

A Study of Introduction of Concept of Emotional Intelligence in Medical Students

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Abstract

Introduction: Despite high clinical skills of Indian medical graduates, there is growing mistrust between doctors and patients. Currently there is no programme of developing emotional intelligence (EI) in medical curriculum. **Material and Method:** A cross-sectional study based on questionnaire was conducted on 35 medical students. Demographic data was collected by semi open ended questionnaire. EI data was collected by Schutte's Self-Report EI test questionnaire of on a 5 point Likert scale. After collecting the responses, the students were asked to attend a one hour lecture on emotional intelligence. Data was entered in MS-EXCEL and analyzed by SPSS version 19. Student's t-test was used to calculate p value. Data was considered significant for $p < 0.05$. **Results:** Out of total 35 subjects, 20 (57.14%) were male. 26 (74.28%) stayed in hostel. Mean EI score was 102.42. EI in hostel vs. family accommodation was 98.34 and 103.27 respectively. Mean EI score males and females was 98.41 and 104.25 respectively. **Conclusion:** IMG have low EI. Gender and type of accommodation have no significant effect on EI. Sensitization of IMG is required to develop EI.

Keywords: emotional intelligence, medical graduates, doctor patient mistrust.

Introduction

Emotional intelligence (EI) is defined as the ability to perceive one's own emotions, to understand others' emotions and to utilize emotions in such a way that it helps in emotional as well as intellectual growth.^[1] Studies have found that higher EI leads to better interpersonal relationship which reflects in better doctor-patient communication.^[2,3] Indian Medical graduates (IMG) have high clinical skills as shown by their high demands not only in India but also in foreign countries including United States and United Kingdom.^[4] Despite their high academic and intellectual abilities there has been growing mistrust among patients, rising number of incidences of violence and medico-legal cases against doctors and hospitals across the country.^[5] This signifies a breakdown of doctor-patient relationship which in turn can be a result of low EI among IMG.

Since the current curriculum in medical colleges in India revolves only around development of intellectual abilities but not on development of EI, IMG find them at a loss when it comes to development of doctor-patient relationship. Since there is no programme related with the development of EI among IMG, a study was conducted if the introduction of concept of EI will be beneficial to them.

Materials and Method

A cross sectional study based on questionnaire was conducted at American International Institute of Medical Sciences, Udaipur, India in October 2017. Permission from institutional ethics committee was taken. Informed written consent was obtained from 35 second year medical students who volunteered to be the subjects. Demographic Data of the subjects was collected by a semi-open-ended questionnaire. It comprised of subjects' name, age, sex, type of residence (hostel /family). EI data was collected by Schutte's Self-Report EI test questionnaire of on a 5 point Likert scale. The questionnaire comprised of 33 questions with five responses options to each. The 33 questions

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were subdivided into 4 groups namely: perception of emotions, management of own emotions, management of others; emotions and utilization of emotions. The score assigned to the responses for each question ranged on a scale from 1 to 5 (range of score: 33-165). After collecting the responses, the subjects were asked to attend a one hour lecture on the concept and relevance of EI. Feedback of the students was collected by a semi open ended questionnaire on 5 point Likert scale. Data was

entered in MS-EXCEL and analyzed by SPSS version 19. Student's t-test was used to calculate p value. Data was considered significant for $p < 0.05$.

Results

Out of total 35 subjects, 20 (57.14%) were male. The age (years) of males ranged from 17-20 (mean 18.52) and of females from 17-19 (mean 18.13).

Table-1: Distribution of subjects according to type of accommodation (n=35)

	Accommodation		Total
	Hostel	Family	
Male	14 (40%)	6 (17.1%)	20 (57.14%)
Female	12 (34.28%)	3 (8.57%)	15 (42.85%)
Total	26 (74.28%)	9 (25.71%)	35

Table-2: Distribution of EI score (n=35)

	Overall Score	Perception of emotions	Management of own emotions	Management of others' emotions	Utilization of emotions
Mean Score	102.42	28.77	28.94	23.00	19.71
Standard Deviation	11.91	4.26	5.23	4.97	3.25

Table-3: Distribution of EI score according to type of stay

Type of stay	n	EI score	SD	p value
Hostel	26	98.34	10.31	0.137
Family	9	103.27	11.52	

Difference of EI score between those staying at hostel and those staying with family was not statistically significant ($p > 0.05$)

Distribution of EI score among males and females (n=35)

Overall mean EI score males was 98.41 (SD : 10.13) and in females was 104.25 (SD : 11.29). No statistically significant difference in EI score was observed among males and females ($p > 0.05$).

Discussion

EI encompasses a wide spectrum of intelligence

which is related with the processing of emotions. [6] It includes not only the perception of own emotions but also the management and utilization of others' emotions. [7-9]

In our study we found that the overall score of EI of IMG was low. Since EI is directly related with the performance of interpersonal skills, a low EI score is bound to create weak interpersonal bonds and mistrust among doctors and patients. [10] It has been observed that emotionally intelligent individuals are better able to provide social support and develop interpersonal bonds. [11]

The need to develop interpersonal skills among medical graduates is exemplified by a report in which the patients experienced significantly less pain when painkillers were administered to them in a warm and reassuring environment.^[12] This need is further strengthened by another report in which the patients recovered faster after tonsillectomy when the medical practitioners were friendly to them.^[13] The need to develop interpersonal skills, which is also known as 21st century skill or soft skills, among medical graduates, has been acknowledged recently.^[14-17]

Now interpersonal skills have been included in the definition of professional competence in medical practice.^[18]

Although we made an attempt to find the factors responsible for the low EI among IMG, we did not find any statistically significant difference according to the difference in their gender or type of accommodation. The factors responsible for low EI among IMG remains obscure. In our study when the medical students were introduced to the concept of EI by the method of 1 hour lecture it was received favorably and agreed by all the students that they have been sensitized towards the concept of EI and its need to develop among them for better interpersonal skills.

The major limitation of this study is small size of the study group. Also only quantitative data was obtained in this study. Post sensitization EI score of the subjects is yet to be studied. So a prospective study comprising of bigger study group which includes qualitative data analysis is suggested.

Conclusion

IMG have low EI. Gender and type of accommodation have no significant effect on EI. Sensitization of IMG is required to develop EI.

Conflict of Interest – NIL

Financial support- NIL

Ethical Clearance- From institutional ethics committee.

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