differ in their emotional awareness of other people $t(72)=2.10$, $p=.039$. Those who are in the psychological group ($M=4.06$) are more conscious on the emotions of others than those who are in the medical group ($M=3.84$). When it comes to decision-making process, statistical differences were also shown in the age group $t(72) = 2.81$, $p=.006$. Older respondents ($M=3.94$) incorporate relevant emotional information when compared to the younger respondents ($M=3.69$). The same is true with the study of Coetzer (2013) where it was

found out that older lecturers displayed high emotional intelligence at work compared to younger lecturers. Moreover, the Age $t(72)=3.14$, $p=.002$; Civil status $t(72)=2.90$, $p=.005$; and Occupation $t(72)=2.13$, $p=.036$ of the respondents are statistically different when taking into account their emotional self-management. Older respondents ($M=3.95$) who are identified to be married ($M=3.94$) and belong to the psychological group ($M=3.85$) successfully manage their emotions at work. This is in contrast with the younger respondents ($M=3.69$) who are mostly single ($M=3.70$) and working in the medical group ($M=3.69$), showing a difficulty in adjusting to negative emotional experiences at work. These differences in EQ relative to the demographic characteristics are in agreement with the findings of Sergio, Dungca and Ormita (2015). In their study of call center representatives, they found their EQ to be influenced by their ages, civil status, nationality, and work schedule.

Table 5
Differences on Adversity Quotient[®] based on Demographic Profile

Demographic Variables		Control	Ownership	Reach	Endurance
Age ^a	<i>T</i>	.247	.601	1.073	1.003
	<i>p</i>	.016	.550	.287	.319
Civil Status	<i>T</i>	1.150	.366	.561	.309
	<i>p</i>	.254	.715	.577	.758
Gender	<i>T</i>	.197	.818	.856	.171
	<i>p</i>	.845	.416	.395	.865
Occupation	<i>T</i>	1.313	.808	1.139	.157
	<i>p</i>	.193	.422	.259	.876

Note. p-value $\leq .05$ highlighted in boldface signifies statistical difference.

Table 5 illustrates that of all the demographic and AQ[®] dimensions, only control and age describe a significant difference $t(72) = .245, p = .016$. This score demonstrates that the perceived control over adversity manifests towards older respondents than their younger counterparts. Younger respondents are likely to display less control when faced with adversities. This is in contrast with the study of Macabiog (2014) who researched on the AQ[®] of nurse managers who worked in hospitals and nursing schools. Her research findings reflected that the AQ[®] scores of nurse managers were not relative to their ages.

Table 6
Correlation between Emotional Intelligence skills and Adversity Quotient[®] dimensions of Helping Professionals

Emotional Intelligence		Adversity Quotient			
		Control	Ownership	Reach	Endurance
Emotional Self-Awareness	<i>r</i>	.033	.063	.162	.018
	<i>p</i>	.781	.592	.168	.879
Emotional Expression	<i>r</i>	.123	.055	.059	.035
	<i>p</i>	.295	.642	.620	.768
Emotional Awareness of Others	<i>r</i>	.107	.010	.063	.017
	<i>p</i>	.365	.934	.595	.885
Emotional Reasoning	<i>r</i>	.197	.051	.024	.073
	<i>p</i>	.092	.664	.837	.539
Emotional Self-Management	<i>r</i>	.073	.040	.246*	.065
	<i>p</i>	.538	.738	.035	.580
Emotional Management of Others	<i>r</i>	.070	.016	.024	.056
	<i>p</i>	.555	.893	.842	.635
Emotional Self-Control	<i>r</i>	.125	.179	.007	.154
	<i>p</i>	.288	.127	.950	.190

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

As reported in Table 6, the AQ^{\circledR} dimension on *reach* and *EI skill on emotional self-management* show a significant relationship $r(72) = .246, p = .035$. Respondents who successfully manage their own emotions can keep their problems in its proper place. When face with barrage of adversities, they would not want those problems to infest in other areas of their lives; hence, they move on from emotional setbacks. Aside from this fact, the findings clearly show that except from reach and emotional self-management, all other AQ^{\circledR} dimensions such as control, ownership, endurance, show no significant relationship with *emotional intelligence skills*, namely: emotional self-awareness, emotional expression, emotional awareness of others, emotional reasoning, emotional management of others, and emotional self-control.

CHAPTER 5

SUMMARY OF FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

This chapter presents the summary of findings, the conclusions drawn on the basis of the findings, and the recommendations.

Summary of Findings

The study aimed to determine the extent of relationship between emotional intelligence and adversity quotient of helping professionals. The following are the results drawn from the study:

1. The study involved a total 74 helping professionals, and most of these helping professionals were younger (21-30 years old). Majority of the respondents were single and female. They were mostly doctors and counselors.
2. The respondents exhibited typically emotional intelligent behaviors in all of the *EI skills*: emotional self-awareness, emotional expression, emotional awareness of others, emotional reasoning, emotional self-management, emotional management of others, emotional self-control, and overall EI.
3. The AQ[®] mean scores of the respondents were below average on the following dimensions: control, ownership, reach, and endurance.

4. On the basis of the *EI skills* and demographic variables, differences were observed on the following: older and younger respondents differed in their emotional expression; older respondents in the psychological group and younger respondents who belonged to the medical group differed in their emotional awareness of others; older respondents differed in emotional reasoning with that of younger respondents; older respondents who were identified to be married and belonged to the psychological group, and those younger respondents who were mostly single and working in the medical group differed in emotional self-management.
5. Of all the demographic and AQ[®] dimensions, only *control* and *age* showed a significant difference. Older respondents perceived control over adversity than their younger counterparts.
6. The findings of the study only provided the significant correlation between the AQ[®] dimension, *reach* and the *EI skill, emotional self-management*.

Conclusions

The aim of this study was to describe the helping professionals in terms of the nature of emotional intelligence and adversity quotient and its corresponding differences and relationships. The following are conclusions derived from the findings of this study:

Helping professionals display emotionally intelligent behaviors at work. Typical EI behaviors are evident in all the *EI skills* to wit: emotional self-awareness, emotional expression, emotional reasoning, emotional management of others, emotional self-control, and emotional awareness of others. Furthermore, emotional intelligence of helping professionals is dependent on their age group. Those who are older are more expressive of their emotions, convey their emotions appropriately, and are aware of the emotions of their colleagues at work. This is probably because older helping professionals have experienced a variety of emotionally challenging situations throughout their careers. Subsequently, older helping professionals happened to be married and currently working as psychologists and counselors. Thus, this shows that civil status and type of profession are factors associated with EQ. Specifically, those who work in the psychology field mostly possess *EI skills* incumbent to their nature of work.

On another note, helping professionals “need some improvement” in their adversity quotient. Such inadequacy could manifest when they are faced with adverse situations at work especially in emergency and traumatic cases which require their resiliency. This disquieting result may be attributed to the challenges faced by helping

professionals. The nature of their work requires them to experience nearly first-hand the problems of their clients. In so doing, they may experience vicarious traumatization, which has an impact on how they handle problems. Another aspect that may be ascribed for their low AQ[®] is burnout. Their high work demands coupled with other personal issues make them vulnerable to stress and physical exhaustion. Compassion fatigue may also be a factor that emanated from their low AQ[®]. Susceptibility is brought by the hazards from their challenging profession. Helping professionals who are new to their field or even those who are practicing for a long period of time may experience a change in their ability to feel empathy for their clients.

Consequently, older helping professionals manifest control over perceived adversities compared to their younger counterparts. They are perceptive that they are in control of the adversities in their lives. It can be said that their lengthy experiences honed them with abilities and behaviors necessary in handling adversities. Finally, helping professionals who understand and manage their emotions may not display resiliency in times of adversities. There may be factors at work which may limit them to overcome problems and challenges. However, when they are able to manage their emotions, they are likely to evaluate how adversities affect the different areas of their lives.

Recommendations

In view of the aforementioned findings, the following recommendations were offered:

1. Further studies may include broader samples that may represent the population on helping professionals. It is recommended that similar studies be conducted to other sectors other than doctors, nurses, psychologists, and counselors. Social workers and volunteers alike from the government and non-government organizations may participate in the study.
2. The findings suggest a below average AQ[®] among helping professionals. Hence, there is a need to address this issue. Helping professionals may seek professional education and consultations from their colleagues to provide professional support system. They may also attend wellness activities which include hobbies, exercise, and engaging in spiritual practices to combat their experience of adverse situations.
3. Further research regarding the present topic can be extended to a broader perspective. Inclusion of other constructs aside from EI might impact adversity quotient. Future research may also test empirically and prove if EI and AQ[®] are researchable or not.

4. As age (older helping professionals) has been found to be an important factor in emotional intelligence and adversity quotient, there is a need to delve more into the characteristics of younger helping professionals. Future studies may dispute that age could not limit helping professionals to exercise their emotional intelligence and adversity quotient.

5. It is a good suggestion for the employers to create a sound program via training courses and disaster management skills about crises experienced at work. By doing so, this may limit unpleasant factors such as stress and strains that emanate from work. These programs are also advantageous to helping professionals, themselves, so that they may amplify their ability to confront challenges and bear strains in the different areas of their lives.

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