



Do Medical Practitioners Need Emotional Intelligence?

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ABSTRACT

The principles linked with emotional intelligence are something that medical practitioners are interested in comprehending and using. Enhancing social relationships, practicing emotional intelligence skills, and improving healthcare and healthcare education all have a significant impact. A better patient-doctor relationship can be achieved by a variety of teaching, learning, and changing medical care programs that promote emotional intelligence.

Keywords: Emotional intelligence, Medical Practitioners, Happiness, Mental health, and Medical Education.

INTRODUCTION

Any social interaction, including those in education, personal life, the workplace, and business, can benefit from having high emotional quotients, often known as emotional intelligence (EQ) or EI (Amundson, 2005). It is one of the key variables that can predict academic success, psychological well-being, and life stability (Arora et al., 2010; & Arora et al., 2010).

For healthcare workers (HCWs) to succeed, EQ is a crucial component, especially when it comes to managing the complexity of today's healthcare system and fostering job happiness (Austin et al., 2005; & Austin et al., 2007).

Both hard and soft skills are necessary for HCPs; hard skills are the

procedural skills that are generally emphasised in formal training, while soft skills are strategic skills like professionalism and interpersonal and communication skills (Austin et al., 2007). The personal, emotional, and social parts of general intelligence make form the EQ construct [5]. As a result, EQ is a quantification of talents in use (Austin et al., 2007).

As a result, fostering a secure, accepting, and supportive learning environment for EQ culture has a favourable influence on patient interactions, staff morale and retention, medical quality, and safety, teamwork, and innovation (Austin et al., 2007).

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"A range of soft and non-cognitive (emotional and social) capacities, competencies, and skills that influence one's ability to successfully cope with environmental demands and stresses" (Bar-On, 2001) is how emotional intelligence is defined. Since it is primarily taught skills rather than innate genetic abilities, EQ must be improved by experience, making the appropriate modifications, self-motivation, and positive reinforcement feedback. To increase patient safety, EQ is crucial and required in teams of medical and non-medical professionals (Austin et al., 2007; & Birks & Watt, 2007). EQ is the capacity for developing positive relationships that are productive and nurturing, enhancing workplace happiness, achieving personal goals, putting plans into motion, and making wise decisions regarding issues that are more important than a person's IQ (Austin et al., 2007; & Birks & Watt, 2007).

EQ is the capacity to effectively identify, value, use, comprehend, and control our emotions. It also refers to the capacity to effectively connect with others, empathise with them, overcome obstacles, diffuse conflict, and emotionally comprehend and connect with others. In contrast to IQ, EQ can be developed through honing our social and emotional abilities. Learning EQ does not necessarily include using it, particularly under pressure and stress; rather, knowing EQ involves learning how to handle pressure and remain emotionally stable. Early academic years can be improved with IQ, but EQ is more crucial for personal and social relationships and can even ensure career and academic success. Both IQ and EQ are components of the cycle, and each effectively elevates the others (Austin et al., 2007; & Bleakley 2006).

Personal competence, which we may enhance at work, and social competence are the two essential components of EQ that can influence one another favourably or adversely.

EI to Physicians, Patients, and other healthcare workers

Simple, useful skills for connecting with patients are found in emotional intelligence (EQ). Effective empathic expression doesn't require extra time (Brannick, 2009; & Del Canale et al., 2012), but patients will repeat their requirements and require more time if empathy skills aren't used (Del Canale et al., 2012). To better connect with patients and fulfill the function of a healer, EQ should be learned during medical school (Del Canale et al., 2012). True empathy does not involve taking any specific action; rather, it is an emotion that is fundamentally human. It lowers patient anxiety, enhances clinical results, and lowers malpractice claims (Fernandez, 2012; & Johnson, 2015). Understanding how others feel by interpreting and controlling their emotions is empathy. As a result, empathy is seen as a crucial component of EQ (DiMatteo, 1986). Overall EQ and empathy scores for women were greater than those for men (Goleman, 1996; Hendren, 1988; & Humphreys, 2005). Only one EI subscale, stress management, showed that female medical students had greater EQ than male students when in clinical settings (Goleman, 1996; Hendren, 1988; & Humphreys, 2005). The more experienced doctor had a higher EQ than the less experienced doctor (Lopes et al., 2004; Lopes et al., 2006; & Lopes et al., 2005).

By increasing patient trust, EQ demonstrates improved patient-centered care (Lopes et al., 2006), which in turn raises patient satisfaction (Kroenke, 2009; Lopes et al., 2004; & Lopes et al., 2006) The efficiency of teamwork, interpersonal skills, and communication are all positively correlated with emotional intelligence (EQ) (DiMatteo, 1986; Goleman, 1996; Hendren, 1988; Humphreys, 2005 & Mansouri, 2001; & McCallin, 2007). Understanding how others feel by interpreting and controlling their emotions is empathy. As a result, empathy is seen as a crucial component of EQ (DiMatteo, 1986). Overall EQ and empathy scores for women were greater than those for men

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EQ may enhance clinical diagnostic and prognostic skills, academic achievement, and doctor-patient interaction (McQueen 2004, & Mikolajczak et al., 2007). The impact of stress and burnout (Pagnini, 2009), workplace stress, and depression are lessened by "emotionally savvy organizations (Lopes et al., 2005)". Organisational dedication and leadership have grown in emotionally intelligent organizations (Pellitteri, 2002). Six crucial medical competencies—Interpersonal and Communication Competence, Practice-based Competence, Improved Medical Knowledge Competence, Patient Care Competence, Systems-based Practice, and Professionalism—have a direct relationship with EQ, according to research (Levinson et al., 1997). Patient happiness, treatment compliance, medical error reduction, and chronic condition management all benefit from physician empathy (Roter et al., 1995). According to popular belief, EQ positively influences the doctor-patient connection, improved empathy, teamwork, communication, stress management, organizational commitment, career happiness for doctors and nurses, and effective leadership. In order to create an original behavioural construct for patient-centered care, there is a relationship between EQ and

patient care as well as physician career performance (Roter et al., 1995).

The importance of EI in Medical Education

Due to personal internal conflicts, anxiety, and difficulties interacting with professors, colleagues, clinicians, and ultimately patients, students with intrapersonal or interpersonal problems can suffer both academically and nonacademically if they are unable to succeed with the innovative, interactive learning and participation (Roter et al., 1995). Students need to understand that EI is a crucial component of their current curriculum rather than something that needs to be developed in a different setting (Salovey & Mayer, 1989; & Stein, 2006). Practical understanding and emotional management skills, the capacity for abstract thought, non-cognitive skills and abilities, and the ability to deal with environmental demands and stressors (Salovey & Mayer, 1989; & Stein, 2006). To access and create feelings, one must have the ability to recognise emotions. to encourage thought, emotional development, and feeling adjustment. to foster emotional expression and intellectual development (Stein, 2006). To explain the psychological differences in individuals' abilities which is related to emotional engagement in complex processes concerning their own and others' feeling, as well as to use that information to guide thoughts and behaviour (Salovey & Mayer, 1989; & Stein, 2006). EQ contributes to an individual's ability to adjust socially, successfully work in a team, perform better, and cope more effectively with stress and environmental pressure (Stratton et al., 2005; & Stratton et al., 2008). Medical students with high EQ have less conflict in their interactions with both colleagues and superiors (Wagner et al., 2002).

In the past, traditional medicine has encouraged HCPs to preserve an emotional distance from their patients, (Weng, 2008) while nowadays; there have been breach barriers of communication between patients and HCPs, in favour of a more empathic approach. The relationship between patients

and HCPs grow into more partnership, HCPs need to adopt good communication skills to improve patient satisfaction and to build mutual understanding (Salovey & Mayer, 1989). HCPs must be competent in EQ and able to recognise shifts in a patient's moods and demeanour early (Weng et al., 2008). If HCPs understand the patient's background and emotional reactions, the medical advice and treatment can be custom-made to match the individual's expectations (Salovey & Mayer, 1989).

Implication

To find the top candidates, EQ testing should be used in premedical college selection criteria (Mansouri, 2001). teaching EQ to medical students (Weng et al., 2008). The ability to perceive, comprehend, use, and manage emotions are non-technical skills that are of utmost importance and that can be developed through medical education. In order to adopt, monitor, and evaluate the practice, EQ programs must have established methods (Salovey & Mayer, 1989). To examine and evaluate EQ in relation to clinical and academic performance using a more advanced conceptual, theoretical, and methodological framework (Mansouri, 2001).

CONCLUSION

There is widespread consensus that EQ abilities are necessary rather than desirable. EQ enhances the quality of patient care and strengthens the doctor-patient bond through patient-centered care. EQ improves teamwork among HCPs, patient safety, and physician and patient wellbeing. Neither the solitary factor in the development of effective HCPs nor the sole indicator of work success is IQ.

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Competing Interest: None

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