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) or emotional quotient (EQ): capacity to recognize and regulate emotion in oneself.

Enables one to monitor one’s 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.1

A higher EQ enhances physician and patient well-being, increases patient satisfaction and augments healthcare teamwork.2

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 internship 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 invited & invited to answer an online questionnaire.

Data analysis: SPSS version - simple and multiple linear regression

Independent variable: mean of emotional intelligence level as measured by USM emotional intelligence inventory (USMEQ-i)

Independent Variable: age, gender, race, religion, medical school type, failure in clinical, involvement in student activities, additional intern courses, religiosity, Preparedness for Hospital Practice questionnaire (PHPO), 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

PHPO 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

Results & Discussion

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

Factors Simple Linear Regression Multiple Linear Regression

<table>
<thead>
<tr>
<th></th>
<th>Crude b (95% CI)</th>
<th>P-value</th>
<th>Adj. b (95% CI)</th>
<th>t-stat</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resilience</td>
<td>0.91 (0.84, 0.99)</td>
<td>&lt;0.001</td>
<td>0.65 (0.58, 0.72)</td>
<td>17.67</td>
<td>&lt;0.001</td>
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<tr>
<td>Preparedness</td>
<td>0.22 (0.20, 0.25)</td>
<td>&lt;0.001</td>
<td>0.11 (0.09, 0.13)</td>
<td>10.17</td>
<td>&lt;0.001</td>
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<tr>
<td>Approach Coping</td>
<td>0.38 (0.28, 0.47)</td>
<td>&lt;0.001</td>
<td>0.17 (0.11, 0.24)</td>
<td>5.11</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Avoidant Coping</td>
<td>-0.38 (-0.50, -0.25)</td>
<td>&lt;0.001</td>
<td>-0.19 (-0.28, -0.11)</td>
<td>-4.69</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Religiosity</td>
<td>0.23 (0.10, 0.37)</td>
<td>0.003</td>
<td>0.09 (0.01, 0.17)</td>
<td>2.17</td>
<td>0.001</td>
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</tbody>
</table>

Adjusted regression coefficient, $R^2 = 67.6%$.

Table 2: The associated factors for EI among respondents

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Conclusion

A few significant modifiable factors influenced EI among medical interns; namely, religiosity, 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-distractio, denial, venting, substance abuse, behavioral disengagement, and self-blame.5

Acknowledgement

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References