Emotional Intelligence as a Predictor of Resident Well-Being



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BACKGROUND:	CKGROUND: There is increasing recognition that physician wellness is critical; it not only benefits the pro		
vider, but also influences quality and patient care outcomes. Despite this, resident p			
suffer from a high rate of burnout and personal distress. Individuals with higher en			
	intelligence (EI) are thought to perceive, process, and regulate emotions more effectively		
	which can lead to enhanced well-being and less emotional disturbance. This study sought		
	to understand the relationship between EI and wellness among surgical residents.		
STUDY DESIGN:	Residents in a single general surgery residency program were surveyed on a voluntary basis.		
	Emotional intelligence was measured using the Trait Emotional Intelligence		
	Questionnaire-Short Form. Resident wellness was assessed with the Dupuy Psychological		
	General Well-Being Index, Maslach Burnout Inventory, and Beck Depression Inventory-		
	Short Form. Emotional intelligence and wellness parameters were correlated using Pearson		
	coefficients. Multivariate analysis was performed to identify factors predictive of well-being.		
RESULTS:	Seventy-three residents participated in the survey (response rate 63%). Emotional intelligence		
	scores correlated positively with psychological well-being ($r = 0.74$; p < 0.001) and inversely		
	with depression ($r = -0.69$, p < 0.001) and 2 burnout parameters, emotional exhaustion		
	(r = -0.69; p < 0.001) and depersonalization $(r = -0.59; p < 0.001)$. In regression analyses		
	controlling for demographic factors such as sex, age, and relationship status, EI was strongly		
	predictive of well-being ($\beta = 0.76$; p < 0.001), emotional exhaustion ($\beta = -0.63$; p < 0.001),		
	depersonalization ($\beta = -0.48$; p = 0.002), and depression ($\beta = -0.60$; p < 0.001).		
CONCLUSIONS:	Emotional intelligence is a strong predictor of resident well-being. Prospectively measuring EI		
	can identify those who are most likely to thrive in surgical residency. Interventions to increase		
	EI can be effective at optimizing the wellness of residents. (J Am Coll Surg 2016;223:		
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There is increasing recognition that the well-being of physicians is of vital importance. It is critical not only for the sake of the providers, but also for the patients they care for. On a personal level, unwell physicians can experience stress, burnout, depression, relationship difficulties, substance abuse, and even suicidal ideation. In addition, unwell physicians can more broadly impact the health care system and patient outcomes negatively.^{1,2}

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Such consequences include difficulties in recruitment and retention, decreased productivity and efficiency, suboptimal quality of patient care, reduced patient adherence and satisfaction, and an increased risk for medical errors.³

Resident physicians are especially vulnerable to psychological and personal distress, given the intense emotional, social, cognitive, and physical demands of residency training. Multiple studies have documented rates of burnout as high as 75%.⁴⁻⁶ In a recent national survey, more than half of residents screened positive for depression, with 8.1% reporting suicidal ideation in the last 12 months.⁷ A rash of resident suicides in 2014 has brought the importance of physician mental health and well-being to the forefront of not only the medical community, but also the general public.⁸⁻¹⁰

The concept of emotional intelligence (EI) was introduced in the 1990s by Salovey and Mayer,¹¹ who described it as a type of social intelligence that captures

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Abbreviations and Acronyms

BDI-SF	=	Beck Depression Inventory-Short Form
EI	=	emotional intelligence
MBI	=	Maslach Burnout Inventory
PGWBS	=	Psychological General Well-Being Index
TEIQue	=	Trait Emotional Intelligence Questionnaire

an individual's ability to perceive, process, and regulate one's own emotions and the emotions of others. It informs how an individual internally manages emotional and environmental stressors, as well as how one navigates relationships with other people. Emotional intelligence has been associated with less mood deterioration and emotional reactivity after natural and laboratory stressors.¹²

Given the potential for EI to moderate the effect of stressors on an individual, we hypothesized that those with higher EI are better equipped to handle the stressors associated with residency. We therefore sought to explore the relationship between EI and an individual's sense of wellness. Because surgical residencies are often characterized as being particularly arduous and demanding, we elected to study this relationship in the setting of a surgical residency.

METHODS

Procedure

This study investigated the relationship between EI and well-being among general surgery residents. Surgery residents at a single institution during the academic years 2013 to 2014 and 2014 to 2015 (n = 115) were invited to participate in the study on a voluntary basis at 2 discrete time points (April 2013 and May 2014). Participants completed an electronic questionnaire composed of established psychometric instruments evaluating EI, psychological well-being, burnout, and depression, in addition to a demographics survey. The following scales were used: the Trait Emotional Intelligence Questionnaire (TEIQue)-Short Form, Dupuy Psychological General Well-Being Index (PGWBI), Maslach Burnout Inventory (MBI), and Beck Depression Inventory-Short Form (BDI-SF). The study protocol was approved by the Stanford University IRB.

Materials

Trait Emotional Intelligence Questionnaire-Short Form

Emotional intelligence was assessed using the validated TEIQue-SF, a trait-based instrument designed to capture

personality facets and dispositions related to emotions.¹³ The TEIQue-SF is based on the long 153-item version of the TEIQue and consists of 30 self-report items that are answered on a 7-point Likert scale based on how strongly the respondent agrees with the statement (1 = completely disagree; 7 = completely agree). The TEIQue was selected for this study from among the available EI instruments because it possesses the strongest associations with mental health.¹⁴

Dupuy Psychological General Well-Being Index

Well-being was measured using the Psychological General Well-Being Index.^{15,16} The PGWBI consists of 22 items, rated on a 6-point scale, that assess psychological and general well-being of respondents. The items are scored to produce an overall total score for general well-being that is commonly expressed on a range from 0 to 100.

Maslach Burnout Inventory

Burnout was assessed using the Maslach Burnout Inventory, a scale designed to measure various aspects of burnout in human service professionals.¹⁷ For the MBI, an individual rates on a 7-point scale how often he or she feels what is described in the 22-items listed (1 = never; 7 = every day). It has 3 subscales to evaluate each domain of burnout: emotional exhaustion, depersonalization, and personal accomplishment. In keeping with convention, analyses were focused on the depersonalization and emotional exhaustion subscales of the MBI, as they are considered the key hallmarks of professional burnout.¹⁸

Beck Depression Inventory-Short Form

The BDI-SF was used to measure depression.^{19,20} An abridged version of the original 21-item BDI, the BDI-SF features 13 items, each of which consists of 4 alternative statements graded in severity from 0 to 3. Total score ranges from 0 to 39, and higher scores indicate more depressed mood.

Data analysis

Standard univariate statistics were used to describe the respondents. Descriptive statistics were computed for the TEIQue-SF, PGWBI, MBI, and BDI-SF. Comparisons between sexes were conducted using a 2-tailed, independent-samples *t*-test. Pearson's product-moment correlations were then used to examine relationships between EI and well-being parameters. Multivariate linear regression was performed to identify independent predictors of the outcomes of psychological well-being, burnout, and depression. All data were analyzed using SPSS software, version 21.0 (SPSS Inc).

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