



Emotional Intelligence in medical practice

Abu Hasan Sarkar¹, Janumoni Senapati²

¹PGT, Community Medicine and ²Sixth semester medical student
Jorhat Medical College, Jorhat, Assam

Corresponding Author:

Dr. Abu Hasan Sarkar
Department of Community Medicine,
Jorhat Medical College, Jorhat, Assam
Email ID : abuhasansarkar123 at gmail dot com

Received: 15-APR-2016

Accepted: 26-JUN-2016

Published Online: 01-AUG-2016

Abstract

Emotional Intelligence is the ability to perceive, express, understand and regulate one's inner emotions and the emotions of others. It is considered to be a 'must have' competence in the workplace. Several scientific studies have proven that the application of emotional intelligence is effective in improving the teaching-learning process and that it leads to organizational growth; however, only limited work has been carried out to assess its effectiveness in the practice of medicine, especially in India. Various scales have been developed to measure emotional intelligence but they are not universally applicable because emotional intelligence depends upon culture and personal background among other factors. In recent years in India, conflicts between patients and doctors have had serious, sometimes fatal, consequences for the physician. Behavior, when faced with a potential conflict-like situation, depends to a great extent on the emotional intelligence of the physician. Emotional intelligence of medical students and medical professionals can be honed through exposure to the medical humanities which are known to promote patient-centered care. Building better physician-patient relationships might help in averting doctor-patient conflict.

Keywords: Conflict; Emotional intelligence; Physician-Patient relations; Practice management, medical.

“Anybody can become angry - that is easy, but to be angry with the right person and to the right degree and at the right time and for the right purpose, and in the right way - that is not within everybody's power and is not easy”

- ARISTOTLE

Introductory narrative

I (AHS) was a medical intern back then and posted in the emergency room (ER). It was somewhere in the middle of November, 2011. There was a heavy inflow of patients, as was to be expected during a night in the ER. It

Cite this article as: Sarkar AH, Senapati J. Emotional Intelligence in medical practice. RHIME. 2016;3:31-36.

was late and we were quite exhausted when there was a commotion and a sudden rush of about 30 people entered the ER. We learned that they were all victims of a bus accident on a highway not very far from our hospital. We moved our drained bodies as fast as we could to care for the patients. No one had any serious injury though all of them had cuts and lacerations that needed attention. The surgical postgraduate trainee and I were the only ones there to stitch them up.

Just as I was finishing up with the last patient, a shabbily dressed man in his mid-thirties brought in his two year old son – apparently, the young fellow had fallen off the bed. The child was crying and looked quite emaciated. The father approached me, showing signs of restlessness and apprehension. I could sense the fear and doubt in his watery eyes. I attended to the child while the father watched intently. There was no external injury and I called out to my senior, the surgical postgraduate trainee, to come and have a look. He told me from a distance to send the patient for a CT-scan.

The father, guessing that I was a novice, demanded that a senior doctor should examine his son. I called out to my senior once again. He came, irritated after having attended to so many chaotic police cases, and said in a harsh voice, "Don't you know he is a doctor too? Senior doctors do not come at night. We are all juniors working here."

Upon hearing this the father immediately got angry and shouted, "I don't enjoy being seen by junior people like you, but because my son is sick, I have no other option – that is why I called you. I am going to complain about this misbehavior of yours!"

My furious senior replied, "Go and complain! We are not idle - sitting here only to pander to your whimsical demands and wishes. We have been looking after multiple patients for more than two hours with not even a second to spare."

For a while I was a mute witness to the aggression between the two men. I felt that under saner circumstances they would have

been calm, civilized people; however, the chaos, the sleepless night, and fatigue had converted my gentle, compassionate senior to a doctor who could not understand the apprehension and pressure demonstrated by a concerned and attached father. The father, in his turn, failed to understand the plethora of emotions that the young, naive physician was facing that night.

Sensing an imminent worsening of the conflict, I gently asked the father to have patience, and said, "Please be calm! Your son does not have any external injury and so there is nothing much to do there. But to be sure he has no internal brain injury we need to do a CT scan. Please get it done soon and report back to us. We are here till 8 AM." The father was breathing heavily, his anger overpowering him, and then he went off, threatening dire consequences. My senior went back to his work, unmoved I thought.

When I got some respite from work, I thought and rethought about how our attitude, behavior and speech induce reactions that boomerang on us, the doctors, and we pay the price. The father of the child did not know how busy and exhausted we were at that time. Likewise, my senior did not recognize how apprehensive the father was. Both were able to justify their own line of thinking. It was years later that I got a better perspective on that incident in the ER when I came across the term 'emotional intelligence' through reading different works on humanities, medical humanities and psychology.[1] I realized that it is not so much about what we do but about how we do it. How we do things depends on how well we manage ourselves and our emotions.

What is Emotional Intelligence?

Emotional intelligence (EI) has been defined by Mayer & Salovey, 1997 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".[1] The concept of EI is

not new, yet it has never been more relevant than in the present scenario of increasing challenges in the workplace. It is quite pertinent in the medical field, both in India and abroad, as numerous factors like sleepless nights, long duty hours, neglected family life, and disturbed personal life direct our expressive behavior and attitude. There are five stages of EI viz. self awareness (knowing one's emotional state), self regulation (controlling emotional impulses), internal motivation (optimistic attitude), empathy (understanding others' state of mind) and social skills (rapport building ability).[2] In simple terms, these stages help us to perceive, express, understand and regulate our inner emotions so that we can prevent our emotional state from influencing our performance.

The need for Emotional Intelligence at the workplace

The environment and the physical state of the person contribute to his emotional state. A person who is happy and euphoric may behave well with others, but an unhappy and dissatisfied person is likely to do the opposite.[2] Working in an enabling, comfortable workplace with a manageable workload is highly desirable but not always guaranteed. Any change that threatens our comfort can irritate and agitate us.

We invoke a classic example: On a particular day, a senior resident's work load is extremely high and he can't complete, on time, the tasks he has undertaken. This tardiness disappoints and annoys the consultant who - although normally well behaved in the workplace - is rude to the resident. The resident is sincere and hardworking and being unable to complete his work on time causes him frustration; on top of that, his consultant's rudeness causes anger. Any other day, he might have taken the consultant's behavior as constructive criticism, but in the context of the circumstances of that day, he reacts by losing his judgment, and his emotional and social skills, all at once. When he returns home, he enters into an otherwise avoidable quarrel with his wife, who in turn misbehaves with the domestic help; this hapless woman has no

one to vent her aggravation on other than throwing a slipper at a hungry street dog. On critical thinking, we can understand that the ill behavior of the consultant in the morning set off a cascade of events that continued through the night and involved different individuals in diverse social setups.

Social media, newspapers, and the news on television report about doctor patient conflicts every now and then.[3] On analysis, the apparent causes in some of the incidents could be counseling failure on the part of the doctor, and mismanagement of emotions by both doctor and patient. Attending to those who suffer, a doctor must possess not only a high level of scientific knowledge and technical ability but also an understanding of human nature. The patient cannot be viewed as just a group of symptoms, as damaged organs, or as altered emotions. He is also a human being who is worried yet hopeful, and who searches for relief, help and trust at the same time.[4] The building of a doctor-patient relationship is the responsibility of both parties; however, the doctor has a greater onus because he is the professional, and it is his diagnosis, treatment and advice that is being sought and occasionally paid for.[5]

Advantages of promoting Emotional Intelligence

Emotional intelligence is important for the development of the organization and for personal development. In the industrial sector, it has been found to be critical for success; it also has an influence on academic performance and on the quality of social interactions with peers.[2] A study found that 47% of the variation in performance was predicted by variation in emotional quotient; managers with more emotional intelligence had higher organizational engagement and, hence, could achieve better performance.[6] There is also a positive relationship between EI and the teacher-student relationship.[7,8]

While emotion management is given considerable weight in business and academic settings - to the extent of considering EI when selecting human resources for top

managerial posts - only limited research has been carried out to assess the impact of the application of EI in medicine.[9,10] Occasional studies on assessment of emotional intelligence suggest poor EI in undergraduate as well as post graduate medical students.[11,12] The application of EI is more of a need in clinical medicine than in any other field. A busy and overworked physician cannot be rude to a patient or his relatives just because he himself is unhappy. That would be unprofessional - physicians need an inner strength to help them deal with unreasonable expectations and with situations that they cannot change. Emotional intelligence can create a well balanced equation between the expectations of patients or their relatives and the emotional behavior of physicians. If this balance is attained, many rows can be avoided.

Emotional intelligence also helps in building good leaders.[7] When we possess emotional intelligence, we are aware of our feelings and emotions and its impact on other people. Once we learn to manage all five elements of emotional intelligence, we come closer to being successful and inspirational leaders. Self-awareness helps us manage our colleagues and juniors with proper emotions and actions. Self-regulated individuals create minimum verbal chaos and are always flexible and accountable. Motivation helps us achieve goals and inspire people around us to fulfill required objectives. Empathy or the ability to put ourselves in someone else's situation helps to avoid conflict and to give unbiased feedback. Finally, social skill is an element which leaders use to achieve their goals and manage the people around them. It is the most important quality which differentiates them from others.[1,7,8,10]

Measuring Emotional Intelligence

With advanced scientific understanding of human behavior, psychology and emotion, it is now possible to measure the emotional intelligence of human beings. Just as cognitive intelligence differs from person to person, emotional intelligence of individuals varies too. Many scales have been developed and modified over time; these include the

Emotional Intelligence Inventory (EII),[13] Mayer Salvoes Caruso Emotional Intelligence Test (MSCEITV 2.0),[14] Schutte Emotional Intelligence Scale (SEIS),[15] scales developed by Chadha and Singh for the Indian context,[16] and the Emotional Intelligence Scale for medical students (EISMS).[11] Since emotional intelligence is closely related to culture, ethnicity and community beliefs, there are important challenges in universally exercising these scales.[17] We need a reliable measure to test emotional intelligence – thus, more scales need to be developed and tested in medical practice to achieve a scale that can be uniformly applied.

Improving Emotional Intelligence

The question of whether emotional intelligence is a fixed or a dynamic ability has not yet been clearly answered. Even if we assume that it cannot be taught, a pre-recruitment assessment of EI could be done in occupations where it is considered important.[18] More recent studies suggest that EI is a trainable trait, with metacognition (thinking about thinking) and the medical humanities being used to improve EI.[19] Practitioners of medical humanities offer different modules for training medical students and professionals to develop empathy, tolerant attitudes and overall understanding.[20,21] These characteristics are honed through the use of narrative medicine, literature, art, street plays, and forum theatre, among other humanities tools.[20]

Medical humanities aims to develop reflective thinking which in turn promotes the ability to identify and to sort out emotions. Narrative medicine (critical reflections on various aspects of doctor-patient stories) has been assessed as an effective tool for cultivating empathy.[21] The same methods may be utilized to impart training on emotional intelligence. Demonstration of good and bad or acceptable and unacceptable behavior, role play and critical analysis sessions can help in imparting training in an effective way. Introduction to human psychology and behavior may be initiated and implemented by the regulatory body for

medical education as part of the medical curriculum from the first year onwards. The emerging discipline of humanistic psychology can also be employed, as it explores the motivations and aspirations of people as the bases for mental workings.[22]

Emotional Intelligence in medical education

Emotional Intelligence was formerly regarded as a stable trait with questionable dynamicity and a theoretical construct,[18] but evidence today suggests otherwise. EI is something we need on an everyday basis when we deal with patients and their attendants. Attention has turned, therefore, to the development of EI and the competencies underpinning it in medical students.[22-24] Several kinds of activities are used to develop and improve EI. These activities can be directed towards oneself ('self-directed') and might involve, for example, talking positively, being aware of one's own emotions, controlling one's impulses, and regulating one's emotions. The activities can be directed towards others ('other-directed'), such as making empathic statements, eliciting patient concerns and emotions, and communicating emotions accurately to others.[24]

Emotional Intelligence can be theoretically

improved through the introduction of psychology and behavioral science in the medical curriculum. Practically, too, various techniques have been advocated; these include critical analysis of videos depicting varied emotional situations followed by a discussion on ways to handle them; dancing, which promotes team work, encourages the discovery of emotions, and improves observational skills; improvisation theatre/ Forum Theatre, where most or all of what is performed is created on the spur of the moment and, thus, helps students learn how to tackle different situations appropriately, and at short notice; and the Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT), which provides a series of emotion-based problem solving items that can be attempted by students and then analyzed with positive criticism during group discussions.[13, 20,23,24]

Conclusions

Our emotional phenotype depends on our emotional intelligence; emotional intelligence makes us more humane and may prevent many doctor-patient conflicts, thus reviving the trust patients place in the medical fraternity. Learning to be humane and conscientious through emotional intelligence may change the way we look at situations and it can change the course of many events in our lives for the better.

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Acknowledgement: The authors would like to acknowledge the help and support extended by Chandrica Barua, BA (English) student, Lady Shri Ram College, New Delhi.