

Education

Physicians' Emotional Intelligence: Improving Performance While Reducing Burnout

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Abstract

Description

Today's physicians are being confronted with an increasing number of challenges and opportunities as our evolving healthcare system progresses into the future. The expectation is not only to provide the best clinical care, but also to satisfy metrics, fulfill budgets, achieve high patient satisfaction levels and accomplish institutional requirements in order to be considered good providers. All these additional demands seem to be affecting not only the clinical performance of physicians but also their wellness, increasing the risk of burnout, depression and suicide.

Keywords

emotional intelligence; professional burnout; physician performance; internship and residency; medical faculty; physicians/psychology; SARS-CoV-2

Introduction

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While the practice of medicine was already challenging, COVID-19 intensified the gaps and the exigencies, adding more stressors to clinicians, health workers and the entire healthcare system.^{4,5,6,7} Physicians and other health professionals have been confronting this unprecedented crisis while having limited resources, increased workload and longer hours.^{4,5,6,7} The emotional component of dealing with severely sick people, frequent death and challenging ethical decisions have added additional stressors. This emotionally and physically demanding

situation is being exacerbated by the disruptions in their work-life balance, the need of being isolated from their own families and the fear of being infected by the virus.^{4,5,6,7}

This complex and unexpected panorama is exposing the gaps in our health system but also in medical training.⁸ Now it seems more evident than ever that exceptional medical knowledge and clinical skills are not enough to be considered a proficient physician⁹ since neither accomplishment grants the ability to deal with crisis situations without sacrificing the physician's own wellbeing.

Despite this new reality, we need to find alternatives that will allow health care professionals to keep performing at their maximum level while maintaining their wellbeing. There is increasing data suggesting that emotional intelligence (EQ) may have a positive influence and a protective effect against depression, anxiety and burnout.^{10,11,12,13,14} Therefore, our goal is to introduce the concept of EQ and its possible positive effects in physicians' performance and wellness.

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Understanding Burnout

The diagnosis of burnout syndrome is made in the context of chronic, work-related stress. It results in a phenomenon of pathological human adaptation and the subsequent consequences—emotional fatigue, decreased efficacy or accomplishment and increased detachment from work or feelings of cynicism.^{15,16} The prevalence has been rising over the last few years, reaching critical levels. Rates above 50% have been documented in both physicians-in-training and practicing physicians.^{1,3,15,16,17} In 2014, a survey revealed that 54% of US physicians report having at least 1 symptom of this syndrome.² Even more concerning, in 2018, a new survey indicated that 78% of physicians experience feelings of professional burnout at least sometimes.¹⁷

Burnout has been correlated with depression, increased odds of alcohol abuse, sleep disturbance, fatigue, marital and personal relationship disruption and a twofold increased risk of suicidal ideation.^{2,18} Rates of depression in physicians are more than double that in the general population. A recent meta-analysis has shown that up to 43% of residents and 30% of medical students have positive screening for depression or depressive symptoms during their training.^{19,20} In addition, approximately 400 physicians take their own lives on an annual basis.²¹

Physician Burnout and the Healthcare System

Beyond the individual consequences of physician burnout, this condition affects the entirety of the healthcare system.^{2,15} There is a clear association between this syndrome and negative clinical outcomes, increased risk of patient safety incidents, medical errors and poorer quality of care due to low professionalism, unfavorable productivity and reduced patient satisfaction. Furthermore, burnout has been associated with 17% increased odds of being involved in a medical malpractice suit.¹⁵ In addition, burned-out physicians have higher absenteeism rates and are more likely to report an intention to reduce their work hours or stop practicing medicine.³ A recent study revealed that approximately \$4.6 billion in costs related to physician turnover and reduced clinical hours is attributable to burnout each year in the US.³

Based on the literature, the increased prevalence of physician's burnout seems to correlate with excessive workload and increasing non-patient-focused work such as working on electronic medical records (EHR).¹⁵ Data suggests that stressful aspects of physician training—long hours, frequent shifts, making difficult decisions, feeling at risk for errors, learning to deal with death and estrangement from family—could increase the risk of depression and burnout.^{16,21}

Initiatives for Reducing Burnout

Many different strategies have been considered during the last few years to counteract burnout and its negative outcomes. The majority of these different approaches have focused on organizational changes and require many levels of institutional involvement and willingness. Reducing work hours and workload, implementing physician wellness activities, improving EHR usability and facilitating access to mental health counselling are some examples.^{6,15,17} In parallel, some more individualistic, evidence-based strategies such as mindfulness, stress management training, communication skills training and self-care efforts have been recommended.^{10,15,22,23} In the same context, there is consistent evidence that demonstrates physicians with high emotional intelligence (EQ) and leadership skills can more easily reconcile the different challenges that contribute to burnout.²⁴

Introducing the Concept of Emotional Intelligence

Emotional intelligence—“the ability to perceive emotion, integrate emotion to facilitate thought, understand emotions and regulate emotions to promote personal growth”¹⁴—consists of 5 categories: self-awareness, social awareness, motivation, empathy and self-regulation.^{13,24,25} In general, leadership and EQ are intimately connected, and it is described that the higher the level of emotional intelligence, the greater the leader development. Leaders with EQ are considered more effective because of their ability to self-manage, listen, understand, build relationships, communicate and develop others.¹⁴

Emotional Intelligence and Physician Performance

Specifically, in medicine, physicians with higher EQ are associated with longer careers, positive patient-physician interactions, increased empathy and improved communication skills.^{12,14} EQ enables physicians to provide optimal patient care and is also considered a predictor of success in residency training.^{13,14,25}

As an example, an interactive simulation EQ training program for otolaryngologists demonstrated improvement of participants' recognition, understanding and management of their emotions followed by change of behaviors that increased patient satisfaction.^{25,26} In addition, a multi-institutional study, published in 2013, revealed that EQ had a significant correlation with anesthesiology residents' performance assessed by the 6 core competencies of the Accreditation Council for Graduate Medical Education (ACGME): Patient Care, Medical Knowledge and Practice-Based Learning, Communication Skills, Practice-Based Learning, Systems-Based Practice.²⁵

Emotional Intelligence and Physician Well Being

It has been described that EQ may confer a protective effect against burnout and favors physician well-being, resilience and stress management.^{12,27} Contrary, a low EQ has been associated with less ability to cope with the stressors of medical training and practice.¹³ Indeed, for surgery residents, EQ significantly predicted well-being, depression, burnout and its specific components—emotional exhaustion and depersonalization.^{27,28} In pediatric resident's, EQ training generated a significant improvement in stress management and overall wellness.²⁷

A recent article,⁶ which discussed the benefits of emotional intelligence during the COVID-19 pandemic, suggested the use of mindfulness micro-practices as a method to prevent burnout. Indeed, there is some evidence that practicing diaphragmatic breathing,²³ self-check while doing hand hygiene or writing a grateful diary may have a beneficial effect.^{10,22} Those simple activities that require minimal time to learn and implement seem to have the potential to build personal resources to successfully

navigate the multiple challenges that physicians are dealing with, and the continuous and unexpected changes that healthcare providers experience in a daily basis.⁶

Conclusions

The gap between what is expected from physicians and the support and training that they are receiving is constantly increasing, and affecting the performance and quality of life of our healthcare providers.^{1,2,8} This is a new paradigm in medicine that needs to be promptly assessed and solved, as this situation is significantly affecting not only patients but also the complete healthcare system, including the same physicians and other health care providers.³ This complex situation has been accentuated even more during the current COVID pandemic.^{4,5,6,7}

Considering the severity of the current situation and the hazardous implications of maintaining the status quo, it is imminent to consider a different, multidimensional, effective and more feasible long-term approach. While expecting prompt changes from our complex and multilayered healthcare system does not seem realistic, individual efforts towards self-care and stress reduction strategies may not be sufficient.

Even though EQ has been favorably associated with wellness, decreasing burnout, better physician-patient relationships and better patient outcomes,^{12,25} there has not been any significant, unified or standardized movement towards integration into the medical school and residency curricula.^{24,25,29}

While recognizing that there are still gaps in knowledge and paucity of scientific evidence,²⁹ we still believe allocating more effort and resources to research, development and implementation of EQ training programs has the potential to enrich the understanding of how to educate effective, well-rounded and resilient physicians.

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Conflicts of Interest

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