An Introduction of Emotional Intelligence and its Role in Medical Education: a Brief Review of Literature

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Abstract

Emotional intelligence is a different way of being smart and it is the ability to understand and recognize emotional status and managing emotions, which promotes productivity, proper social relations and makes good decision in life. There are growing reports of the integration of emotional intelligence in medical practice, so the purpose of this paper is a literature review related to emotional intelligence and its role in medical education.

Key Words: emotional intelligence, medical education

Introduction

For many years, it was thought that people intelligence, or intelligence quotient (IQ) is the main key factor of people’s success in life. Many schools used IQ tests to choose children for education and also many companies used IQ level as a requirement for employment. In the recent years it is found that IQ isn't the only predictor of success and other important parameters such as emotional intelligence (EI) are important too. In fact both types of intelligence are important but in different ways. The IQ contributes about 20% of factors that determine life accomplishments. That leaves about 80% for everything else. Research has shown that EI can make a difference in life’s success (1). Emotional intelligence describes the ability, capacity, skill, or self-perceived ability to identify, assess, and manages the emotions of one’s self, of others, and of groups. People who have a high degree of emotional intelligence know themselves very well and are also able to sense the emotions of others. In the other words, EI is the ability to deal with ones own emotions and the emotions of others in a constructive manner that promotes teamwork and productivity.

EI theory and research has appeared in the psychology and business literature for over 15 years but discussions related to emotional intelligence in the medicine are new. Issues of emotional maturity, self-awareness, and personal well-being remain critical to success in the practice of medicine as in other fields, so, this paper has been written to describe EI and to have a review on recent articles in the field of medicine and medical education.

Definitions and background

Definitions of intelligence include behaviors associated with information processing, experiential learning, environmental adaptation, thought and reasoning patterns. Emotions are complex reaction patterns involving behavioral and physiological elements to personally significant events.
Among the many theories about the EI, three of them have significantly contributed to EI knowledge and research. These theories belong to Reuven Bar-On, Daniel Goleman, and the team of John Mayer and Peter Salovey. EI has been defined as an ability by Mayer and Salovey, a set of traits and abilities by Bar-On and a combination of skills and personal competencies Goleman(2). In fact, EI was popularized in 1995 when psychologist Daniel Goleman wrote his book, Emotional Intelligence: Why It Can Matter More Than IQ(3). He believes that society has over-emphasized IQ and neglected emotional skills. Daniel Goleman and Hay Group have identified a set of competencies that differentiate individuals with EI. The competencies fall in four clusters including: Self-Awareness; the ability to understand ones emotions, strengths, and weaknesses Self-Management; the capacity for effectively managing ones motives and regulating behavior Social Awareness; understanding the feelings of others and why they feel and act as they do Relationship Management; the ability to get results from others and reach personal goals(4).

**Measuring EI**

There are two categories of measurement for determination of EI score: self report and ability measures. Bar-On emotional quotient Inventory (EQi) and the self-Report Emotional Intelligence Test (SREIT) are two self report measures which have been used widely outside of health care and recently in medical issues(5). It should be noted that these self report measures of EI, most likely reflect perceptions of emotional abilities by themselves(6). In the second category, there is The Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT) which is an ability-based measure and four abilities of EI are focused on it(7).

**Significance of EI in medical education**

A teacher’s level of emotional intelligence can be effective in building strong teacher-student communication, coping with stress and conflict, building a positive school environment and acquiring academic success. A teacher in his or her natural work setting should not only cope with his or her own feelings but also the feelings of students, parents, coworkers and administrators. Thus, teaching is a stressful profession and the level of emotional intelligence possessed by teachers and administrators have a considerable impact on the quality of education.(8). In general, putting a great deal of energy into creating a positive emotional climate; recognizing and working with the feelings of oneself and of the learners; using listening skills with groups as well as with individuals; dealing with learners expectations; and having a well-developed self-awareness are the most important qualities of an emotionally intelligent education professional(9). EI can be taught and therefore is a valuable contribution to success both in teaching and learning.

There are growing reports of the integration of EI into medical education and nursing training. In account on the nurse professional training, EI and other interpersonal and intrapersonal factors are recognized as crucial to develop a therapeutic alliance and good working relationships(10) and also one research showed the importance of EI in stress coping within the nursing framework.(11). Stress is a very important problem in medical staff and it is an issue in field of EI. In a multinational survey, the relationship between EI and perceived stress in dental undergraduates was investigated. That survey has demonstrated that EI is inversely correlated with perceived stress, independent of students academic background and satisfaction with career choice. This finding suggests two possible strategies to manage the issue of stress in dental students: student selection based on EI, and interventions to enhance EI(12). There were not significant differences between EI and medical specialty choice (13), but its importance was found in different research as in assessment of educational needs of surgical residents (14). In fact physicians with better communication skills are less likely to
receive patient complaints(15) and more likely to play a major role in reducing medical errors(16). Motivating patients to adhere to prescribed medication and lifestyle regimens or to otherwise change behaviors to positively influence their health may be aided by increased understanding of the role of relationship and climate that is a part of each patient-physician interaction (17). Some evidence exists to suggest that EI can be enhanced (18). Delphine Nelis, et al showed a significant increase in some EI abilities after a period of EI training. Their training was in four session including; understanding emotions, identifying emotions, expressing and using emotions; and managing emotions (19). It was also shown that emotion skills training in medical schools consistently improved empathy and other directed emotional skills(20).

Conclusion
EI is about empathy, handling relationships, managing emotions, and self awareness. These parameters are important for every medical student. In fact EI has the potential to influence two important competencies in the practice of medicine, interpersonal communication and team-leadership skills and teaching leadership principals could improve patient safety and employee satisfaction. On the other hand, academic staff who are responsible for the effectiveness of educational system should be equipped with the detailed knowledge and practice of emotional intelligence in order to fulfill their duties properly, so, attending in formal courses on the development of EI for educational professionals is necessary. Therefore in our medical educational system, health policy makers, academic professionals should come together to plan a broader curriculum that also emphasizes emotional intelligence. Developing emotionally intelligent medical professionals makes sense not only for patients, but the whole of our health system. With the objective of integration of EI in our medical education, EI training workshops for academic staff and students, and doing research about role of EI in different fields of medical issues are main recommendation of this paper.

References