MODIFIABLE FACTORS INFLUENCING EMOTIONAL INTELLIGENCE **AMONG MEDICAL INTERNS**

/house officer/trainee

doctor

Young/junior doctor

who has completed

medical school (MMC,

Provisional MMC

number before

getting full registration MMC

number (MMC, 2016)

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Involved in training

(housemanship/

At least two years

training at the

government Health

Ministry's facilities in

Malaysia

(Lim, 2017

BACKGROUND & OBJECTIVES

- Emotional intelligence is crucial for medical professionals.
- Medical interns are expected to have a high degree of emotional intelligence (EI) to face their professional career challenges.
- Emotional intelligence (EI)/ emotional quotient (EQ): capacity to recognize and regulate emotion in oneself.
- enables one to monitor own feelings and emotions and others
- √ guide decisions and actions
- √ crucial to ensure a successful outcome or good performance.
- Medical internship is known to exert physical, mental, and emotional challenges. The potentially challenging period during the internship emphasizes the importance of EQ among medical interns during this time.³
- A higher EQ enhances physician and patient well-being, increases patient safety and augments healthcare teamwork.⁴ However, studies about EQ among medical interns are lacking.
- **Objective**: to determine the level of EQ among medical interns and its associated factors.

METHODOLOGY

- Type of study: Cross-sectional, nationwide study
- Ethical approval: National Medical Research Register (NMRR) 21st January 2020(KKM/NIHSEC/ P20-65 (6))
- Sample population: Inclusion criteria: newly reported medical interns in selected Malaysian hospitals accredited for medical intern training

Exclusion: refused, no access to internet

- Sample size using PS software (doubled + 20%)= 619
- Sampling: multistage- simple random sampling to choose 17 hospitals, all medical interns who reported from January to April 2020 included & invited to answer an online questionnaire.
- Data analysis: SPSS ver25- simple and multiple linear regression
- Dependent variable: mean of emotional intelligence level as measured by USM emotional intelligence inventory (USMEQ-i)
- Independent Variable: age, gender, religion, race, medical school type, failure in clinical, involvement in student activities, additional intern courses, religiosity, Preparedness for Hospital Practice questionnaire (PHPQ), Connor-Davidson Resilience scale 10 (CD-RISC 10), Duke University Religion Index (DUREL) and Brief-COPE inventory.

TOOLS

Name of questionnaire	Purpose (to assess)	Validity	
PHPQ	Internship preparedness	Cronbach's alpha value of 0.86.	
USMEQ-i	Level of Emotional Intelligence (EI)	Cronbach's alpha -0.96	
DUREL	Religiosity level	Cronbach's alpha: 0.78 -0.91	
CD-RISC 10	Resilience level	Cronbach Alpha:0.90	
Brief-COPE inventory	Coping skills- Avoidant Coping, Approach Coping	Cronbach Alpha:0.83	

Table 1: Tools used to measure the internship preparedness, EI, religiosity, resilience and coping skills of the medical interns

RESULTS & DISCUSSION

 524 from 619 medical interns responded. The mean (SD) EI score: 3.08(0.58). Internship) (MMC, 2016)

	Factors	Simple Linear Regression		Multiple Linear Regression		
s h in		Crude b (95% CI)	P-value	Adj. b (95% Cl)	t-stat	P-value
	Resilience	0.91 (0.84, 0.99)	<0.001	0.65 (0.58, 0.72)	17.76	<0.001
	Preparedness	0.22 (0.20, 0.25)	<0.001	0.11 (0.09, 0.13)	10.17	<0.001
	Approach Coping	0.38 (0.28, 0.47)	<0.001	0.17 (0.11, 0.24)	5.11	<0.001
	Avoidant Coping	-0.38 (-0.50, -0.25)	<0.001	- 0.19 (-0.28, -0.11)	-4.69	<0.001
	Religiosity	0.23 (0.10, 0.37)	0.003	0.09 (0.01, 0.17)	2.17	0.001

Adjusted regression coefficient, R² = 67.6%

Table 2: The associated factors for EI among respondents

- ٠ A few significant modifiable factors influenced El among medical interns; namely resilience, coping style, preparedness for internship, and religiosity.
- Coping: positive association between EI and approach coping style, and a negative relationship with avoidant coping.
- Approach coping encapsulates constructive responses to stress such as positive reframing, acceptance, seeking helpful information, and reaching for emotional support.
- Avoidant coping includes self-distraction, denial, venting, substance abuse, behavioural disengagement, and self-blame.⁵

CONCLUSION

- The significant factors influencing EI in this study such as coping and resilience can be learnt and taught as a skill.
- Programs or inputs in medical education can be organized to improve EI by improving coping mechanisms, religiosity and resilience.

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