

## Emotional Intelligence of Medical Residents: Further Work is Required

Kieran Walsh

*BMJ Publishing Group Institute, London, England*

*Received: 29 Apr. 2013; Received in revised form: 13 Jun. 2013; Accepted: 7 May 2014*

Ghajarzadeh and Mohammadifar are to be praised for their excellent report into the emotional intelligence of their medical residents (1). Their results are clear and at the end, they state that the findings “should be considered in education of medical residents”. Certainly emotional intelligence is important in medicine and medical education – not least because it can help learners find their way around their new social environment (2). Emotional intelligence could also be seen as core to the medical consultation – encoding as it does the ability to perceive, understand, manage and use emotions in one and others (3). Some authorities say that emotional intelligence is not a form of intelligence but rather a set of skills (4). However, before we consider a wholesale roll-out of emotional intelligence training, we should consider the results in more detail and reflect on the question as to how these findings might be considered in the education of medical residents.

First of all looking at the study in more detail reveals that the emotional intelligence scores relied on self-report measures. Unfortunately, such self-report measures are not always reliable as responders to surveys often answer questions in ways that they think others will deem socially desirable (5). It is quite possible that the responders to this survey were thinking in a similar way.

Secondly even if we do believe the results of the survey, the question remains as to what if anything we can do to improve emotional intelligence scores of those residents who have scores in the lower range. Some say that emotional intelligence is a fixed trait and that nothing can be done to change it. However, more

recently some research has shown that emotional intelligence scores can change, and interventions can have a positive effect on this construct (6). However, such research has not been applied amongst residents or other healthcare professionals. The next challenge will be to see if the interventions, that have been tried elsewhere, will work with healthcare professionals and whether they will make a difference to professional behaviours plagiarism.

### References

1. Ghajarzadeh M, Mohammadifar M. Emotional intelligence of medical residents of Tehran University of Medical sciences. *Acta Med Iran* 2013;51(3):185-8.
2. Salovey P, Grewal D. The Science of Emotional Intelligence. *Curr Dir Psychol Sci* 2005;14(6):281-5.
3. Mayer JD, Salovey P. What is emotional intelligence? In: Salovey P, Sluyter D, editors. *Emotional development and emotional intelligence: Implications for educators*. 1st ed. New York: Basic Books; 1997: 3-31.
4. Locke EA. Why emotional intelligence is an invalid concept. *J Organ Behav* 2005;26 (4):425-31.
5. Paulhus DL. Socially desirable responding: The evolution of a construct. In: Braun H, Jackson DN, Wiley DE, editors. *The role of constructs in psychological and educational measurement*. 3rd ed. Hillsdale, NJ: Lawrence Erlbaum; 2002: p.67-88.
6. Nelis D, Quoidbach J, Mikolajczak M, et al. Increasing emotional intelligence: (How) is it possible? *Per Individ Differ* 2009;47(1):36-41.

**Corresponding Author:** K. Walsh

BMJ Publishing Group Institute, London, England

Tel: +44 207 3836550, Fax: +44 207 3836242, E-mail address: kmwalsh@bmjgroup.com