Emotional Intelligence in Promoting Self-Efficacy of the Visually Impaired Fresh Students of Federal College of Education (Special) Oyo, Nigeria

S. Mike Eniola PhD
Department of Special Education
University of Ibadan, Ibadan
Nigeria

A.O. Busari PhD
Department of Guidance and Counselling
University of Ibadan, Ibadan
Nigeria

Abstract

This study investigated the use of Emotional Intelligence (EI) in promoting self-efficacy of the visually impaired fresh students. Twenty eight visually impaired students participated in the study, made up of 19 males and 9 females of age range from 18 to 23 and a mean age of 20.5. The instrument used for data collection was Emotional Intelligence Scale (EIS) developed by Schutte et al. (1988). Three hypotheses were formulated and tested at 0.05 level of alpha. The results indicated that there were significant differences in the level of improvement experienced by the treated group compared to control group. Also the male and female subjects were significantly different in their responses to treatment. The year of onset of blindness of the subjects indicated significant difference in the subjects' responses. Emotional Intelligence programme is thus an effective programme for managing self-efficacy.

Keywords: Emotional intelligence, self-efficacy, fresh students, Visually impaired

Introduction

Emotional Intelligence (El) is a relatively recent behavioural model, defined as the capacity to understand emotional information and to reason with emotions. It commences its journey to prominence in 1920 when Thondike   formulated the concept of social Intelligence. Since then scholars in the field of psychology have identified other forms of intelligence.

Three clusters of intelligence have been identified. These are; abstract intelligence which pertains to the ability to understand and manipulate verbal and mathematical symbols; concrete intelligence, which describes the ability to understand and manipulate objects; and social intelligence, which relate to the ability to understand and relate with people. Thomdike conceptualize social intelligence as the ability to understand and manage men and women, boys and girls, to act wisely in human relations.

Mayer and Salovey (1997) defines the term emotional intelligence as a subset of social intelligence which Sinvolves the ability to monitor one's own and others feelings and emotions, to discriminate among them and to use the information gathered to guide one's thinking and action.

Mayer and Salovey (2001) postulate that emotional intelligence involves the ability to perceive accurately ,appraise and express emotion and regulate emotion to promote emotional and intellectual growth. The premise of emotional intelligence is that people are able to think and make choices; therefore they want to act in a way that will benefit them and others. Three models are the most widely recognized Goleman's(1998), Mayer and Salovey's (2001) and Bar-on's (2005).Goleman (1998) defines emotional intelligence as a learned capability based on Emotional Intelligence resulting in outstanding performance at research. He identifies 4emotional and social competencies in his definition: Self -awareness –knowing what we are feeling and using this understanding to make decisions; self-regulation –controlling over emotion so that they add to our well-being; empathy – understanding how others are feeling and having rapport with diverse people; and social skills – being able to understand social situations and to interact smoothly.

In addition, he highlighted other traits such as self-control, persistence and motivation. Salovey*et al*. (2002) define Emotional Intelligence as a social intelligence which allows individual to monitor one's own and others feelings and emotions, to discriminate among them and to use this information to guide one's thinking and action.

Bar-on (2005) conceptualizes Emotional Intelligence as an array of non-cognitive capabilities, competencies and skills that Influence one's ability to succeed in coping with environmental demands and pressures.

He divides Emotional Intelligence into five skill areas:

Mood; optimism and joy; (ii) Stress management, impulse control and tolerance; (iii) Intrapersonal skills; self-actualization, self-esteem, independence, self awareness, (iv) Interpersonal skills; relationship, empathy; and (v) Adaptability;

Social Cognitive Theory

Psychologist Albert Bandura defined self-efficacy as one's belief in one's ability to succeed in specific situations. One's sense of self-efficacy can play a major role in how one approaches goals, tasks, and challenges**.**(Kluemper;2008).The theory of self-efficacy lies at the center of Bandura's social cognitive theory which emphasizes the role of observational learning and social experience in the development of personality. The main concept in social cognitive theory is that an individual's actions and reactions, including social behaviours and cognitive processes, in almost every situation are influenced by the actions that individual has observed in others. Because self-efficacy is developed from external experiences and self-perception and is influential in determining the outcome of many events, it is an important aspect of social cognitive theory. Self-efficacy represents the personal perception of external social factors. (Martins ,Ramalho, and Morin 2010Bradberry,Travis and Greaves 2009). According to Bandura's theory, people with high self-efficacy—that is, those who believe they can perform well—are more likely to view difficult tasks as something to be mastered rather than something to be avoided.

Social Learning Theory

Social learning theory describes the acquisition of skills that are developed exclusively or primarily within a social group. Social learning depends on how individuals either succeed or fail at dynamic interactions within groups, and promotes the development of individual emotional and practical skills as well as accurate perception of self and acceptance of others. According to this theory, people learn from one another through observation, imitation, and modelling. Self-efficacy reflects an individual's understanding of what skills he/she can offer in a group setting (Fiori and Antonakis 2011).

Self-Concept Theory

Self-concept theory seeks to explain how people perceive and interpret their own existence from clues they receive from external sources, focusing on how these impressions are organized and how they are active throughout life. Successes and failures are closely related to the ways in which people have learned to view themselves and their relationships with others. This theory describes self-concept as learned (i.e., not present at birth); organized (in the way it is applied to the self); and dynamic (i.e., ever-changing, and not fixed at a certain age (Luszczynska, Schwarzer, ,Lippke, ., & Mazurkiewicz, 2011).

Attribution Theory

Attribution theory focuses on how people attribute events and how those beliefs interact with self-perception. Attribution theory defines three major elements of cause:

Locus is the location of the perceived cause. If the locus is internal (dispositional), feelings of self-esteem and self-efficacy will be enhanced by success and diminished by failure.

- Stability describes whether the cause is perceived as static or dynamic over time. It is closely related to expectations and goals, in that when people attribute their failures to stable factors such as the difficulty of a task, they will expect to fail in that task in the future.
- Controllability describes whether a person feels actively in control of the cause. Failing at a task one thinks one cannot control can lead to feelings of humiliation, shame, and/or anger (Harms, &Credé, 2010).
  (i) flexibility and problem solving
  (ii) Choices regarding behavior

People generally avoid tasks where self-efficacy is low, but undertake tasks where self-efficacy is high. Self-efficacy significantly beyond actual ability leads to overestimation of the ability to complete tasks. On the other hand, self-efficacy significantly lower than ability discourages growth and skill development. Research shows that the optimum level of self-efficacy is slightly above ability; in this situation, people are most encouraged to tackle challenging tasks and gain experience (Harms, Credé, M. 2010).

Motivation

High self-efficacy can affect motivation in both positive and negative ways. In general, people with high self-efficacy are more likely to make efforts to complete a task, and to persist longer in those efforts, than those with low self-efficacy(Newman, Joseph, MacCann2010)The stronger the self-efficacy or mastery expectations, the more active the efforts (Nehra, Sharma, Mushtaq, Sharma, Sharma, Nehra2012) .However, those with low self-efficacy sometimes experience incentive to learn more about an unfamiliar subject, where someone with a high self-efficacy may not prepare as well for a task.

Thought Patterns & Responses

Self-efficacy has several effects on thought patterns and responses:

- Low self-efficacy can lead people to believe tasks to be harder than they actually are (Schwarzer, R. 2008)This is one often results in poor task planning, as well as increased stress.
- People become erratic and unpredictable when engaging in a task in which they have low self-efficacy.
- People with high self-efficacy tend to take a wider view of a task in order to determine the best plan.
- Obstacles often stimulate people with high self-efficacy to greater efforts, where someone with low self-efficacy will tend toward discouragement and giving up.
- A person with high self-efficacy will attribute failure to external factors, where a person with low self-efficacy will blame low ability. For example, someone with high self-efficacy in regards to mathematics may attribute a poor test grade to a harder-than-usual test, illness, lack of effort, or insufficient preparation. A person with a low self-efficacy will attribute the result to poor mathematical ability.

Health Behaviors

Choices affecting health, such as smoking, physical exercise, dieting, condom use, dental hygiene, seat belt use, and breast self-examination, are dependent on self- efficacy. Self-efficacy beliefs are cognitions that determine whether health behavior change will be initiated, how much effort will be expended, and how long it will be sustained in the face of obstacles and failures (Graham, 2011). Self-efficacy influences how high people set their health goals (e.g., "I intend to reduce my smoking," or "I intend to quit smoking altogether"). A number of studies on the adoption of health practices have measured self-efficacy to assess its potential to initiate behavior change (Schwarzer, & Hallum, 2008).

Academic Productivity

Research on Australian science students showed that those with high self-efficacy showed better academic performance than those with low self-efficacy. Confident individuals typically took control over their own learning experiences, were more likely to participate in class, and preferred hands-on learning experiences. Those with low self-efficacy typically shied away from academic interact (Lippke, Wiedemann, Ziegelmann, Reuter, &Schwarzer, 2009).

Bandura showed that difference in self-efficacy correlates to fundamentally different world views (Luszczynska, Schwarzer, Lippke, & Mazurkiewicz, 2011) people with high self-efficacy generally believe that they are in control of their own lives, that their own actions and decisions shape their lives, while people with low self-efficacy may see their lives as outside their control.

Academic self-efficacy has been reported to promote academic achievement directly and also indirectly by increasing academic aspirations and pro-social behaviour (Bandura et al, 2006). Although, some researchers have found that prior grade point average is a better predictor of achievement than academic efficacy (Elias ,Noordin & Mahyuddin, 2010), others (Aboma, 2009; Saunders, Clutts, 2010), have found academic efficacy to have a small positive effect on end of year results especially for high achieving students, above and beyond the variance explained by prior academic achievement.

According to Caprara, Barbaranelli, Pastorelli and Cervone (2009), self-regulatory academic efficacy concerns peoples' perceptions for relating their actions in accord with personal norms when they are faced with peer pressure for engaging in antisocial conduct. It has been found that good self-regulators do better academically than poor self-regulators (Campbell 2007), and that those students who are considered good self-regulators use their own performances as a guide for assessing their academic efficacy (Schunk, 2005). Bandura, Caprara, Barbaranelli, Gerbino, and Pastorelli (2009) found that high self-regulatory academic efficacy was related to the ability to effectively manage one's academic development.

The abilities to establish friendships, form sustainable peer relationships, receive positive peer praise, be socially acceptable, and behave in a pro -social manner at school are all important tasks for success at school and have been found to be directly related to academic achievement (Patrick, Hicks, & Ryan, 2007). Children's beliefs that they have the social efficacy to form and sustain satisfying peer relationships also enable them to have academic success (Bandura et al, 2006).

Individuals also crate and develop academic efficacy beliefs as a result of the verbal persuasions they receive from others. These persuasions involve exposure to the verbal judgments that others provide and are a weaker source of academic efficacy information than mastery or vicarious experiences, but persuaders can play an important part in the development of an individual's self-beliefs (Dawit, 2008).

Although, Emotional Intelligence has been defined differently by various scholars, the fact still remains that they all agreed that Emotional Intelligence is a person's ability level to perceive and apply knowledge of emotions to understand their own and others emotions which tend to allow them the ability to behave in a manner deemed appropriate for healthy living. Adeyemo (2007)among others demonstrated that academic self _efficacy had a significant and positive effect on the academic achievement of college / university students.

Meanwhile, self-efficacy as being defined as people's judgment of their capabilities to organise and execute courses of action received to attain designated types of performances. People's beliefs about their efficacy can be developed by 4 main sources of influence: Mastery experiences, vicarious experiences, social persuasion and semantic and emotion states such as anxiety, stress arousal and mood states (Sepehrian&Lotf 2011, 2012).
Self-efficacy beliefs can enhance human accomplishment and well-being in numerous ways. It influences the choices people make and the courses of action they pursue. Self-efficacy beliefs also help determine the effort people will expend on an activity, how long they will persevere when confronted with obstacles and bow resilient they will be in the face of adverse situation (Rushi, 2007,Stumn, Hell, &Chamoro _Premuzic 2011).

It was observed that the higher the sense of efficacy, the greater the perseverance and resilience efforts. High self-efficacy helps create feelings of peacefulness in approaching difficult tasks and activities. Conversely, people with low self-efficacy may believe that things are tougher than they really are – a belief that promote anxiety, stress , depression and a narrow vision of how best to solve a problem(FarukSirin, 2011, Ahmad &Rana 2012).
Self-efficacy expectations, when viewed in relation to the promotion of self-identity of the visually impaired fresh students, it may be reflected in an individual's perception about his/her ability to perform a given task or behaviour (efficacy expectation) and his/her belief about the consequences of behaviour or performance (outcome expectation) Habel . (2009).According to Bandura (1977) self-efficacy is mediated by a person's beliefs or expectation about his/her capacity to accomplish certain tasks successfully or demonstrate certain behaviour.

Self-efficacy expectations, when viewed in relation to career, refer to a person's beliefs regarding career-related behaviours performance and persistence in the implementation of those choices (Howell & Watson 2007).When individuals have low self-efficacy expectation regarding their behaviour, they limit the extent to which they participate in an endeavour and are more apt to give up at the first sign of difficulty. Their efficacy beliefs serve as barriers to their career development. The purpose of the present study is to use EI in promoting self-efficacy of the visually impaired fresh students of Federal College of Education (Special) Oyo, Nigeria.

Hypotheses

The following null hypotheses guided this study at 0.05 level of significant

HO1. There is no significant difference in the responses of subjects exposed to emotional intelligence programme and the control group.

HO2.There is no significant difference in the responses of male and female subjects exposed to EI programme in the improvement of their self-efficacy.

HO3. There is no significant difference in the responses of subjects whose onset of visual impairment occurred long time ago and those whose onset of visual impairment occurred recently in their level of self-efficacy.

Materials and Methods

Design: The study adopts pre-post experimental design. It investigates how emotional intelligence can promote self-efficacy of the visually impaired fresh students.

Participants: The participants were 28 purposively selected visually impaired fresh students of Federal College of Education (Special) Oyo, Nigeria. The sample consists of 19 males and 9 females with age range from 18to 23 with average age of 20.5 years. Of the participants,17 indicated that they have been experiencing visual impairment over ten years while 11 indicated that their visual impairment started less than 5 years ago.

Instrument: Emotional Intelligence Scale (EIS). This was developed by Schutte et al. (1988). It assessed emotional intelligence based on self report responses to items tapping the appraisal and expressions of emotions in self and others, regulation of emotions in self and others and utilization of emotions in solving problems. It is designed to help individual label their feelings rather than labelling people or situations. The instrument also helps people to analyse their feelings rather than the actions or motives of other people.

The scale has 33 items which anchor on a 5 point scale: strongly disagree, disagree, undecided, agree and strongly agree. The instrument has been properly assigned in such a way so as to tap all the domains of emotional intelligence such that people will be able to take responsibilities for their emotions and happiness. The EIS has demonstrated high internal consistency with Cronbach's ranging from 0.87 to 0.90 and a 2 week test retest reliability coefficient of 0.75 (Schulte et al., 1998). The instrument was pretested on 15 visually impaired stale students and it yielded a value of 0.63 which shows that the instrument is reliable. When scored on a five point Likert scale ranging from strongly disagree to strongly agree, positive attitude was graded 5, 4, 3, 2, 1 while the scoring made was reversed for negative attitude as 1, 2, 3, 4, 5.

Procedure and intervention: The subjects participated in eight one-hour sessions, held once a week, for eight weeks consecutively. The programme comprises 6 basic components. These are: Presentation of conceptual framework; identification of emotion, responsiveness of individual subjects, identification of emotional management; identification of emotional thinking; recognizing emotions in others; and handling of relationship. The treatment programme also include training in relaxed temperament, developing and testing new skills to promote self-efficacy, application and practice of new acquired skills to promote self-efficacy and review of previous sessions' activities and administration of post-test instrument.

- Full briefing about the essence of the training and definitions of emotional intelligence effects of negative emotions on academic performance were discussed. Pre-test questionnaires were administered.
- Participants were introduced to the identification of emotional responsiveness in individual subjects. Personal problems negative and irrational thoughts, likely to affect self-efficacy were fully discussed.
- Participants were presented with the identification of emotional management technique that will foster their self-efficacy. Emotional management as suggested by Mayer and Cobb were fully discussed.
- Participants were taught the identification or emotional thinking which is a generalized inability to distinguish emotions and thoughts. Emotional thinking is a high negative predictor of life success, it therefore relates to laid emotional control, inability to manage stress and life difficulties, inadequate communication skills due to distorted perceptions of others and low impulse control.
- Participants were introduced to relaxed temperament which refers to a generalized emotional predisposition to be relaxed.
- During this session, developing and testing new things to promote efficacy in the participants was undertaken. Precisely, the therapists and the participants discussed how to develop and test new things and to think on how they can promote self-efficacy as fresh students to attain academic success.
- Here, participants were asked to rehearse and provide some hypothetical situations. Participants were taught to develop emotional facilitation of thought which has to do with the ability to generate and then reason with their emotion.
- The post treatment measures were administered to the participants.

Results

In order to evaluate changes during treatment on self-efficacy measure, one way Analysis of Variance (ANOVA) was the main statistical method used.

From Table 1, the f-ratio (1.318 and 0.335) level of significant difference at $p = 0.05$. Therefore, the null, hypothesis was accepted. There was no significant difference in subjects' level of self-efficacy after the treatment. From Table 2, there was no significant difference in the self efficacy of male and female visually impaired fresh students after treatment. Therefore, the H02 hypothesis was accepted. There was no significant difference in subjects self efficacy level based on gender. From Table 3, subjects responses based on year of onset of blindness did not differ significantly. The H03 is therefore accepted.

Table 1: Post Treatment Comparison of Subjects Exposed to El and the Control Group Using One Way Analysis of Variance (ANOVA)

Source of Variance Decision	Sum of squares	Df.	MS	F		Decisions
Between group s	1586.88	18	88.18			
Within groups	546.96	10	54.70	1.318	0.335	NS
Total	2133.84	28				

N:B: Not significant at p>0.05

Table 2: Post Treatment Comparison of Subjects Exposed to El Based on Gender

Source of variance	Sum of squares	Df.	MS	F		Decision
Between groups	419.68	0 9	46.63	1.529	0.201	
Within groups	533.349	19	28.07			NS
Total	953.029	28				

N:B* Not significant at p>0.05

Table 3: Post Treatment Comparison of Subjects Responses Based on Year of Onset of Blindness

Source of variance	Sum of squares	Df.	MS	F		Decision
Between groups	892.015	17	52.47			
Within groups	774.488	11	70.41	1.389	0.237	NS
Total	1666.503	28				

N:B* No significant at p>0.05

Discussion

The results did not support the use of emotional intelligence in promoting self efficacy of the visually impaired individuals. Further, it did not reveal improved level of self-efficacy due to the treatment programme. Generally, following the treatment programmes, the group exposed to experimental conditions had their self-efficacy not improved.

The result did not support the Salovey et al. (2002) assertion that emotional intelligence involves the ability to monitor one's own and others' feelings and emotions to discriminate among them and to use information to guide one's thinking and actions. The result also indicated that the fresh visually impaired students were unable to improve their self efficacy probabily because they are blind and had encounter with a new environment.

Moreover, the results obtained indicated no significant difference in the self –efficacy of male and female students. The reason for this is not far-fetched taking into account the fact that both sexes are not naturally emotional in the sense that they can

not distinguish their friends from their enemies.

The year of onset of blindness did not pose significant difference in the level of self efficacy of the subjects. This is possible in the sense that subjects that have been experiencing visual impairment for long has the tendency to have adjusted using reconciling and ability approaches. Thus, this study does not support the use of emotional intelligence procedure for the people with visual impairment.

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