

## Emotional intelligence helps make better doctors

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Among the qualities that go into making an excellent physician is emotional intelligence.

Emotional intelligence is the ability to recognize and understand emotions in yourself and others and to use this awareness to manage your



behavior and relationships.

Emotional intelligence plays a big role in determining a physician's bedside manner. It helps make patients more trusting, which in turn leads to better doctor-patient relationships, increased patient satisfaction and better patient compliance. Emotional intelligence also can help make physicians more resilient to the stresses of the profession and less likely to experience burnout.

Loyola University Medical Center is among the centers that are studying emotional intelligence in physicians as a way to improve patient care and physicians' well-being. In a new study for example, Loyola researchers report that physicians-in-training scored in the high range of emotional intelligence.

The young physicians as a group had a median score of 110 on an emotional intelligence survey, which is considered in the high range. (The average score for the general population is 100.) The physicians scored the highest in the subcategories of impulse control (114), empathy (113) and social responsibility (112) and lowest in assertiveness (102), flexibility (102) and independence (101).

The study by Ramzan Shahid, MD, Jerold Stirling, MD, and William Adams, MA, is published in the *Journal of Contemporary Medical Education*. Dr. Shahid is an associate professor and director of the pediatric residency program. Dr. Stirling is professor and chair of Loyola's department of pediatrics. Mr. Adams is a biostatistician in the health sciences division of Loyola University Chicago.

There have been previous studies of emotional intelligence among physicians, but most studies have not included pediatric residents. To address this need, the Loyola study enrolled 31 pediatric and 16 medpeds residents at Loyola. (A resident is a physician who, following



medical school, practices in a hospital under the supervision of an attending physician. A pediatric residency lasts three years. A med-peds residency, which combines pediatrics and internal medicine, lasts four years.)

The residents completed the Bar-On Emotional Quotient Inventory 2.0, a validated 133-item online survey that assesses emotional intelligence skills.

Residents in their third and fourth years of training scored higher in assertiveness (109) than residents in their first and second years (100). This could be related to the acquisition of new knowledge and skills and increased self-confidence as residents progress in their training.

But first- and second-year residents scored higher in empathy (115.5) than third- and fourth-year senior residents (110). "One could hypothesize: Does a resident's level of assertiveness increase at the cost of losing empathy?" the authors wrote.

There were no differences in emotional intelligence composite scores between males and females or between pediatric and med-peds residents.

The study is titled, "Assessment of emotional intelligence in pediatric and med-peds residents."

Unlike IQ, emotional intelligence can be taught. "Educational interventions to improve resident emotional intelligence scores should focus on the areas of independence, assertiveness and empathy," the authors wrote. "These interventions should help them become assertive but should ensure they do not lose empathy."

The Loyola pediatrics and med-peds residents recently went through an emotional intelligence educational program that consisted of four hours



of workshops. Initial data show the intervention has increased <u>residents</u>' emotional intelligence scores, including the subcomponents related to stress management and wellness.

**More information:** Ramzan Shahid et al, Assessment of Emotional Intelligence in Pediatric and Med-Peds Residents, *Journal of Contemporary Medical Education* (2016). DOI: 10.5455/jcme.20170116015415

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