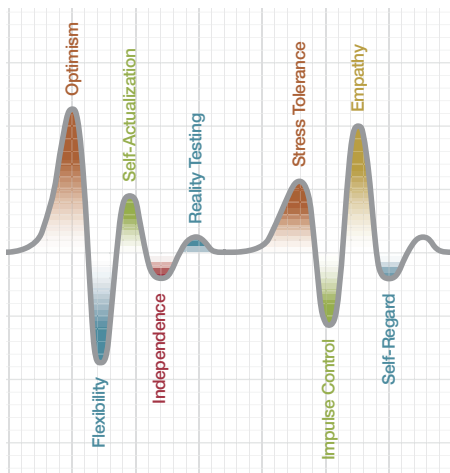
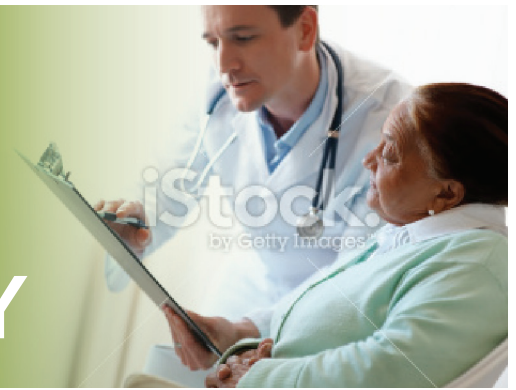


THE IMPORTANCE OF EMOTIONAL INTELLIGENCE IN THE MEDICAL COMMUNITY



Nurses, doctors, and administrators alike in healthcare settings face a unique challenge in providing patient services while also managing typical workplace situations and stressors. Mutually satisfying patient care and staff welfare is now a critical focus for healthcare professionals. Emotional Intelligence (EI) provides healthcare professionals with the needed skills to manage the many roles they must play (e.g., expert, friend, consoler, supporter, colleague, boss, etc.). However, these skills are often not the focus of development and technical training or may even be seen as lacking within the medical community as a whole.^{1,2}

It is widely known that doctors often score well above the general population on intelligence measures. However,

research points towards a more average emotional intelligence functioning.³ This is reinforced by the idea that many physicians are technical experts in their field but sometimes lack the necessary communication, empathy, and interpersonal skills necessary to become better leaders and provide patient-focused healthcare. Often, criticisms are focused at physicians as the primary targets for EI development efforts. However, the skills and competencies of EI play a critical role at all levels in the healthcare field, from students, to nurses and doctors, all the way to leaders and administrators.^{1,4,5,6}

Research has highlighted the importance of certain EI skills, most notably empathy, for doctors when interacting with patients. Improving patient satisfaction through empathic care and understanding can lead to increased patient loyalty and adherence, therapeutic benefits, and even lower numbers of malpractice lawsuits.⁶ Recent research has illustrated the importance of incorporating emotional intelligence in medical school admission systems, above and beyond cognitive intelligence.⁵

There has also been increased importance placed on the intrapersonal skills (e.g., that may help doctors deal with the competing demands of their high-stress working environment. The importance of EI in the medical community is echoed in the interest of using EI to select medical

students or as an integrated training component of medical degrees.⁶

One study found that a physician's Happiness scores on the Emotional Quotient Inventory (EQ-i) impacted a patient's satisfaction with the care they received. Awareness of a physician's mood and how it will impact their patient is an important performance criteria of providing effective and well-received patient care. Another study using the EQ-i found that Empathy scores of physicians influenced how well diabetic patients were able to control important health markers.²

Assessing and coaching emotional intelligence is an emerging area in the development of medical professionals. The Royal College of Surgeons in Ireland (RCSI) has implemented assessment and training of EI as an established component of its surgical training program.

TOP EQ-i 2.0 SKILLS FOR PHYSICIANS/SURGEONS:

1. Independence
2. Stress Tolerance
3. Empathy
4. Impulse Control
5. Flexibility

TOP EQ-i 2.0 SKILLS FOR NURSES:

1. Self-Actualization
2. Independence

TOP EQ-i 2.0 SKILLS FOR MEDICAL STAFF (TECHNICAL):

1. Self-Regard
2. Optimism
3. Reality Testing
4. Self-Actualization
5. Independence

“For the past 8 years The Ottawa Hospital’s Leadership Academy has incorporated the use of the EQ-i 2.0 to promote and enhance self-awareness and other essential leadership skills. Emotional Intelligence development is viewed as an integral element of professional development and as such The Ottawa Hospital provides EI coaching for their people leaders, physicians and support staff.” - Julie Brown, Learning Specialist,, The Ottawa Hospital

Understanding and dealing with one's emotions and the emotions of others in an often stressful environment is at the heart of the skills and competencies involved in EI.

"Well it is demanding a lot of the time, especially when you've developed such

a close relationship with patients, you're having to deal with intense feelings, handling bereavement . . . how you're feeling, how others feel . . . individuals and their families." (*Clinical Nurse Specialist 2, Clarke, 2007, p. 452*) ■

The EQ-i 2.0® tool has also proved to be very effective in assisting staff in non-leadership roles that may be technical experts, but struggle with personal insight.

The EQ-i 2.0® Model



Copyright © 2011 Multi-Health Systems Inc. All rights reserved.
Based on the original BarOn EQ-i authored by Reuven Bar-On, copyright 1997.

The EQ-i 2.0 model of Emotional Intelligence breaks EI down into 5 composite scales that all influence work in a healthcare setting in unique ways.

- SELF-PERCEPTION + SELF-EXPRESSION

allow healthcare professionals to better understand themselves and their emotions, which can lead to increased knowledge of how they may be influencing their patient's behavior or attitude.
- INTERPERSONAL

skills greatly influence how an individual communicates with others, and whether or not they can truly empathize with patients.
- DECISION MAKING

involves leveraging emotions to solve problems that are in the best interest of the patient and the organization.
- STRESS MANAGEMENT

provides the necessary skills and competencies for dealing with the heightened and competing demands of working with patients and professionals in a healthcare setting.

REFERENCES

1. Codier, E., Kooker, B., & J, S. (2008). Measuring the emotional intelligence of clinical staff nurses: An approach for improving the clinical care environment. *Nursing Administration Quarterly*, 32(1), 8-14.
2. Stein, S., & Book, H. (2011). *The EQ edge: Emotional intelligence and your success* (3rd ed.). Mississauga, Ont.: Jossey-Bass.
3. Stanton, C., Sethi, F., Dale, O., Phelan, M., Laban, J., & Eliahoo, J. (2011). Comparison of emotional intelligence between psychiatrists and surgeons. *The Psychiatrist*, 35, 124-129.
4. Freshman, B., & Rubino, L. (2002). Emotional intelligence: A core competency for health care administrators. *Health Care Manager*, 20(4), 1-9.
5. Libbrecht, N., Lievens, F., Carette, B., & Cote, S. (2014) Emotional intelligence predicts success in medical school. *Emotion*, 14, 64-73.
6. Wagner, P., Moseley, G., Grant, M., Gore, J., & Owens, C. (2002). Physicians' emotional intelligence and patient satisfaction. *Family Medicine*, 34(10), 750-754.
7. Clarke, N. (2007). Developing emotional intelligence through workplace learning: Findings from a case study in healthcare. *Human Resource Development International*, 9(4), 447-465.