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# Emotional intelligence in healthcare: Evaluation of a workshop

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DEDICATIONS

**I dedicate this thesis first and foremost to my parents;**

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*High Education Professor of Rheumatology*

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**EQ** : Emotional Quotient

**EI** : Emotional intelligence

**JSE** : Jefferson scale of empathy

**EIQAT** : Emotional Intelligence Quick Assessment Tool

**ANOVA**: Analysis of Variance

**ACGME** : The Accreditation Council for Graduate Medical Education



Figure 1. Example of the pictures used in the interactive picture analysis

Figure 2. Distribution of the participants by sex

Figure 3 : Chart demonstrating the participants' overall contentment with the information offered

Figure 4 : Chart demonstrating the participants' overall contentment with the facilitators  
presenting

Figure 5: A chart showing how satisfied the attendees were with the workshop overall



Table 1. Jefferson scale of empathy; Mean scores by item pre- and post-workshop

Table 2. EIQAT; Mean scores by item pre- and post-workshop



# Introduction:

Because people might agree on rational arguments yet frequently disagree on sentiments, the Stoics of ancient Greece believed that logic was superior to feelings. Though Stoic philosophy had a significant impact, not everyone agreed that reason was preferable to emotion. For instance, the sentimentalists of eighteenth-century Europe promoted the "follow your heart" maxim, contending that truth may be a subjective attribute [1].

Yet, before the gradual introduction of emotional intelligence in the 1900s and its definition first as the EQ or the Emotional Quotient by Beasley in 1987 "emotion" and "intelligence" were seen as mutually exclusive [2]. This recently introduced concept offered a new way of looking at it. Emotions could therefore be subject to reason, and reasoning could benefit from the use of emotions.[1]

Emotional intelligence has been first deemed as not only the capacity to recognize, feel, and react to one's own emotions as well as those of others, but also to use this capacity to influence one's own ideas and behavior into better human interactions [3]. However, as this idea could mislead researchers into thinking of EI as a catchall for interpersonal skills, the concept was expanded to include the capacities to recognize emotion, integrate emotion to support cognition, comprehend emotion, and control it to foster personal development. This revised approach addressed the assessment of emotions on

both an explicit and implicit level, managing one's own emotions as well as those of others, and using emotional content to solve problems.

From there, emotional intelligence evolved into a skill-set that encompassed self-awareness, problem-solving skills, empathy, and optimism [4]. Professions that thrive on human interaction above all else, need and are adamantly dependant on emotional intelligence as a valuable skill, and the medical field makes no exception. People and college students with higher emotional intelligence show more positive social functioning in interpersonal relationship and are regarded by peers as prosocial, less antagonistic and conflictual [5].

Recent years have also seen an increase in interest in the importance of emotional intelligence for effective therapeutic practice. Compassion and empathy are pre-requisite qualities in any great physician [6]. Emotional intelligence, being one of the psycho-affective domains in medical education, has also been linked to improved academic achievement and clinical performance; in clinical practice, it has been linked to enhanced empathy in doctor-patient relationships, clinical performance, and patient satisfaction [7]. Research has also indicated that doctors who exhibit emotional intelligence are better at getting a thorough history, making a precise diagnosis, and getting patients to follow their treatment plans [8].

In addition to being crucial for delivering quality clinical care, emotional intelligence is also necessary for effectively managing the many interpersonal interactions that arise

during medical treatment. It takes emotional intelligence on the part of the doctor to collaborate with nurses, hospital administrators, and other allied health professionals in an efficient manner [9]. Effective communication with the patients' friends, family, and relatives is also crucial when they are receiving therapy [10].

Considering all these circumstances, it is obvious how big of a role emotional intelligence plays in medicine yet receives very little attention. Because there is so much material covered in the medical curriculum, skill development is frequently set aside. The random sub conscientious observing of senior colleagues in action at the bedside and in outpatient clinics becomes then the only path for the acquisition of many soft skills, such as good communication, emotional intelligence, and empathy [11]. Random experiences lead therefore to random results. That is why active teaching-learning techniques have gained popularity recently in several nations as a means of integrating communication, emotional intelligence, and empathy into the medical curriculum [12]. Yet, in Morocco, the shortage in Emotional intelligence capacity building is still heartfelt in medical training, and even more, in day-to-day practice.

Numerous studies have demonstrated that emotional intelligence is more than merely a desirable trait. It affects how patients fare. We are aware that physicians are generally quite intelligent individuals. However, they are just as erratic as the rest of us when it comes to EI. We are all familiar with outstanding doctors who gain the respect of their patients by their compassion and empathy. And regrettably, tragedies can result from medical professionals' poor communication, listening, or cultural competency [13].

Overcrowded hospitals, overworked medical staff, the fragility of the patients and their families, and the ambiguity surrounding the therapies can in various instances lead to disagreements or even acts of violence towards physicians and healthcare workers in extreme cases, especially in low and middle-income countries [14]. But a dive even deeper lets us trace back these problems to lack of emotional intelligence among the physicians and health care professionals, which exacerbates the problem and pushes the frustrated patients and their families to violence [14]. Whereas when looked upon thoroughly, many of these instances could've been resolved or completely avoided from the get-go with proper leadership, emotional management, and people skills.

In light of the shortage of capacity building in medical education in Morocco, a workshop about emotional intelligence was held at Tangier's faculty of medicine to therefore instill emotional intelligence and every concept surrounding it in physicians and aspiring physicians alike. By developing skills such as self-awareness, self-regulation, empathy, and effective communication, physicians can better understand their own emotional responses to patient care, manage stress, and maintain well-being. Consequently, this workshop aimed to stimulate doctors into identifying and relating to the feelings of both patients and coworkers in an empathic manner, which would promote goodwill, raise patient satisfaction, and eventually improve therapeutic outcomes.

In the present thesis work, we will describe the implementation and assessment of the impact of the above-mentioned "emotional intelligence workshop" on senior medical students' levels of empathy and emotional intelligence. We will also report students' satisfaction and subjective evaluation regarding the workshop.

# Methods:

## **Workshop Unfolding:**

The emotional intelligence workshop was organized at the simulation center, in the faculty of medicine of Tangier. All of the students enrolled in 6th and 7th year were invited to take part of it upon free-registration. The workshop was animated by a professor and trainer in soft-skills, who was assisted by a nearly graduating medical student. It lasted for 2 hours and 30 minutes and unfolded as follows:

- 1. Introduction and brainstorming (30min):** Participants are welcomed to the workshop, and the facilitator invited them to share their own ideas and understanding about emotional intelligence (EI). Each participant shares their thoughts and experiences, fostering an open and interactive atmosphere.
- 2. Perception exercise (10min):** The facilitator plays an audio recording where all participants hear the phrase "that is embarrassing," which is also written on a whiteboard that the participants were asked to look at while the audio is playing. Then, each participant is given a different sentence on a white paper. These sentences vary, and each participant is asked to listen to the audio again while looking at the new sentences they were handed, this time every single one of them reported hearing a different thing, "that is embarrassing" is now heard "Bart Simpson bouncing", "Lactates in pharmacy" or "That isn't my receipt" depending on which sentence was given to each individual. The activity underscores the varying



ways in which people interpret the same event due to their distinct life experiences and viewpoints, while also stressing the significance of realizing and comprehending the filters that we use to interpret our feelings and those of others and how that impacts our day-to-day life.

3. **Explaining emotional intelligence (40min):** The facilitator delivers a presentation on the different aspects of emotional intelligence, including self-awareness, self-regulation, empathy, and social skills. They explain how these aspects are interconnected and how developing emotional intelligence can enhance personal and professional relationships, improve communication, and lead to better outcomes in healthcare settings. The lecture is interactive, including hands-on exercises and self-reflecting about real life situations.
4. **Using EI to interpret non-verbal language (20 min):** The participants are trained on a series of pictures, to detect the emotional expressions on the models' faces. This exercise provides the participants with clues and hints to read efficiently the emotion shared by the models as obvious facial expressions.
5. **Interactive picture analysis (30min):** A series of pictures depicting doctors and patients in various hospital settings are shown in a slideshow. Participants are asked to identify and discuss the emotions they perceive in each picture, considering both the perspectives of the healthcare provider and the patient. This activity encourages participants to apply their newfound understanding of emotional intelligence to real-life scenarios, fostering empathy and enhancing their ability to recognize and respond to emotions in clinical contexts.

- 6. Debriefing and wrap-up (20min):** At the end of the workshop, participants are invited to reflect on their learning and how they can apply it in their professional practice. They are encouraged to continue developing their emotional intelligence skills and to incorporate them into their interactions with patients, colleagues, and themselves.



Figure 1. Example of the pictures used in the interactive picture analysis

## **Evaluation study:**

### **a. Study Design :**

To assess the impact of the workshop training on the participants skills, we conducted a cross sectional study using validated assessment tools with two points of measure; once at the baseline, prior to the workshop and the second a week later, in order to evaluate any changes following participation in the workshop. In addition to the assessments, participants were asked to complete a satisfaction survey at the conclusion of the workshop. This survey gathered feedback on various aspects of the workshop, including content, presentation style, relevance to practice, and overall satisfaction.

### **b. Population:**

All of the 18 senior students who took part in the workshop completed the evaluation study questionnaires.

### **c. Assessment tools:**

3 questionnaires were used in the workshop evaluation study:

- a. Jefferson's scale for empathy for students (JSE-P) :** With 20 items, it is a precise and reliable instrument for assessing empathy in medical students [15]. Every item has a response based on a 7-point Likert scale (1 being strongly disagree and 7 being strongly agree). There are ten items in the questionnaire with reversed scores. The degree of empathy increases with a greater total score, which goes from 20 to 140. The JSE-P was utilized in this study with permission from its original authors and copyright holders.
- b. Emotional Intelligence Quick Assessment Tool (EIQAT):** A streamlined questionnaire designed to evaluate emotional intelligence. It consists of questions that probe social skills, empathy, self-awareness, and self-regulation, enabling partakers to quickly assess their emotional intelligence aptitude. The EIQAT provides healthcare professionals with useful insights to improve their patient care, communication, and general performance in their field by highlighting their areas of strength and growth.
- c. Satisfaction questionnaire:** The satisfaction survey used at the end of the emotional intelligence workshop was a structured questionnaire designed to gather feedback from participants. It included a Likert scale, allowing participants to rate various aspects of the workshop experience, such as content relevance, presentation quality, and overall satisfaction. Additionally, the survey featured one open-ended question, enabling participants to provide detailed comments and suggestions for improvement. The survey aimed to assess participants' perceptions of the workshop's effectiveness while providing an opportunity for them to share their insights and recommendations.

**d. Statistical analysis:**

The entire set of data was retrieved and placed into a Microsoft Excel spreadsheet. From there, the satisfaction survey was entered, the JSE and EIQAT (before and after) scores were computed, and SPSS was used for analysis. Continuous factors like empathy score and EIQAT score were portrayed using means and standard deviations. Nonparametric tests for a paired sample were used to compare pre and post-workshop means of empathy (JSE-P) and emotional intelligence (EIQAT).

**e. Ethics:**

Individuals' rights were upheld throughout the study in compliance with Moroccan legislation and the Declaration of Helsinki. All workshop participants and the patients/physicians in the image frames provided informed consent to participate in the study.

# Results:

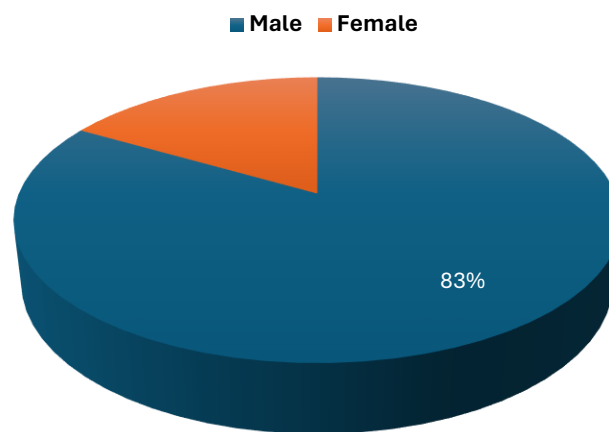
## **Descriptive results:**

Eighteen people in all consented to attend the workshop and complete the questionnaire twice; once prior to the event and again following it, along with the satisfaction survey.

### **1. Population's demographics:**

#### **1.1. Sex:**

There was a clear male predominance with 15 male participants ( 83,33%), compared to 3 female participants (16,667%).



**Figure 2: Distribution of the participants by sex**

#### **1. 2. Age:**

The participants ranged in age from 22 to 28 years old, with an average age of 25+/- 1.8 years.

## 2. Jefferson's scale (before-after) :

The Jefferson Scale for Empathy analysis revealed that the mean empathy score was 104.22 +/- 12.14 after the workshop, compared to 97,61 +/- 9.56 before. The JSE items' mean scores are shown in Table 1.

**Table 1. Jefferson scale of empathy; Mean scores by item pre- and post-workshop**

Item	Mean (SD)–Pre	Mean (SD)–Post
1-A physician who is able to view things from another person's perspective can render better care.	5.38 (1.14)	6.44 (2.05)
2- Physicians' sense of humor contributes to a better clinical outcome.	5.38 (1.11)	5.5 (1.19)
3-Physicians' understanding of their patients' feelings and the feelings of their patients' families is a positive treatment factor.	5.66 (1.21)	5.77 (1.22)
4-For more effective treatment. physicians must be attentive to their patients' personal experiences.	5.77 (1.24)	5.22 (1.17)
5-Understanding body language is as important as verbal communication in physician-patient relationships.	6.055 (1.56)	5.16 (1.05)
6-Empathy is an important therapeutic factor in medical treatment.	5.61 (1.14)	5.83 (1.65)
7-Patients feel better when their feelings are understood by their physicians.	5.33 (1.09)	5.77 (1.25)
8-Physicians' demonstration of understanding their patients' emotions is an important factor in interviewing and history taking.	5.00 (1.02)	6.22 (1.99)
9-Willingness to imagine oneself in another person's place contributes to providing quality care.	5.11 (1.32)	5.61 (1.32)
10-Patients' illness can be cured only by medical treatment; physicians' affectional ties with their patients do not have a significant place in this endeavor.	2.83 (0.87)	3.27 (0.69)
11-What is going on in a patient's mind can often be expressed by nonverbal cues such as facial expressions or body language that must be carefully observed by physicians.	5.33 (1.59)	5.77 (1.15)
12-A patient who feels understood can experience a sense of validation that is therapeutic in its own right.	5.72 (1.13)	6.05 (1.34)
13-One important component of the successful physician-patient relationship is the physician's ability to understand the emotional status of his or her patients and their families.	5.61 (1.14)	5.22 (1.08)
14-It is as important to ask patients about what is happening in their lives as it is to ask about their physical complaints.	4.00 (1.43)	5.11 (1.32)
15-It is acceptable for a physician to be touched by intense emotional relationships between patients and their families.	4.22 (1.00)	5.05 (1.19)
16-Reading nonmedical literature and enjoying the arts can enhance physicians' ability to render better care.	5.11 (1.09)	5.83 (1.17)



17-Because people are different. it is almost impossible for physicians to see things from their patients' perspectives.	2.94 (0.18)	3.44 (1.06)
18-Emotion has no place in the treatment of medical illness.	3.27 (0.74)	2.72 (0.30)
19-Empathy is a therapeutic skill without which the physician's success will be limited.	4.94 (1.11)	5.05 (1.78)
20-The best way to take care of a patient is to think like a patient.	4.27 (1.16)	5.11 (1.29)
<b>Total :</b>	97.61 (9.56)	104.22 (12.14)

### 3. EIQAT (before-after):

Participants' mean EI scores were 26.11 +/-7.23 before the workshop and 27.61 +/-6.45 after it. According to an analysis of their EIQAT data. The mean score for each EIQAT item is shown in Table 2.

**Table 2. EIQAT; Mean scores by item pre- and post-workshop**

Item	Mean (SD)–Pre	Mean (SD) –Post
1-My feelings are clear to me at any given moment.	2.66 (1.22)	3.00 (1.32)
2- Emotions play an important part of my life.	2.77 (1.25)	2.61 (1.01)
3-My moods impact the people around me.	2.33 (1.22)	2.67 (1.24)
4-I find it easy to put words to my feelings.	1.94 (0.67)	2.22 (1.14)
5-My moods are easily affected by external events.	2.16 (1.32)	2.44 (1.22)
6-I can easily sense when i'm going to be angry.	3.00 (1.22)	3.05 (1.62)
7-I readily tell others my true feelings.	1.50 (1.02)	2.11 (1.22)
8-I find it easy to describe my feelings.	2.11 (1.72)	2.33 (1.12)
9-Even when i'm upset, i'm aware of what's happening to me.	3.11 (1.62)	2.94 (1.28)
10-I'm able to stand apart from my feelings and my thoughts and examine them.	2.38 (1.12)	2.78 (1.21)
11-I accept responsibility for my reactions.	3.50 (0.92)	3.28 (1.52)
12-I find it easy to make goals and stick with them.	2.33 (1.15)	2.83 (1.08)

## Emotional intelligence in healthcare: evaluation of a workshop

13-I am an emotionally balanced person.	2.44 (1.03)	2.83 (1.00)
14-I am a very patient person.	2.27 (1.12)	2.56 (1.27)
15-I can accept critical comments from others without getting angry.	2.77 (1.03)	2.83 (1.26)
16-I maintain my composure. even during stressful times.	2.44 (1.02)	2.61 (0.82)
17-If an issue doesn't affect me directly, I don't let it bother me.	3.05 (1.42)	2.83 (1.29)
18-I can restrain myself when i feel anger towards someone.	2.66 (0.88)	3.11 (1.28)
19-I control urges to overindulge in things that could damage my well-being.	2.27 (1.22)	2.83 (1.20)
20-I direct my energy into creative work or hobbies.	2.11 (1.01)	2.83 (1.31)
21-I consider the impact of my decisions on other people.	2.77 (1.22)	2.88 (1.29)
22-Telling if the people around me are getting annoyed is easy for me.	2.83 (1.21)	2.66 (1.21)
23-I can sense the shift in someone's mood.	3.00 (1.57)	2.50 (0.82)
24-I can be supportive when giving bad news to others.	3.00 (1.33)	2.66 (1.23)
25-I can generally understand the way other people feel.	2.61 (1.22)	2.72 (1.23)
26-My friends can tell me intimate things about themselves.	3.27 (1.07)	3.38 (1.28)
27-It bothers me to see other people suffer.	3.11 (1.32)	2.88 (0.92)
28-I usually know when to speak and when to stay silent.	2.50 (1.22)	2.50 (1.25)
29-I care what happens to other people.	2.83 (1.12)	2.66 (1.05)
30-I understand when people's plans change.	2.77 (1.20)	3.05 (1.22)
31-I am able to show affection.	2.72 (1.17)	2.94 (1.21)
32-My relationships are safe places for me.	2.61 (1.19)	2.72 (1.00)
33-I find it easy to share my deep feelings with others.	1.55 (1.25)	2.33 (1.22)
34-I'm good at motivating others.	2.50 (1.23)	2.66 (1.12)
35-I'm a fairly cheerful person.	2.38 (1.42)	2.66 (1.44)

36-It's easy for me to make friends.	2.66 (1.00)	2.66 (1.03)
37-People tell me i'm sociable and fun.	2.61 (1.12)	2.5 (1.29)
38-I like helping people.	3.16 (1.16)	3 (1.61)
39-Others can depend on me.	3.16 (1.27)	3.22 (1.19)
40-I can talk someone down if they're upset.	2.44 (1.11)	3.05 (1.22)
<b>Total :</b>	26.11 (7.23)	27,61 (6.45)

#### **4. Analytical results**

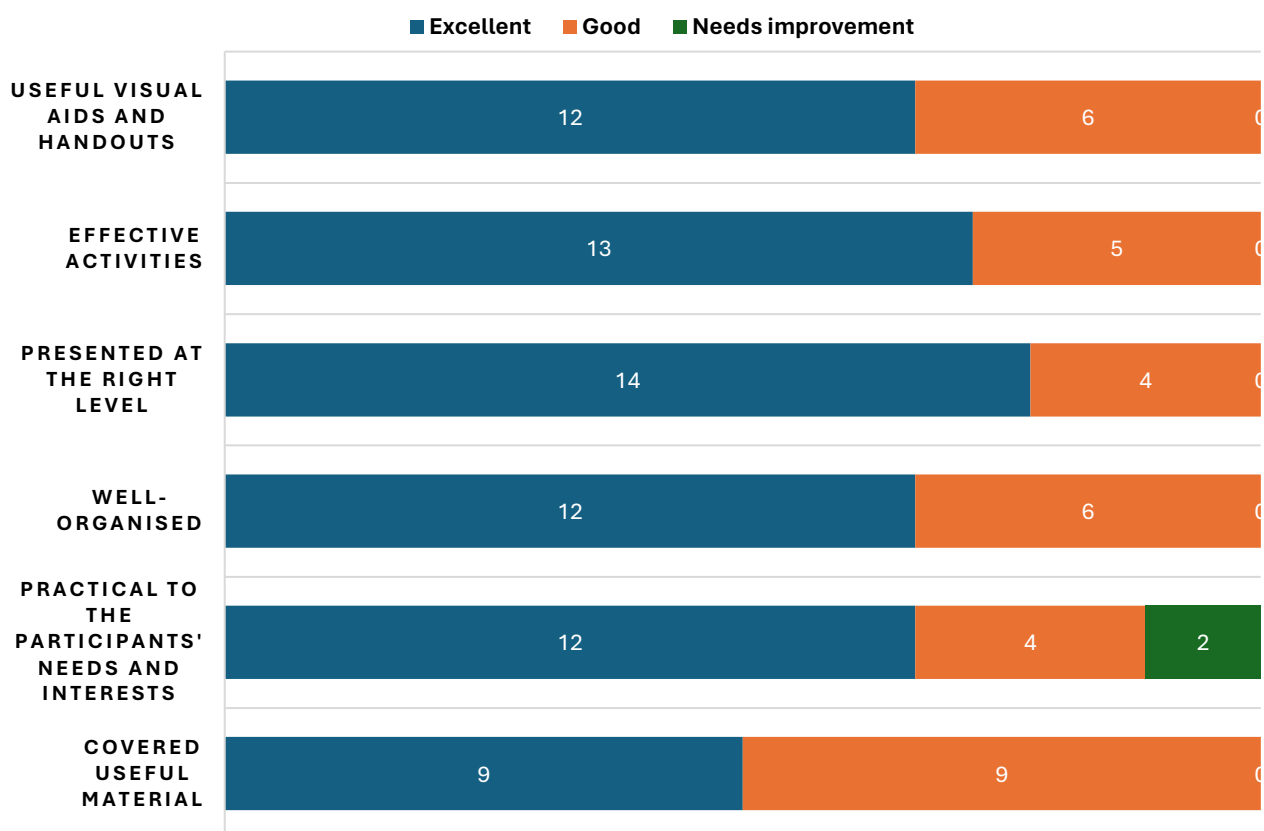
The improvement of the mean scores in both JSE-P and EIQAT after the workshop failed to reach the statistical significance (p: 0.231 and p: 0.651 respectively).

## 5. Satisfaction survey:

Thanks to the satisfaction questionnaire, a variety of features of the workshop experience were appraised in relation to the following:

### a. The workshop content :

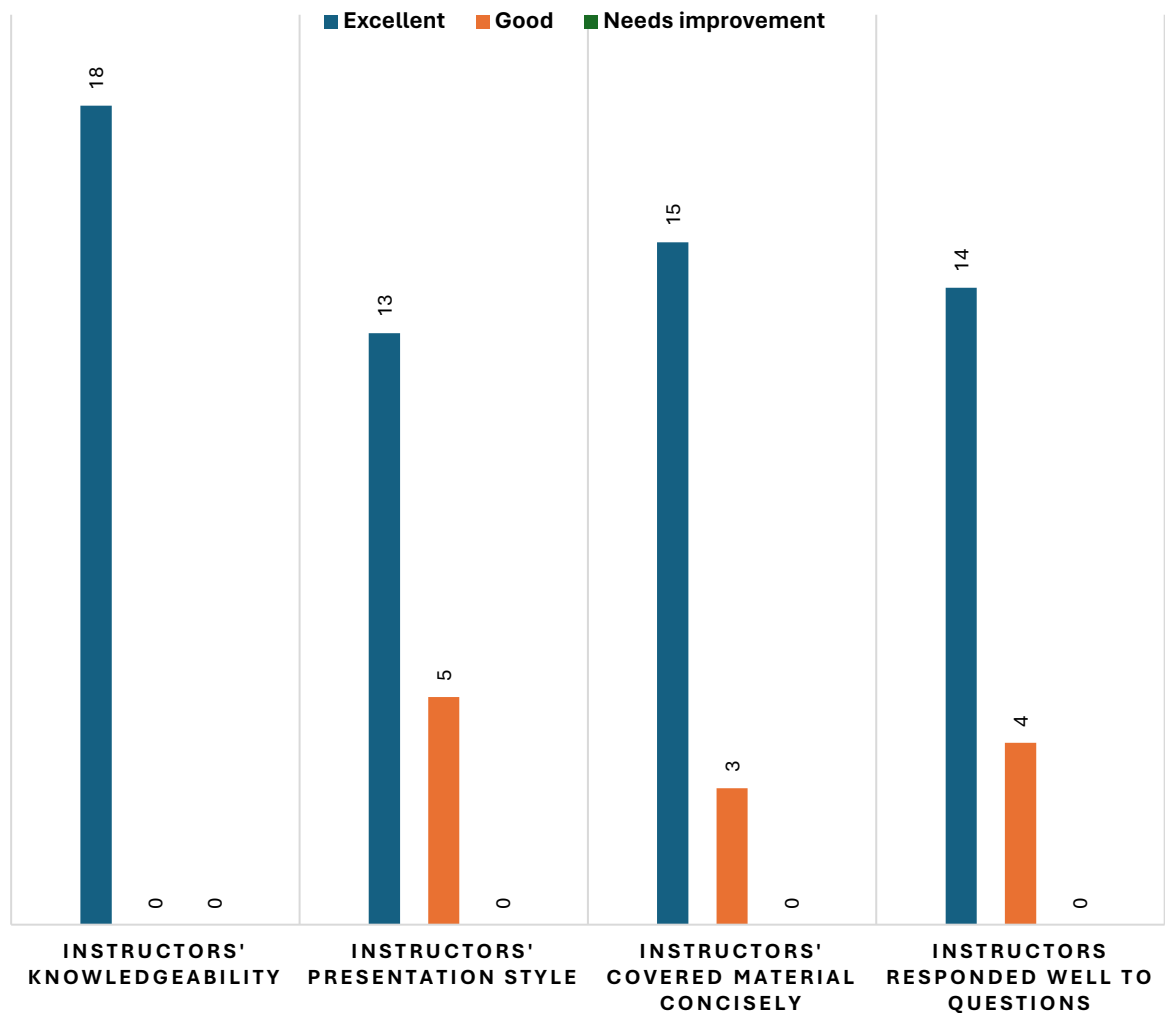
As shown in Figure 3, most of the participants described the workshop content as excellent or good, regarding its various aspect. Only 2 participants (11.11%) found that the workshop content needed improvement when it came to its practical adaptation to the participants needs and interests.



**Figure 3 : Chart demonstrating the participants' overall contentment with the information offered**

**b. The facilitators' presenting skills**

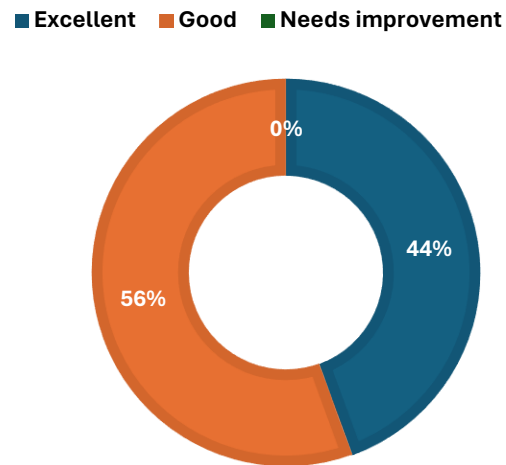
Most participants were satisfied with the workshop animators' presenting skills, assessing it as excellent or good (Cf. Figure 4).



**Figure 4 : Chart demonstrating the participants' overall contentment with the facilitators presenting**

**c. Participants' overall satisfaction :**

All of our participants assessed their overall satisfaction with the workshop as Excellent (44%) or good (56%) (Cf. Figure 5).



**Figure 5 : Chart demonstrating the participants' overall satisfaction with the workshop**

**6. Subjective results:**

in addition to completing the JSE-P and the EIQAT, participants were asked two weeks two weeks after the workshop, about how the training had shaped their subsequent experiences in life and how it helped them to critically consider their social, personal, and professional interactions. The responses were distinctive as each participant seemed to live the workshop's experience differently but the general sentiment of most was that emotional intelligence was indeed fundamental and very helpful in trying to understand one's own

emotions, and the people around you, and how it affects every human exchange you encounter in and out of work, here are some of the experiences shared ;

- One participant stated that as he encountered a patient that refused to follow his treatment protocol boldly, instead of dismissing his opinion and telling him that he could leave or find himself another doctor as he would normally do, he took the time to inquire about his reasons and figured out that his patient had previously suffered from an episode of lactic acidosis following a metformin prescription, upon further examination, it turned out the patient was alcoholic and wasn't comfortable enough to share it as it is still taboo in our society, and since metformin and alcohol abuse often do lead to lactic acidosis [16], the patient refused taking metformin thinking that would cost him another acidosis. Had he not been emotionally intelligent enough to not get frustrated at the patient and take the time to listen and let him open up, their healthcare journey could've ended right there.
- Another participant said she became more aware of the different mood swings she had throughout the day and that she could now identify them in a better way which helped tremendously in managing them and not letting illegitimate negative emotions spoil her day.
- another participant shared that after getting to know about emotional intelligence, he could now pinpoint where his feelings were coming from, especially "anger". He realized that more often, it was not the people around him that made him delve into anger, but his own pent-up feelings from previous

experiences that did, and also not having them processed in a healthy way, he cited an example in which after getting scolded for things he failed to do in his shift, he ended up yelling at his girlfriend for being late and that turned into a whole argument. In retrospect, he shared that had that not happened in his shift, he probably wouldn't have yelled at his friend from the get-go.

- Another participant said that he started making a conscious effort to pause and consider the feelings of others before reacting impulsively and also practiced reflective listening techniques with his patients and the people around him and witnessed a shift in his relationships that became more fulfilling.



# Discussion:

Inspired by numerous studies and data highlighting the undeniable role and impact of EI and social skills in the professional success of individuals all fields considered [17] [18], the present thesis work was enforced in an effort to expose our trainees to the construct of EI, as it was for many the first time they ever heard of it, encourage self-reflection on their singular EI, and hopefully pave the way towards integrating gradual, comprehensive soft skills training generally and EI training particularly in every Moroccan physician's curriculum.

Indeed, the serious lack of such advancement in our country despite the efforts expressed in recent years to reform medical studies [19] heavily contrasts with the worldwide growing attention regarding emotional intelligence and leadership as core competencies that should be integrated into every medical education and health profession education curriculum [20], [21], [22], [23], [24], [25], [26], [27], [28], [29].

In this line of thought, the workshop unfolded in five key stages, beginning with an introduction and discussion to establish a collaborative learning environment then participants engaged in perception exercises to explore the subjective nature of interpretation, followed by a presentation on the fundamentals of emotional intelligence as well as Interactive activities such as picture analysis allowing participants to apply their knowledge to real-world scenarios [30]. The workshop concluded with a debriefing session to encourage reflection and integration of learning into professional practice [31].

As for the study's findings, despite the slight rise in participants' empathy and emotional intelligence scores (JSE-P & EIQAT), the increases were not statistically significant. Similar outcomes were also pinpointed in prior research such as Joseph and Newman's, [32] in which they investigate the connection between emotional intelligence and a range of professional outcomes in their meta-analysis. Although job performance and other criteria were found to have a major correlation with emotional intelligence, the authors pointed out that the impacts of EI training interventions are frequently weak, indicating that such programs may not result in appreciable changes in workplace outcomes.

The Accreditation Council for Graduate Medical Education (ACGME)-outlined competences and emotional intelligence were the subject of a systematic review done by Arora et al. that also found similar findings [33]. Although certain components of physician performance were found to be associated with emotional intelligence, the authors pointed out that there were insufficient data to demonstrate the effectiveness of EI training in modifying physicians' behaviour.

Considering both sides of the spectrum however, these studies' findings are still far out-weighted by literature that does support the effectiveness of such training in improving patient-centered care [34], mitigation of burnout by improving coping strategies, resilience, and interpersonal skills, and therefore less medical errors[35], betterment of clinical decision making, and enhanced inter-professional collaboration through the creation of supportive work environment that promotes teamwork and improves clinical outcomes [36]. Increased Loyalty and Patient Satisfaction are also some of the many benefits of

introducing emotional intelligence training by developing ever-lasting positive psychological traits [37], along with enhancement of the Patient Safety Culture by promoting ethical leadership and display of fairness, integrity and empathy [38].

Now coming back to our present study, it is worth noting that although pre- and post-scores didn't differ immensely, a closer look at the participants' individual scores reveals that participants who had the lowest JSE and EIQAT scores saw a greater increase compared to their peers who had already relatively high levels. It is also worth noting that the subjective results garnered post-workshop, demonstrated a healthy level of engagement by our trainees, as most were eagerly already consciously implementing their newly acquired emotional intelligence skills in their day to day life.

Arguably though, as in with every study, there may be some limitations and areas of improvement. First, the length and level of intensity of the session might have had an impact on how deeply participants engaged they were, and how much their behaviour changed. Longer-term interventions or follow-up sessions have been shown to be helpful in measuring the long-term impact of newly acquired skills on clinical practice and in reinforcing those abilities [1],[33]. Hence, it would be useful to plan more follow-up measures to such workshops' implementation in the future.

Second, while helpful, the testing instruments used to evaluate emotional intelligence outcomes, like the Emotional Intelligence Quick Assessment Tool (EIQAT), do not fully capture the range of emotional intelligence competencies pertinent to medical practice. More thorough assessment tools that closely match the particular EI areas covered in the training could be included in further versions of the workshop [39].

Lastly, future iterations of the workshop could benefit from taking sustainability and scalability into account. The creation of train-the-trainer models, the incorporation of EI training into currently offered medical education courses, and the use of technologically advanced learning environments could all help to promote and sustain EI training initiatives across the country's medical training programs [37],[40].

# Conclusion:

In conclusion, this thesis has endeavored to address the critical role of emotional intelligence (EI) in medical education and practice, particularly within the context of a workshop designed to enhance EI skills among medical students and professionals in Morocco. Through a comprehensive review of literature and the implementation of a structured workshop, this study aimed to shed light on the importance of EI training and its potential impact on the development of competent and empathetic healthcare providers.

Participants had the chance to examine and consider their own emotional intelligence (EI) competencies and their applicability to clinical practice via the interactive exercises, talks, and presentations that made up the workshop. Qualitative insights from participants' subjective experiences demonstrated the workshop's efficacy in promoting self-awareness, empathy, and enhanced interpersonal skills, even if quantitative analysis only showed moderate gains in empathy and emotional intelligence scores post-workshop.

Despite the limitations and challenges identified, including the need for longer-term interventions and more comprehensive assessment tools, this study underscores the importance of integrating EI training into medical education curricula. The findings align with a growing body of literature emphasizing the benefits of EI training for enhancing patient-centered care, reducing burnout, and promoting a positive patient safety culture. Indeed, investing in Emotional Intelligence (EI) training can improve healthcare delivery and results by better preparing students for the complexity of patient care.

# Abstracts:



**Background:** Emotional intelligence, from ancient philosophy to modern psychology, bridges reason and sentiment, crucial in healthcare for enhancing relationships and clinical performance. Despite its importance, medical education often neglects its development. This study contributes to the literature on EI training in healthcare, demonstrating its potential to improve empathy and EI skills among medical professionals.

**Methods:** This study utilized a mixed-methods approach to evaluate an emotional intelligence (EI) workshop's effectiveness for medical professionals. The workshop aimed to enhance participants' EI skills through interactive activities. Pre- and post-workshop assessments, including the Jefferson Scale for Empathy (JSE) and Emotional Intelligence Quick Assessment Tool (EIQAT), were conducted. Statistical analyses were performed using SPSS, and a satisfaction survey gathered feedback on workshop content. Ethical guidelines were followed, with participants providing informed consent.

**Results:** This study evaluated an emotional intelligence (EI) workshop's impact on medical professionals. While modest increases in empathy and EI scores were observed post-workshop, participants reported positive feedback on content and presentations. Subjective reflections highlighted practical applications of EI skills in personal and professional interactions. These findings underscore the workshop's potential benefits in enhancing empathy and EI skills among medical professionals.

**Conclusion:** Advocating for EI integration in medical education is essential for nurturing compassionate and effective healthcare providers. By prioritizing emotional intelligence, we can enhance patient care and promote a culture of empathy and understanding within the healthcare industry.

**Key Words:** Emotional intelligence - Medical education - Healthcare professionals – Workshop – Empathy - Interpersonal skills - Self-awareness - Patient care - Professional development – Integration

**Contexte :** L'intelligence émotionnelle, de la philosophie antique à la psychologie moderne, fait le pont entre la raison et le sentiment, ce qui est crucial dans les soins de santé pour améliorer les relations et les performances cliniques. Malgré son importance, l'éducation médicale néglige souvent son développement. Cette étude contribue à la littérature sur la formation à l'IE dans le domaine de la santé, démontrant son potentiel pour améliorer l'empathie et les compétences en IE chez les professionnels de la santé.

**Méthodes :** Cette étude a utilisé une approche à méthodes mixtes pour évaluer l'efficacité d'un atelier sur l'intelligence émotionnelle (IE) pour les professionnels de la santé. L'atelier visait à améliorer les compétences des participants en matière d'IE par le biais d'activités interactives. Des évaluations ont été effectuées avant et après l'atelier, y compris l'échelle de Jefferson pour l'empathie (JSE) et l'outil d'évaluation rapide de l'intelligence émotionnelle (EIQAT). Des analyses statistiques ont été effectuées à l'aide de SPSS, et une enquête de satisfaction a permis de recueillir des commentaires sur le contenu de l'atelier. Des lignes directrices éthiques ont été suivies, et les participants ont donné leur consentement éclairé.

**Résultats :** Cette étude a évalué l'impact d'un atelier sur l'intelligence émotionnelle (IE) sur les professionnels de la santé. Bien que des augmentations modestes des scores d'empathie et d'IE aient été observées après l'atelier, les participants ont fait état de commentaires positifs sur le contenu et les présentations. Des réflexions subjectives ont mis en évidence des applications pratiques des compétences de l'IE dans les interactions personnelles et professionnelles. Ces résultats soulignent les avantages potentiels de l'atelier pour améliorer l'empathie et les compétences en IE chez les professionnels de la santé.

**Conclusion :** Il est essentiel de plaider en faveur de l'intégration de l'assurance-emploi dans la formation médicale pour former des fournisseurs de soins de santé compatissants et efficaces. En donnant la priorité à l'intelligence émotionnelle, nous pouvons améliorer les soins aux patients et promouvoir une culture d'empathie et de compréhension au sein de l'industrie des soins de santé.

**Mots clés :** Intelligence émotionnelle - Éducation médicale - Professionnels de la santé - Atelier - Empathie - Savoir-être - Conscience de soi - Soins aux patients - Développement professionnel

**خلفية:** الذكاء العاطفي ، من الفلسفة القديمة إلى علم النفس الحديث ، يربط بين العقل والمشاعر ، وهو أمر حاسم في الرعاية الصحية لتعزيز العلاقات والأداء السريري. على الرغم من أهميته ، غالبا ما يهمل التعليم الطبي تطوره. تساهم هذه الدراسة في الأدبيات المتعلقة بتدريب الذكاء العاطفي في مجال الرعاية الصحية ، مما يدل على قدرته على تحسين مهارات التعاطف والذكاء العاطفي بين المهنيين الطبيين

**الطريقة:** استخدمت هذه الدراسة نهجا مختلطا لتقييم فعالية ورشة عمل الذكاء العاطفي للمهنيين الطبيين. هدفت ورشة العمل إلى تعزيز مهارات الذكاء العاطفي لدى المشاركين من خلال الأنشطة التفاعلية. تم إجراء تقييمات قبل وبعد ورشة العمل ، بما أجريت تحليلات إحصائية (EIQAT) وأداة التقييم السريع للذكاء العاطفي (JSE) في ذلك مقياس جيفرسون للتعاطف وجمع استقصاء للرضا تعليقات على محتوى حلقة العمل. تم اتباع المبادئ التوجيهية الأخلاقية ، مع SPSS باستخدام برنامج تقديم المشاركين الموافقة المستنيرة

**النتائج:** قيمت هذه الدراسة تأثير ورشة عمل الذكاء العاطفي على المهنيين الطبيين. في حين لوحظت زيادات متواضعة في درجات التعاطف والذكاء العاطفي بعد ورشة العمل ، أبلغ المشاركون عن ردود فعل إيجابية على المحتوى والعروض التقديمية. سلطت التأملات الذاتية الضوء على التطبيقات العملية لمهارات الذكاء العاطفي في التفاعلات الشخصية والمهنية. تؤكد هذه النتائج على الفوائد المحتملة لورشة العمل في تعزيز التعاطف ومهارات الذكاء العاطفي بين المهنيين الطبيين

**الخلاصة:** الدعوة إلى دمج الذكاء العاطفي في التعليم الطبي أمر ضروري لرعاية مقدمي الرعاية الصحية المتعاطفين والفعالين. من خلال إعطاء الأولوية للذكاء العاطفي ، يمكننا تعزيز رعاية المرضى وتعزيز ثقافة التعاطف والتفاهم داخل صناعة الرعاية الصحية

**الكلمات المفتاحية:** الذكاء العاطفي - التعليم الطبي - أخصائيو الرعاية الصحية - ورشة العمل - التعاطف - مهارات التعامل مع الآخرين - الوعي الذاتي - رعاية المرضى - التطوير المهني - التكامل

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# Annexes:

## **Annexe 1 : Emotional intelligence quick assessment tool : items by EI component**

Emotional intelligence (*referred to as EQ*) is your ability to **be aware of, understand and manage your emotions**. *Why is EQ important?* While intelligence (*referred to as IQ*) is important, success in life depends more on EQ. Take the assessment below to learn your EQ strengths!

Rank each statement as follows:	<b>0</b> ( <i>Never</i> )	<b>1</b> ( <i>Rarely</i> )	<b>2</b> ( <i>Sometimes</i> )	<b>3</b> ( <i>Often</i> )	<b>4</b> ( <i>Always</i> )
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### **Emotional Awareness – Total: \_\_\_\_\_**

0 1 2 3 4	My feelings are clear to me at any given moment
0 1 2 3 4	Emotions play an important part in my life
0 1 2 3 4	My moods impact the people around me
0 1 2 3 4	I find it easy to put words to my feelings
0 1 2 3 4	My moods are easily affected by external events
0 1 2 3 4	I can easily sense when I'm going to be angry
0 1 2 3 4	I readily tell others my true feelings
0 1 2 3 4	I find it easy to describe my feelings
0 1 2 3 4	Even when I'm upset, I'm aware of what's happening to me
0 1 2 3 4	I am able to stand apart from my thoughts and feelings and examine them

### **Emotional Management – Total: \_\_\_\_\_**

0 1 2 3 4	I accept responsibility for my reactions
0 1 2 3 4	I find it easy to make goals and stick with them
0 1 2 3 4	I am an emotionally balanced person
0 1 2 3 4	I am a very patient person
0 1 2 3 4	I can accept critical comments from others without becoming angry
0 1 2 3 4	I maintain my composure, even during stressful times
0 1 2 3 4	If an issue does not affect me directly, I don't let it bother me
0 1 2 3 4	I can restrain myself when I feel anger towards someone
0 1 2 3 4	I control urges to overindulge in things that could damage my well being
0 1 2 3 4	I direct my energy into creative work or hobbies

### **Social Emotional Awareness – Total: \_\_\_\_\_**

0 1 2 3 4	I consider the impact of my decisions on other people
0 1 2 3 4	I can tell easily tell if the people around me are becoming annoyed
0 1 2 3 4	I sense it when a person's mood changes
0 1 2 3 4	I am able to be supportive when giving bad news to others
0 1 2 3 4	I am generally able to understand the way other people feel
0 1 2 3 4	My friends can tell me intimate things about themselves
0 1 2 3 4	It genuinely bothers me to see other people suffer
0 1 2 3 4	I usually know when to speak and when to be silent
0 1 2 3 4	I care what happens to other people
0 1 2 3 4	I understand when people's plans change

**Relationship Management – Total: \_\_\_\_\_**

0	1	2	3	4	I am able to show affection
0	1	2	3	4	My relationships are safe places for me
0	1	2	3	4	I find it easy to share my deep feelings with others
0	1	2	3	4	I am good at motivating others
0	1	2	3	4	I am a fairly cheerful person
0	1	2	3	4	It is easy for me to make friends
0	1	2	3	4	People tell me I am sociable and fun
0	1	2	3	4	I like helping people
0	1	2	3	4	Others can depend on me
0	1	2	3	4	I am able to talk someone down if they are very upset

**Annexe 2 : Items of the JSE for Physicians**

**Item**

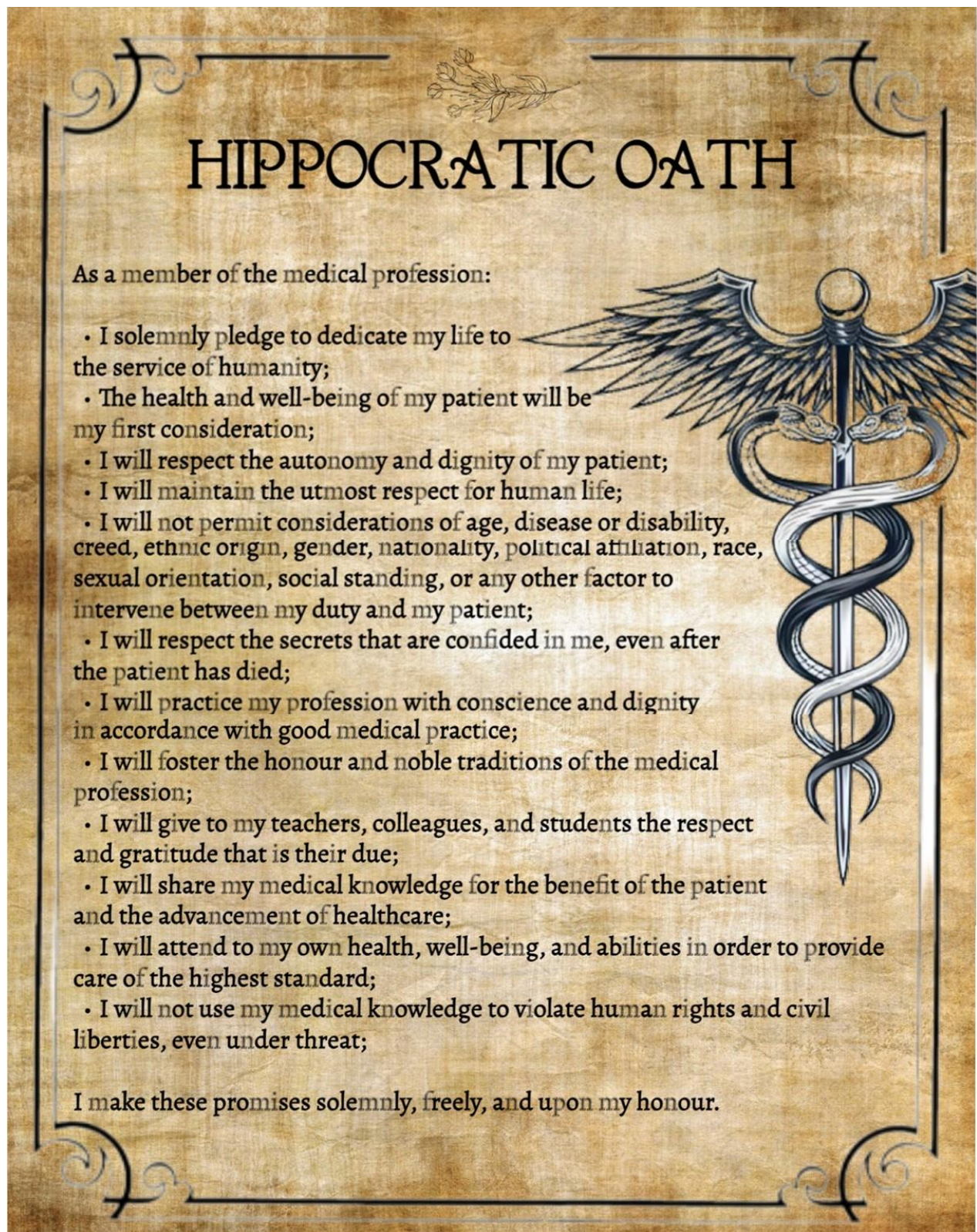
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A physician who is able to view things from another person's perspective can render better care.  
Physicians' sense of humor contributes to a better clinical outcome.  
Physicians' understanding of their patients' feelings and the feelings of their patients' families is a positive treatment factor.  
For more effective treatment, physicians must be attentive to their patients' personal experiences.  
Understanding body language is as important as verbal communication in physician-patient relationships.  
Empathy is an important therapeutic factor in medical treatment.  
Patients feel better when their feelings are understood by their physicians.  
Physicians' demonstration of understanding their patients' emotions is an important factor in interviewing and history taking.  
Willingness to imagine oneself in another person's place contributes to providing quality care.  
Patients' illness can be cured only by medical treatment; physicians' affectional ties with their patients do not have a significant place in this endeavor.<sup>a</sup>  
What is going on in a patient's mind can often be expressed by nonverbal cues such as facial expressions or body language that must be carefully observed by physicians.  
A patient who feels understood can experience a sense of validation that is therapeutic in its own right.  
One important component of the successful physician-patient relationship is the physician's ability to understand the emotional status of his or her patients and their families.  
It is as important to ask patients about what is happening in their lives as it is to ask about their physical complaints.  
It is acceptable for a physician to be touched by intense emotional relationships between patients and their families.  
Reading nonmedical literature and enjoying the arts can enhance physicians' ability to render better care.  
Because people are different, it is almost impossible for physicians to see things from their patients' perspectives.<sup>a</sup>  
Emotion has no place in the treatment of medical illness.<sup>a</sup>  
Empathy is a therapeutic skill without which the physician's success will be limited.  
The best way to take care of a patient is to think like a patient.

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عام : 2024

رقم الاطروحة: TM14/24

## الذكاء العاطفي في الرعاية الصحية: تقييم ورشة عمل

أطروحة قدمت ونوقشت علانية يوم: 2024/04/26  
من طرف السيد  
داودة محمد

للحصول على دبلوم  
دكتور في الطب

الكلمات الرئيسية: الذكاء العاطفي - التعليم الطبي - أخصائيو الرعاية الصحية - ورشة العمل - التعاطف - مهارات التعامل مع الآخرين - الوعي الذاتي - رعاية المرضى - التطوير المهني - التكامل

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