

ICMR 2019
8th International Conference on Multidisciplinary Research
EMOTIONAL INTELLIGENCE AND ANXIETY IN FACING THE
OSCE STUDENTS MEDICAL FACULTY

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Abstract

In measuring the ability of students, several series of tests are conducted to assess their level of knowledge and ability to be qualified people. Thus, medical students must undergo series of examination to assess their qualification as general practitioners or medical doctors by passing the test of *Objective Structured Clinical Examination* (OSCE) in a series of medical clinic stations. During OSCE, most of students experience anxiety, and emotional intelligence that is useful for managing emotion is needed to reduce its feeling. The ability to manage emotions is useful for dealing anxiety, including anxiety in OSCE. This study aims to determine the relationship of emotional intelligence with anxiety conditions of Islamic University of North Sumatra (UISU) medical student taking OSCE. This research is analytical type with cross-sectional design. The respondent of this research is students of Medical Faculty of Islamic University of North Sumatera taking OSCE in November 2017. The sampling technique is Simple Random Sampling, with total sample of 70 respondents. Respondents were invited to undergo two questionnaires, the emotional intelligence questionnaire and the Taylor Minnesota Anxiety Scale (T-MAS) anxiety questionnaire. The emotional intelligence questionnaire contains 46 statements and the T-MAS anxiety questionnaire contains 50 questions. The Chi Square Test was performed to find the statistical measurements between emotional intelligence with anxiety condition. From Chi Square test results, the p value categories are $p = 0,000 < 0,05$; H_0 is rejected and H_a is accepted. These results concluded a significant correlation between emotional intelligence with anxiety condition of UISU medical student facing OSCE.

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Keywords: Emotional Intelligence, Anxiety Condition, OSCE.



1. Introduction

In examinations of medical students, comprehensive exams are conducted in two types of examination, namely block examination and *Objective Structured Clinical Examination* (OSCE). OSCE is seen as more valid, more reliable, and more objective than oral examinations. To date, several cases have been used to assess clinical and communication abilities and behaviour. As a passing standard, OSCE can be considered as a valid and reliable skill competency test to assess both theoretical and practical skills of medical students in managing patients, using proper equipment and good data processing. The OSCE method is very effective for both formative and summative if the scenario is developed or updated and reflects the contents of the curriculum, evaluates simultaneous patients, provides training and accurate measurement procedures of student performance (Ibrahim & Nursiswati, 2011; Nasution, 2012).

The Association for Medical Education Europe (AMEE) recommends that one of the competency learning outcomes is the OSCE method. This method is used to assess clinical expertise including practice procedures, management and investigation of patients, health counselling for disease prevention, as well as information management communication. Besides, social principles, attitudes, decision making, basic and clinical skills, ethical and legal responsibilities, reasons and personal development also can be assessing. OSCE is a valuation method based on objective testing due to the questions and judgments on answers given by default. Observations were made directly on the practical performance of the participants during the test (Triyani, Rahayu, & Suryadi, 2014; Achmad, 2011), and their performances are commonly responded to a stressor in form of anxiety. OSCE is the most worrying assessment method for students compared to written (Amir, 2014; Praptiningsih, 2016). One of the factors that provoke anxiety is the emotion that is suppressed, because it is unable to find an exit point in interpersonal relationships in particular it has been suppressed for a long time. Anxiety comes from unconscious feelings that are within one's own personality and are not related to real objects or circumstances that really exist. Certain expression of moods such as satisfaction and mood itself is influenced by certain amounts of emotional intelligence. Intellectual intelligence (IQ) only contributes as high as 20% to the success of one's life; the remaining 80% is filled by emotional intelligence. It has been reported that the emotional intelligence of the United States Air Force military personnel is high, which was about 2.6 times. By using emotional intelligence in cadet selection, the withdrawal of new cadets in one year can be reduced to over than 90% (Sadock & Sadock, 2014). According to a preliminary study carried out by Utami (2009), 75% of the sixth semester students of Akbid Mitra Husada Karanganyar said they were anxious and afraid of facing the OSCE exam (Oryza & Suseno, 2009; Utami, 2009).

2. Problem Statement

As it has been explained previously about the ability of emotional intelligence in setting a mood, a study which was designed to determine the relation of emotional intelligence to anxiety conditions during OSCE examinations for medical students was conducted in the Faculty of Medical, Islamic University of North Sumatra in November 2017. From the background above problems that to find out the relationship between emotional intelligence and anxiety conditions in the face of OSCE in Faculty of Medical UISU students in November 2017.

3. Research Questions

Is there a relationship between intelligence and anxiety conditions in the face of OSCE in students of the Faculty of Medical, Islamic of North Sumatra in November 2017?

4. Purpose of the Study

In this study, emotional intelligence and anxiety conditions which occurred among the medical students of UISU during the OSCE tests in November 2017 is carried out to determine their relationships.

5. Research Methods

This study was carried out with cross-sectional design by performing analytical research type. The study was conducted at the UISU Medical Faculty in November 2017. The study population was UISU Medical School students who would face OSCE.

Inclusion Criteria: Faculty of Medical UISU students are registered as OSCE participants in November 2017, willing to be a respondent, sign the approval sheet as respondent. Exclusion Criteria: willing to be a respondent, but filling out a questionnaire is incomplete, refuse to be a respondent for any reason. The sample size was 70 respondents. The sample in this study was taken using the simple random sampling technique. Research Instrument use: Emotional Intelligence in this study used a questionnaire adopted from the Utami (2009) Test, the questionnaire used was a closed questionnaire that had been tested for validity, namely r count was greater than r table ($r = 0.361$) and reliability was obtained from the Spearman-Brown results of $= 0.930$. Thus the instrument is valid and reliable as a data collection tool. Anxiety in this study was measured using the T-MAS standard questionnaire. Questionnaire anxiety is not tested for validity and reliability because T-MAS are a standard scale to measure anxiety. Data analysis was performed by univariate data analysis and continued with bivariate data analysis. The Univariate Analysis has the ability in both explaining and describing the characteristics every variable in a research (Notoatmodjo, 2012). During the Bivariate Analysis, the data was statistically analysed throughout Chi Square statistical test to measure the relationship parameter of emotional intelligence and anxiety level of the medical students.

6. Findings

Based on the Table 01, the respondents who were measured to have low emotional intelligence were higher in numbers than those having high emotional intelligence. Respectively, their proportions were 48 people (68.6%) and 22 people (31.4%).

Table 01. Distribution Frequency of Emotional Intelligence Respondents'

Emotional Intelligence	Frequency (n)	Percentage (%)
High Emotional Intelligence	22	31,4
Low Emotional Intelligence	48	68,6
Total	70	100

Based on the Table 02 above about the condition of anxiety for UISU medical students who participated in the OSCE in November 2017 with 70 respondents, it was found that more respondents experienced anxiety than those who did not, i.e. 39 respondents were anxious (55.7%) and non-anxious respondents were 31 people (44.3%).

Table 02. Distribution Frequency of Anxiety Condition Respondents'

Anxiety Condition	Frequency(n)	Percentage (%)
Anxious	39	55,7
Non-anxious	31	44,3
Total	70	100

The Bivariate analysis aims to measure a relation between two variables. As this study employs to determine the ability of emotional intelligence in persuading the anxiety conditions of medical students during OSCE examinations, the bivariate analysis was performed by using Chi-Square statistical tests.

Table 03. Relationship between emotional intelligence with anxiety condition of respondents

		Anxiety Condition				Total	P value	
		Anxious		Non-anxious			0,000	
		n	%	n	%			
Emotional Intelligence	High	0	0	22	31,4	22	31,4	
	Low	39	55,7	9	12,9	48	68,6	
	Total	39	55,7	3	44,3	7	10	

From the results of the Chi Square test conducted, it was found that the value of $p = 0.000 < 0.05$. Therefore, the results were rejected which imply to the presence of significant relationship between emotional intelligence and the condition of anxiety in samples.

Based on the results which are displayed in Table 3, it was found that the majority of FK UISU students who participated in OSCE had low emotional intelligence as many as 48 people (68.6%) as shown in Table 03. This is consistent with the data obtained by Goleman (2017), comparing the emotional state in the mid-1970s with the situation in the late 1980s. Based on the assessment, the situation worsened and settled. These conditions can lead to actions such as withdrawing from association or social problems, anxiety and depression, having problems in terms of attention or thinking so that they are unable to focus or sit quietly, daydreaming, acting without thinking, being too tense to concentrate, often getting bad grades, and unable to make the mind calm. Based on the data obtained, researchers argue that most students have

low emotional intelligence because of the factor of birth where the respondents were born in the 1990s. Another factor is that the five basic features of emotional intelligence are not fulfilled in them. Most students who take the OSCE are lacking in emotional management skills. This was assessed from 10 statement points on the emotional intelligence questionnaire, namely point's number 16, 17, 25, 33, 34, 35, 41, 43, 42, and 45.

The results also showed that the majority of FK UISU students who participated in the OSCE experienced anxiety as many as 39 people (55.7%) as shown in Table 03. This result had the same result contributed by Risma's (2015) opinion that anxiety in OSCE often makes the performance of participants worse. The occurrence of anxiety in OSCE is due to the atmosphere of the OSCE room, examiners, unclear information and unpreparedness of students. Based on the data obtained, researchers argue that more students who experience anxiety are caused by experience factors, and most of them were debutant students in taking the OSCE test. Respondents who attended the OSCE several times tended not to experience anxiety. From these anxiety conditions, several symptoms that can be observed are cold fingers, decreased appetite, cannot focus, cannot sleep and want to run away from reality.

As this study carried out an analytical study with cross sectional design, Chi Square tests were conducted to measure statistically the emotional intelligence and the condition of anxiety in the face of OSCE in FK UISU students, the p-value of 0.000 was obtained. The basis of the Chi Square test decision research for hypothesis testing is p-value <0.05. Then, it can be concluded that H_a is accepted which indicates the presence of relationship between emotional intelligence and anxiety level observed on the facial expressions of medical students during OSCE exams.

The results of research conducted on 70 respondents found that the majority of FK UISU students who participated in OSCE had low emotional intelligence and experienced anxiety as many as 39 people (55.7%). These results were also in accordance to those carried by Utami in 2009 by involving 48 respondents, and it showed a relationship between emotional intelligence and anxiety conditions.

This result is also supported by Goleman's (2017) statement that in emotional intelligence there are several aspects including the aspects of managing emotions which can be managed to deal with emotions. Subsequently, they have a positive impact and resistance on tasks when facing obstacles, controlling impulse, as well as having quick feeling of satisfaction, ability in regulating moods, managing emotions, thinking and recovering from emotional stress.

Based on the data obtained, researchers argue that emotional intelligence affects the condition of one's anxiety. If someone is able to manage his emotions, then he is also able to handle his feelings such as feeling anxious. Someone with this condition will be able to adjust and realize good performance in everything and tend to be more productive and effective in whatever they do. Conversely, if a person is not able to manage his emotions well, then he will easily experience anxiety, anger, sadness, fear, nervousness, worry, shame and discomfort.

7. Conclusion

The proportion of respondents who had high level of emotional intelligence were accounted to be higher than those who had lower emotional intelligence, and they were respectively 48 people (68.6%) and 22 people (31.4%). Besides, more respondents who experienced anxiety than those who did not, namely

anxious respondents amounted to 39 people (55.7%) and respondents who were not anxious amounted to 31 people (44.3%). Furthermore, the respondents with high emotional intelligence, however no anxiety experiences were occurred in 22 people (31.4%). While for students who was assessed to have low emotional intelligence but they experienced anxiety, accounted for as many as 39 people (55.7%) and students with low emotional intelligence but did not experience anxiety as many as 9 people (12.9%). From the Chi Square test conducted, it is known that the value of $p = 0,000 < 0,05$, so it is rejected so that there is a significant relationship between emotional intelligence and the condition of anxiety in FK UISU students who take the OSCE.

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