

THE IMPORTANCE OF EMOTIONAL INTELLIGENCE IN THE HEALTHCARE SYSTEM:

THE PROPER USE OF EI CAN LEAD TO BETTER PHYSICIAN AND PATIENT CARE.

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Abstract:

The concept of Emotional Intelligence (EI) has emerged as a critical component in improving physician-patient interactions and overall care quality within the last few decades in the healthcare system. However, there are still some gaps in the sphere for the full integration of EI skills that need to be addressed and resolved. This capstone project investigates the pivotal role of EI in healthcare, specifically in the Armenian context, by focusing on its potential to foster trust between patients and healthcare workers, enhance their communication, and stress preventive measures for both medical practitioners and patients. Through extensive qualitative and quantitative research and training courses conducted with 200 medical care workers, the project addresses the question of how efficiently Emotional Intelligence training sessions can be implemented in healthcare facilities across Armenia to significantly impact the overall healthcare system of the regional hospitals and beyond. At the same time, it advocates for the integration of further EI training as a fundamental component of healthcare education and practice as a periodic activity for healthcare workers.

Keywords: Emotional Intelligence (EI), Healthcare System, Physician-Patient Relationship, Compassion, Clinical Expertise, Patient Care, Training Modules, Population Survey, Healthcare Workers, Self-awareness, Empathy, Social Skills, Healthcare Quality

Introduction:

In our daily lives, most, if not all, of us have encountered our friends and relatives always putting off going to the doctor. A question arises: Why is such an important aspect of our lives - health- often overlooked or disregarded? Have you noticed some of the answers we get whenever we ask someone, 'Why don't you go see a doctor'? Here are just a few examples we hear, especially in Armenia: "If I go to see them, I'll never be able to hear the end of it,' or 'I'll never get out of the hospitals,' and even 'I'd rather die in my house than at the hospital". Evidently, there is a negative association with our healthcare industry and a lack of trust between patients and their doctors. So, what is it that our medical industry is missing? Well, maybe it's the phenomenon called Emotional Intelligence. Emotional Intelligence (EI) is a multifaceted construct encompassing the awareness, management, and understanding of one's own emotions and those of others, and it has garnered increasing recognition for its profound impact on various professional domains. In the healthcare system, where the delicate balance of compassion and clinical expertise defines the quality of patient care, the relevance of Emotional Intelligence becomes particularly pronounced. Therefore, it is crucial to understand what role Emotional Intelligence plays in the healthcare landscape, unveiling its connections to the intricate dynamics between healthcare providers and patients.

Based on numerous scholarly research, population survey results, and medicare workers' training feedback, the negative consequences of the lack of EI skills in the medical setting not only impact separate individuals but also diminish the quality of the whole healthcare system. The lack of knowledge about EI has led to an increase of emotionally ignorant doctors and dehumanized interaction between their patients, ultimately causing distrust for the medical staff. We are human beings, and therefore, we want to be treated as one, especially in an environment

where our emotions are high and we expect to hear bad news. Hence, it's vital for the medical staff to demonstrate understanding, compassion, and delicacy. At the same time, we can't exclude physicians and doctors, as they are also human beings entitled to feel emotions. However, by possessing EI, they will learn to control and manage their own emotions and reactions, which can shift their behavior towards the patients and improve their interactions, as well as make them more stress-resilient.

The proper use of EI skills leads to positive and wide-scope influence, addressing the necessities of both medical workers and patients. Its proper employment in the medical field, first of all, can result in more preventative medicine among patients. Those skills can help healthcare workers improve their ways of communication by undertaking patients' needs and concerns and, most importantly, creating trust among them. Another influence is the creation of better health outcomes. If effective EI skills are applied, the treatment process will become smoother and more satisfactory for both the patient and the healthcare worker. Patients will be more motivated to be engaged in the treatment process, adhere to the doctor's prescription, and increase the appointment numbers. The last result is about lower healthcare costs as it's cheaper to fix health problems before they become a matter of life and death. Healthcare professionals are less likely to make mistakes that could need further medical procedures or legal action if they apply EI skills such as collaborating well, communicating properly, and having honest conversations about patient care. Thus, properly employing EI skills in the field of healthcare causes a two-way benefit, and with our project, we aim to spread and promote the relevance of EI and its key role in the healthcare realm.

Literature review:

In our fast-paced world, society has always given massive importance to cognitive abilities. Everyone and everywhere has emphasized the intelligence quotient, oftentimes overshadowing EI. IQ tests have been used as indicators of greatness and success; however, many have argued that this belief is too narrow-minded. In the past, IQ tests were used to promote discrimination towards certain races. Many followers of eugenics, which were known to be a set of beliefs to "improve" the human population, used these tests to further justify and spread their beliefs. These beliefs, however, aimed to establish racial superiority towards many races who weren't "white," including African Americans and many immigrant communities. Not only were these tests used to justify the beliefs, but they were also used as a weapon to target, restrict, and sterilize these certain ethnic groups (Reddy, 2008). The conclusion is that the tests were oftentimes shaped to fit certain societal and cultural biases that were widely spread in the late 19th through the early 20th century, lacking accuracy in measuring human Intelligence with diverse cultural backgrounds. Moreover, people who are academically brilliant can lack interpersonal and social skills. That's where Emotional Intelligence comes in and saves the day. So, what exactly is Emotional Intelligence, and how can one define it? Emotional Intelligence describes the ability, capacity, skill, or self-perceived ability to identify, assess, and manage the emotions of oneself, of others, and of groups (Serrat, 2017). EI has been a controversial topic for a long minute now since many believe it is an elusive concept (Mayer, 2000). As Marc Brackett mentions, scientists do not like emotions, as unlike IQ, they are harder to measure, and standardized tests do not work on them (Brackett, 2019).

Emotional Intelligence, in comparison to the Intelligence quotient, is a relevantly recent behavioral model, and the term became popular through Daniel Goleman when he published "Emotional Intelligence: Why It Can Matter More Than IQ." In his book, Goleman explores how

essential EI is, going as far as mentioning how it can save even one's life. Goleman brings up a fascinating discovery of how emotions can bypass the rational mind. Neuroscientist LeDoux explored the human brain's emotional pathways in his work, especially focusing on the amygdala's role. Conventionally, it was believed that sensory signals first travel to the thalamus, then to the neocortex, where thorough processing occurs, and only then do they trigger an emotional response. However, LeDoux identified a shortcut, where the signals can bypass the neocortex entirely and travel immediately to the amygdala. This means that we react emotionally before our conscious, rational part of the brain fully processes and information. The discovery was further validated as LeDoux experimented on rats and concluded that the amygdala could learn and display emotional reactions without the involvement of the cognitive brain centers. The finding demonstrates how emotions can, in fact, influence and overpower our rationality. Furthermore, it has been proven that in the first milliseconds of when we are presented with a piece of information, we not only understand it but also decide if we like it or not, so our "cognitive unconscious" exhibits opinions. "Our emotions have a mind of their own, one which can hold views quite independently of our rational mind." – Daniel Goleman (Goleman,1995).

In the most common framework five domains of emotional intelligence cover together personal (self-awareness, self-regulation, and self-motivation) and social (social awareness and social skills) competencies. Possessing self-awareness means that one, first and foremost, is able to recognize their own emotions. Being able to recognize our own emotions and controlling them can be defined by the term self-regulation. Being self-aware is also an indicator that individuals have an accurate image of themselves and what their strengths and limits are, which in itself gives the opportunity for them to become more self-assured and confident. Self-awareness helps us unlock self-regulation and self-motivation. It gives us the power to have control over

ourselves, our actions, and our thoughts. In other words, possessing EI can mean having a healthy relationship with ourselves.

Social awareness and social skills are about our relationship with the people we are surrounded by. Empathy is a huge aspect of EI; putting ourselves in others' shoes opens us up to newer perspectives. Possessing social skills means dominating in areas such as communication, leadership, teamwork, and management.

Evidently, obtaining a higher level of Emotional Intelligence increases the advantages and success rates of individuals in various settings. EI leads to improving communication and leadership skills, enhancing and building relationships, and resolving conflicts quickly. The benefits of EI can be especially crucial, and we can even say necessary in the HealthCare industry, impacting both the patients and the medical staff. A higher level of EI is equivalent to having higher resilience to stress. For instance, if we take surgeons as an example, who are in charge of performing nerve-wracking and risky surgeries every day, we can imagine that they go through huge levels of stress and pressure. Performing surgery in an emotional state might endanger the patient's life. Therefore, it is essential for surgeons to control their emotions rather than their emotions to control them (Shar, 2020). Overall, medical staff go through various challenges and pressures each day while taking care of people who are suffering physically or mentally; therefore, practicing EI means self-preservation for people working in the medical field.

The importance of Emotional Intelligence is the core of each communication theme, regardless of the conditions, spheres, and situations. For an effective mutual understanding, the sides need to have EI skills such as building trust among each other, showing signs of empathy,

understanding emotions, and distinguishing certain boundaries. Those EI components are more prominent in the communication between the patient and medical staff as they directly improve patient trust and compliance. According to a journal article by Sung Soo Kim, Allen Kaplowitz, and Mark Johnston called "The Effects of Physician Empathy on Patient Satisfaction and Compliance," communication between doctors and patients should include EI fragments because poor information exchange, perceived expertise, and poor partnership can lead to a patient mistrust or late disease identification (Kim et al., 2004). Although the relationships between medical staff and patients vary based on the disease types and severity, Talcott Parsons, in his "The Sick Role Theory," claims that all varieties of doctor-patient relationships may be grouped into the following categories- paternalistic, technical, contract-based, and bioethical- any one of which could result in high patient trust and compliance depending on its use with EI (Parsons, 1975). Another study done by Estelle Codier and David Codier highlights that doctors can never be "good" if they are cold and operate as engineers, fixing the errors that the mechanics in this context have. They indicate that an average of 250,000 deaths occur within the United States each year; these deaths take place due to the lack of EI skills, resulting in misunderstandings and mistrust among patients and healthcare workers.

Consequently, it has become important to recognize that apart from consultancy and strictly medical attention, patients require a person-to-person rapport and confidence toward physicians. Therefore, medical staff should acquire EI skills such as empathy to feel another person's pain as their own and create long-standing trust in them (Codier & Codier D. 2017). Thus, the cultivation of EI is paramount in enhancing communication, particularly within the intricate dynamics of doctor-patient relationships.

Within the realm of healthcare, beyond the tangible results of physical treatments, the emotional satisfaction of patients assumes a pivotal significance for healthcare professionals. The satisfaction, which is linked to the use of proper Emotional Intelligence, contributes not only to the motivation and engagement of the medical staff but also to the recovery rate of the patients. According to a journal called "Panacea or placebo? An evaluation of the value of emotional intelligence in healthcare workers" by Elizabeth Vandewaa, David Turnipseed, and Georgie Cain, a patient heals one to two days earlier after feeling satisfied with the medical staff's treatment and being valued as an emotional person compared to a cold-blooded, unempathetic and an emotionless physician treatment (Vandewaa et al., 2016). A second study titled "Emotional Intelligence among Health Care Professionals" by Mrs. S. Andal indicates that health care providers and physicians in the health system must develop certain emotional intelligence skills that will help satisfy patients. The practical application of each of these skills- self-actualization, stress tolerance, optimism, happiness, and assertiveness- is aimed at providing high-quality patient treatment, high recovery ranks, and an emphasis on the improvement of patients' satisfaction (Andal, 2021). Thus, incorporating Emotional Intelligence in healthcare catalyzes recovery rates and the overall quality of patient care.

Statement of Central Research Question:

Our research is going to address the following main questions: "How can efficient and effective Emotional Intelligence training sessions be implemented in healthcare facilities across Armenia and leave an important mark on the overall healthcare system of Armenia?". By doing thorough research on the importance of existing EI in the healthcare system and creating training programs for medical practitioners, we aim to find out the extent to which they will be able to assess and develop their EI skills in the scope of their work and beyond. Additionally, we will

discuss how the integration of mindfulness practices in the EI training affects the participants' self-help and ability to control their own emotions. We will identify the best practices and exercises that will help the participants improve their EI and affect the general system of medical system of Armenia. The ultimate conclusion is that EI should be a decisive component for healthcare providers in their everyday work, and periodic training for EI improvement will provide a better bond between patients and medical workers.

Methodology

-Research of the topic

Our capstone project consists of two parts: the research part and the training part. For the research of the topic, we first and foremost explored the authors who were often times known for writing or talking about Emotional Intelligence. The two big names were Marc Brackett and Daniel Goleman. Both of these individuals are notable for their well-researched works on emotional intelligence, which is why we used them to explore and explain the concept of Emotional Intelligence. Daniel Goleman has often times emphasized that having a high IQ is not equivalent to having a successful life or career, which is why we also believe that it is essential to showcase the concept of EI side by side with IQ. By comparing the two phenomena, we can clearly give a definition of EI, have a better understanding of it, and also highlight its importance, especially its role in improving one's quality of life. The history of IQ tests also helped us demonstrate that, in the past, these tests were created to serve a certain agenda. They were created with many flaws, biases, and limitations to discriminate against certain racial and social groups, meaning they are not 100 percent reliable. For our scholarly articles, we mainly used keyword research. After our research, we would go through each to identify the most

informative and reliable sources. As Emotional Intelligence is a broad concept, we also believed that it was essential to break down its aspects and present the five domains of EI, and through our scholarly articles, we explored how EI helps with relationship building, communication, and, most importantly, with stress resilience. Our main goal was to showcase not only from the patient's point of view but also from the medical staff's.

- Quantitative Research

We first created a questionnaire for the Armenian population for our quantitative research. The purpose of the questionnaire was to understand the general level of their understanding of EI and how it is relevant to the healthcare system. With our efforts, we have collected 353 responses through inbound outreach, distributed across a variety of social media sites, including Facebook local groups and Telegram channels. We have also shared the survey in a group channel for women, which provided us with the opportunity to include the negative experiences of women during their pregnancy. Although understandably, it might not give us 100 percent accurate results, it did provide us with a sense of understanding of the bigger picture. We have included 16 questions overall, with a yes/no answer, some with optional answers, and others with grading answers from 1 to 5 (to demonstrate severity levels). We also thought it was important to have meaningful discussions through our survey; hence, we included two open-ended questions. The first one was how one would define EI. We believe that the absence of EI in healthcare and other spheres is connected with awareness levels regarding its concept in the country. This is why we have included the question to see how aware of the concept Armenians are and how they, in their own words, would explain it. The second open question was for the participants to share their own personal experiences and stories of when they faced a lack of EI in the healthcare setting. Not only did it provide us with detailed insights regarding the issue, but

we believe we also provided a platform where the participants could share their own thoughts, which can be empowering and give them a sense of relief. Overall, we believe that the survey played a huge role in raising awareness and educating not only the participants but us as well.

To understand and demonstrate the results of the training, we also created a before and after EI Measurement Test for the medical staff. The test was created with the help of Tatevik Arakelyan and Xachik Gasparian, experts in the field and also instructors of "Introduction to Psychology" and "Human Development" at the American University of Armenia. We wrote the measurement test from scratch because the ones used in professional settings, such as The Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT), contained 141 questions, which in the case of distributing within 200 participants would result in the huge quantitative database to analyze and code. Thus, we created a new survey questionnaire consisting of 50 questions that underwent different professional reviews both from our professors and their colleagues. Later, we translated the survey into Armenian, printed it out, and shared it with our trainees. After the training, we evaluated each of the participants' results one by one and compared their answers before and after they had undergone our training. More details about the responses are described in the "Results" section.

- Qualitative research

The main methodologies used for the training part were quantitative research and qualitative research. For the qualitative research, we conducted workshops and advising sessions with experts from the fields of psychology to choose the right elements and find the best practical content for our training. With the guidance of our university instructors, Xachik Gasparian and Tatevik Arakelyan, who also contributed to the development of our own EI

measurement test, we participated in different psychological workshops, visited their psychological center called "Intra," and researched some case studies of anonymous patients, which helped while writing the content and choosing the strategies for our training. Moreover, we met up with a student from the Yerevan State Medical University, Vanesa, who was aspiring to become a doctor. She herself has given us some insights about their learning processes. She mentioned that although they are aware of emotional intelligence on some level, they do not participate in roleplays to see how they would overcome some of the challenges. Vanesa shared that they, as students, have watched videos of roleplay from overseas medical universities; however, she thinks it is as vital for Armenians to have the opportunity to have roleplaying opportunities as it contributes to the individual's self and professional development; it is an opportunity to reflect on one's communication skills and stress resilience levels.

As another qualitative research outcome, we conducted interviews with the director of the hospital where the training was held and with some of the physicians who participated as trainees. During the interview with the hospital director, we concentrated on receiving feedback on our initiation, the overall procedure of the training, and what objectives she had to achieve while cooperating with us. In her interview, she mentioned that the project that we conducted was quite inspiring as two young enthusiasts care about the medical sphere and the quality of service that patients can receive in the healthcare system. Taking into consideration the fact that we were bachelor students and very motivated to succeed in the project, the whole staff of the hospital, with her supervision, provided considerable support, both administrative and emotional. As an achievement and a noticeable change for the hospital, she mentioned that after the implementation of the program, the workers showed more enthusiasm and more engagement on the topic of mental health, as the impressions from the training and each activity were positive

and long-lasting. Other interview sessions were done with some of the physicians after each training session. We asked them to give both positive and negative feedback for further improvement in the content and management.

Training

For the training implementation, we chose the location of Stepanavan. After the survey that was conducted among 300 people, we discovered that the lack of emotional intelligence skills was more prevalent in regional hospitals. Stepanavan is the second biggest town by territory and population in the Lori region. It is situated 139 km north of the capital Yerevan and has a population of 13,086. Thus, we chose Stepanavan Number 1 Hospital and its 200 member staff as our initial target. Both the location of the city and the size of the staff fit our financial, physical, and organizational capacity. The first contact we made was with the director of the hospital. Right from the very first meeting, she showed immense interest and readiness for cooperation. After providing all the objectives, goals, and organizational details, we immediately set the dates for the implementation of the project. Thus, the training sessions were initially planned to be held with 200 healthcare workers throughout the 4-week period. However, we managed it within 3 weeks, with two sessions per week, each consisting of 25 participants; only the last two groups consisted of 50 people because of some time management issue that arose unexpectedly. Because of the participants' busy occupations, they lasted 3-4 hours and comprised of 4 modules. [With this hyperlink](#), the presentation used during the training can be found.

The first module

This module started with the introduction to the objectives of the session, the agenda, the ice-breaker “Two truths and a lie,” to make participants feel more comfortable opening up and

the creation of nametags on sticky notes so the participants felt free to remember each other's names and communicate during the training.

Later, through discussion sessions and brainstorming, we defined EI. In order to touch upon the topic of EI not immediately with theoretical concepts, we gave several questions to the participants, which led them to understand the notion of EI in simple terms. The questions were as follows:

- Do you agree that one's academic intelligence is enough to achieve heights and success?
- What do you think is the reason why one healthcare worker might have more demand and reputation than the others?
- How much emphasis is placed on your work? Is that okay?
- Can you bring personal examples?

After the brainstorming, we already provided some Theoretic background of EI: The importance of EI, its components, who touched upon this topic, Hippocrates' approach, The founders of the EI model and their theories (Bracket, Gloman, Caruso, Salovey, and John Mayer), how much demanded and relevant this topic was in all work spheres. As our audience was not an expert in the field of psychology, and we realized that giving rough definitions of the EI concepts might be difficult to understand, we used different interactive methods for delivering our message, such as using visual aids, analogies, and real-life examples and encouraged questions and discussion.

The second module

During this module, participants reflected on their emotions, understood them, and were introduced to different techniques for developing their self-emotional intelligence skills. For this module, we chose the most common and employed educational approach to distinguish

emotions. It was Marc Brackett's RULER approach that encloses the five most important EI skills: Recognizing, Understanding, Labeling, Expressing, and Regulating emotions. For each skill, specific activities were employed.

Recognizing & Understanding - We conducted a Mood Meter exercise to understand and develop recognizing and understanding skills of one's emotional intelligence. It was a simple XY graph where Y is energy, and X is emotions. The participants were instructed to take a comfortable position, take a deep breath, concentrate on their inner self, try to understand how much energy they had at that moment, and point to that spot on the Y field. With the same logic, they understood how emotional they were (high, neutral, low) at that moment and pointed to that spot on the X field. As a final action, they needed to connect those dots together and see which quadrant fitted their emotional state. Then, we provided the participants with the descriptions of each color, after which they had the chance to discuss their results by answering the following questions:

- What actions should be taken to create a comfort zone for yourself and change the colors of the quadrant?
- How much do you focus on your feelings, understand them, and stay in the zone daily?

A bonus technique for future implications: Printed versions of the mood meter were distributed to the workers for self-analyzing and emotional control.

**This is the Mood Meter*

from one hand to another; however, they could move it over the palm. The exercise lasted till the last participant gave up on holding the ice or till the last ice melted. After the activity, they shared their feelings about the ice-melting procedure and answered the following questions:

- What do you think the exercise is about?
- What did you feel while holding the ice?
- Do you think all emotions need to be expressed?
- What ways and overcoming strategies did you come up with for avoiding the pain, expressing your emotions, and accelerating the melting process?
- How do you relate this exercise to EI and coping mechanisms?

After the discussion, we drew parallels to the medical field and their working patterns. For example, our participants worked with different cases with different severity, and piling all the emotions caused by them, not expressing what they felt and thought about each specific case, caused extreme burnout. Moreover, this activity demonstrated to them that, similar to the process of this exercise, there are usually three ways that doctors act when they are in need of expressing emotions. 1. Tolerate till the end and not express the uncomfortable, unpleasant situation/emotion. 2. Give up during the process and express themselves. 3. Find other ways to express themselves and avoid uncomfortable, unpleasant situations/emotions, such as self-care.

We conducted this activity with the first, third, and fourth groups of trainees; with the second group, we employed the roleplay activity; in other words, we devised a dramaturgy method to add some variety to the training content. This method aimed to play different roles in medical settings, such as patient-physician or nurse-patient, to understand how people express different emotions in different situations. Based on our research, we found out that this exercise was done

with most medical students during their last years of study as a practice, and it significantly affected future patient-doctor relations (Lagnado, 2011).

The first scenario was the following: It was a setting in a hospital, a conversation between family members and a doctor. One of the participants took the role of a healthcare provider, and 3 other participants took the role of family members of a patient. This scenario focused on communication and empathy when delivering difficult news to concerned family members. The characters of family members were asked beforehand to react rudely and inadequately to the doctor's announcement. So, the doctor needed to react and address the situation in a Professional manner while applying EI skills. Then, they switched roles to be in each side's shoes and understand their behavior. This activity aimed to promote the importance of addressing EI skills in healthcare while delivering bad news or difficult treatment options.

Another scenario was again in a hospital setting, where the doctor was trying to explain the treatment process in detail to the patient after a very hard and tiring day; however, the patient did not have enough information about the case and did not understand the doctor and asks a lot of repetitive, meaningless questions. Here, the character of the patient was asked to behave in a way that ran the doctor crazy with many nonsensical questions. With this scenario, we wanted to show first how different the patients can be with their level of education, horizon, and mindset, how tolerant and understanding the doctors need to be despite the level of their tiredness, and finally, how the proper use of EI skills can lead avoiding any conflictive situations and burn outs of the doctors.

Regulating- To develop an emotion-regulating skill, we conducted a Grounding exercise. With the help of our instructions, they made all their 5 senses work and stay in the zone at that

exact moment. The instructions were the following: Feel the taste in your mouth, Listen to 2 noises, Smell the scent, and Touch two items around you or on you; when I say open your eyes, you open them and try to focus on the first two things that you see. After the activity, there we held a discussion. The following questions were raised:

- Could you feel your senses?
- Could you stay in the present moment and avoid disturbing thoughts about the future or past?

We provided them with bonus technique descriptions for future implications that they could apply easily whenever and wherever they felt the need: Breathing exercises, Mindful eating, and Mindful walking (Brackett, 2021).

The fourth module

The last module was a conclusive QA and Feedback session to hear the participants' thoughts, answer any additional questions, give clarifications, and get feedback on the overall atmosphere and procedure of the training. We distributed sticky notes to each participant so they could write their opinions, express their emotions and thoughts, and stick to the wall. The purpose of this activity was, first of all, to see the overall mood and viewpoint of the participants and for them to employ the EI skills we introduced to express their emotions.

Results:

We have two major indicators that show the outcomes of our project. The first one was the survey conducted with a 300+ population sample about their general knowledge of Emotional intelligence and their role in the health care system. The second was the measurement

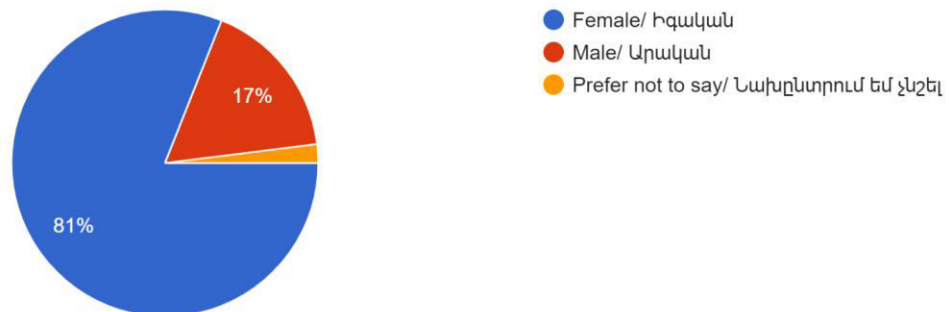
test, which was provided to 200 healthcare workers who participated in the training. The tests were given two times to show the before and after effects and the results of the projects.

Population Survey Results

The survey aimed to show the general knowledge of EI among the Armenian population and its relevance to the medical sphere. It contained 16 questions in the form of scales, multiple choice, and open-ended questions. We distributed the survey among various social media platforms, such as telegram channels and Facebook groups, and also did inbound reach out. The majority of the responses we received from Facebook private groups called "Women's Corner" and "Questions to Doctors." Overall, we received 353 responses coming from different age groups, sexes, and geographical areas inside Armenia. Below, we put the results of the survey in the form of charts and also open-ended answers.

What is your gender? / Նշեք Ձեր սեռը:

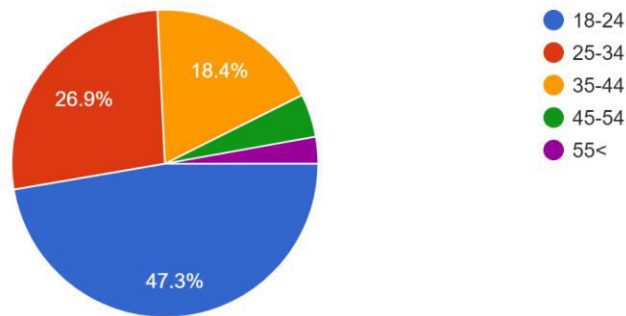
353 responses



Although we have tried our best to create diversity in our survey, the majority of the participants were females. This can be tied to the fact that the survey was spread on various social media platforms, especially in Armenian group chats for women's rights and social issues.

What is your age?/ Լ2Էք Ձեր տարիքը:

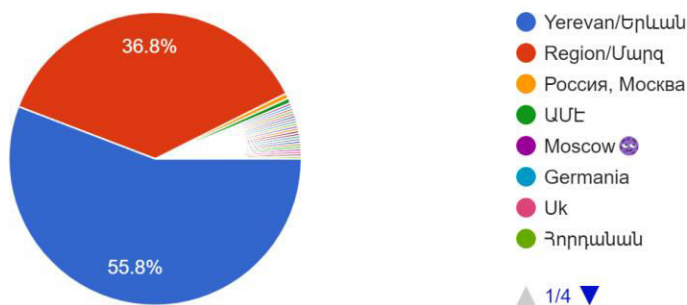
353 responses



As seen in the chart there is a diversity in the age range. However, most of our participants are young adults and adults.

Location/ Բնակության վայր:

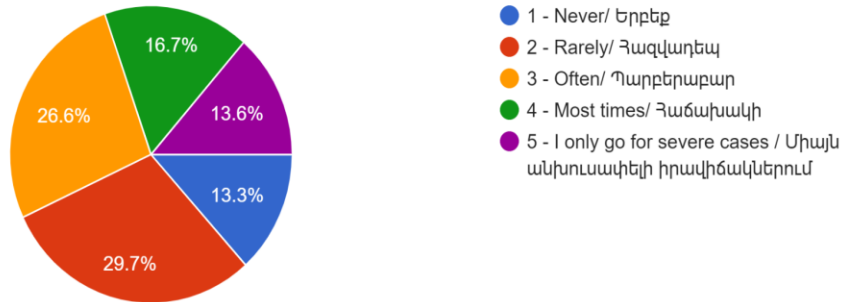
353 responses



Our Survey was focused on the Armenian population. Therefore, 55.8% of the participants were from Yerevan, 36.8 % of them were from the regions, and the other 7,4 % were Armenians from

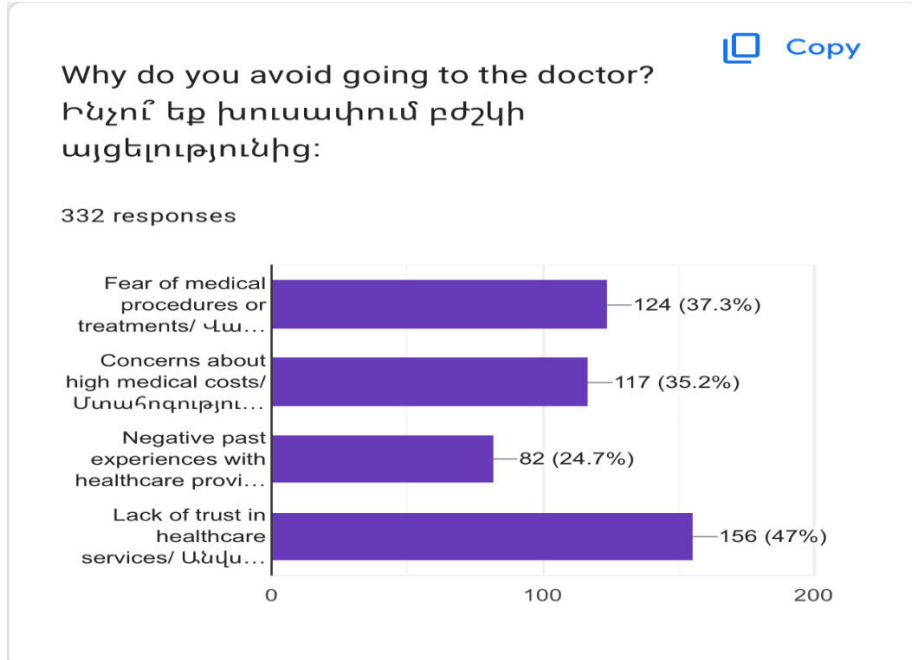
overseas, who, one way or another, have had certain experiences with the Armenian medical staff.

On a scale of 1 to 5 how often do you try to avoid going to the doctors? / 1-5 սանդղակով նշեք, որքան հաճախ եք խուսափում բժշկի այցելությունից:
353 responses



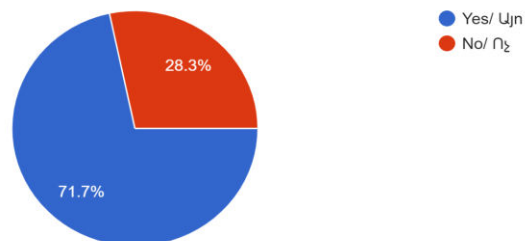
Although above, we can see that **Rarely** dominates and **Never** follows up. However, if we combine the other three answers - **Often**, **Most Times**, and **I only go for severe cases** we will have a total of 56,9 %. Indicating that half of the participants frequently avoid going to the

doctor.



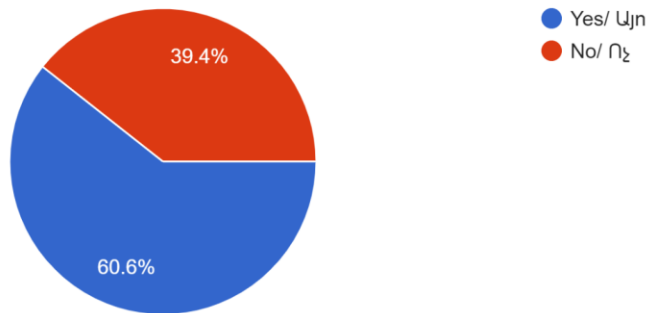
After which we also found out the main reasons Armenians avoid going to the doctor. The 156 participants out of 322 mentioned they have a lack of trust towards our healthcare, while 82 participants mentioned they had negative experiences connected with our healthcare system. Although the chart also indicates other problems within the Armenian healthcare sphere, such as high medical fees, in any case, the following answers prove that we are on the right track. Since both options can be interconnected, the lack of EI is noticeable in our Healthcare system.

Have you ever encountered negative experiences within the healthcare settings?/ Երբևիցե
բացասական փորձ ունեցե՞լ եք բժշկական համակարգից օգտվելիս:
353 responses



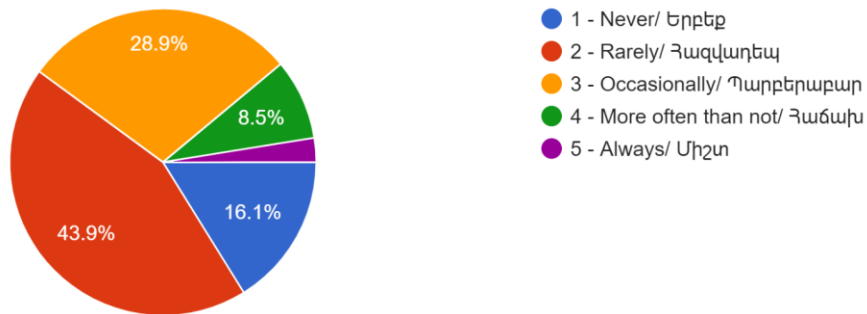
After we broke down our questions, it became more clear what were some of the issues that were connected with “Negative past experiences” and “Lack of trust in the healthcare system”. As seen in the chart 71,7% of the participants have encountered a medical staff being rude to them. This is an extremely high percentage, which brings up a lot of questions and issues.

Has a medical staff ever been rude to you?/ Երբևէ բուժանձնակազմի կողմից կոպիտ վերաբերմունքի արժանացել եք:
353 responses



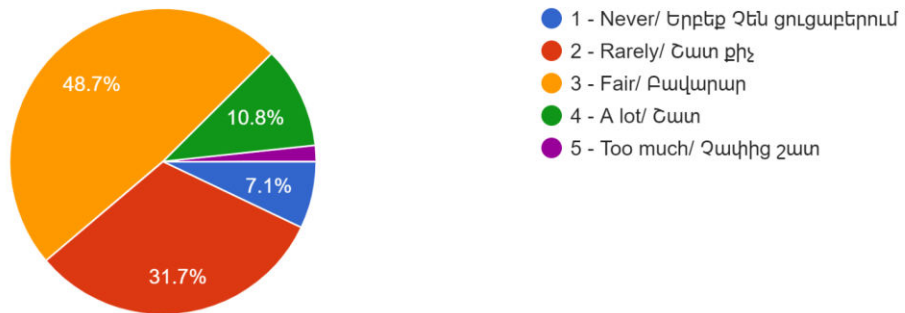
We can see from the chart below that 60.6% of the participants have encountered a medical staff being rude to them at least once.

How often do you encounter the medical staff being rude to you on the scale of 1-5?/ 1-5 սանդղակով նշեք, թե որքա՞ն հաճախ եք հանդիպ...ւժանձնակազմի կողմից կոպիտ վերաբերմունքի:
353 responses



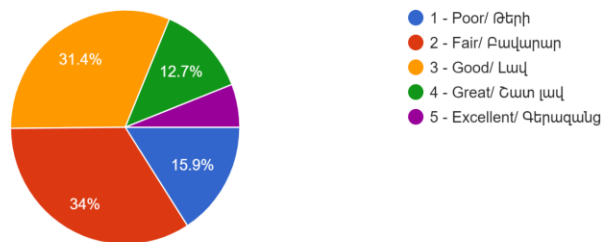
At the same time, it is nice to see that even though a big part of the participants have faced negative experiences and even encountered rude staff, yet the frequency levels for those experiences are more low than high. Yet there is no question that this is still an issue here that should be discussed more.

What do you think how much empathy doctors or medical staff demonstrate?/ 1-5 սանդղակով գնահատեք, որքա՞ն են բժիշկները/ բուժաշխատակազմը ցուցաբերում կարեկցանք:
353 responses



Here, we can see a mix of positive and negative answers from the participants. Although 48.7% of the participants, which is the majority, rated the empathy showcased by the doctors or medical staff 3 (fair), we also have a big percentage that graded it 2 (Rarely).

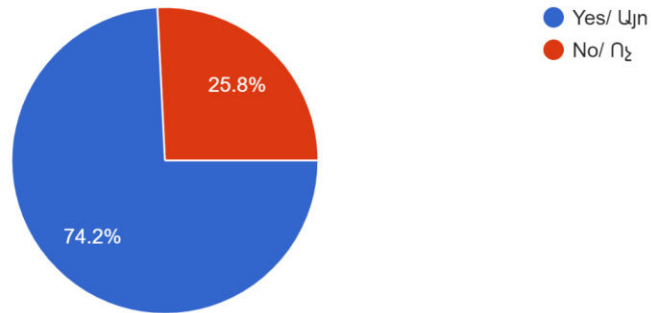
How would you rate your communication with the medical staff/doctors?/ 1-5 սանդղակով գնահատեք բուժաշխատակազմի հետ Ձեր հաղորդակցությունը:
353 responses



The chart here as well demonstrates that most of the participants are pleased with their communication with the medical staff.

Have you ever heard of the term Emotional Intelligence? Երբևիցե լսե՞լ եք <<Հուզական Ինտելեկտ>> տերմինի մասին:

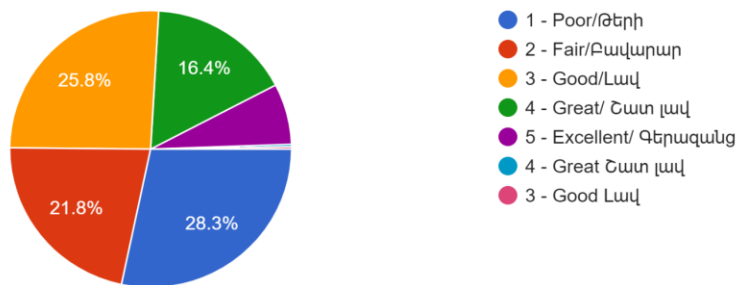
353 responses



Evidently, a big part of our participants know the term Emotional intelligence. However, most of our participants are from the younger generation, and we believe that if more middle-aged people participated in the survey, the results would be different. However, this can be viewed as a positive sign, which is that the EI is being recognized more and more among the Armenian population.

How would you rate your understanding of Emotional Intelligence? Ինչպե՞ս կգնահատեք <<Հուզական Ինտելեկտ>>-ի Ձեր իմացությունը:

353 responses



It is not enough to know the term; it is just as important to have accurate knowledge regarding Emotional Intelligence and be able to explain it so that, as a society, we can spread awareness about it. As seen in the chart, the majority of the participants choose to rate their knowledge regarding EI as poor. This indicates that EI should be talked about more.

How would you describe Emotional Intelligence ? Ըստ Ձեզ՝ ի՞նչ է

<<Յուզական Ինտելեկտ>>-ը:

For this optional-ended question, we received 172 responses, out of which 119 gave a description of what they believe EI is, whether with a long sentence, a word, or a synonym. However, 119 of the participants demonstrated some sort of understanding. However, at the same time, 73 of the participants wrote that they didn't know what EI was.

Let's see some of the answers we have received below:

"Emotional intelligence is the ability to understand and manage your own emotions, as well as recognize and influence the emotions of those around you."

"Emotional intelligence involves empathy, self-awareness, and the skills to handle relationships judiciously and empathetically."

"It's the skillset for building stronger relationships, achieving personal and professional success by harnessing the power of emotions."

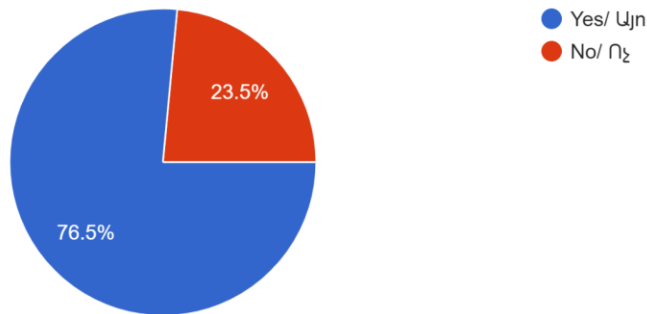
"Empathy"

"Care"

"Ability of people to show their emotions. And show them in a very clear way without creating pointless, uncomfortable situations. The ability to understand other people's emotions as well. This one's hard, though. Sometimes, a good contact can be created as a result of figuring out the correct emotion. However, the risk is a little bit high when the guess is wrong."

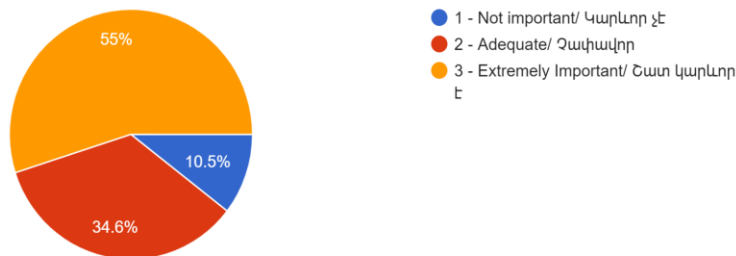
"Self-Control"

Do you believe our healthcare industry lacks it? Ըստ Ձեզ՝ «Հուզական Ինտելեկտ»-ը բացակայում է մեր առողջապահական ոլորտում:
353 responses



The chart above demonstrates that the majority of the participants believe that the Armenian healthcare system lacks Emotional Intelligence.

On a scale of 1 to 3 how important do you think EI's role is in the healthcare industry? 1-3
սանդղակով գնահատե՞ք «Հուզական Ինտելեկտ...»-ի դերը հայկական առողջապահական ոլորտում:
353 responses



The above demonstrates that Armenians are in fact, aware of how vital EI is. 55% of the participants have chosen that EI's role is extremely important in the healthcare industry.

Could you bring an example from your personal life when the medical staff lacked EI ? Կարո՞ղ եք բերել սեփական օրինակ, երբ բուժանձնակազմի մոտ նկատել եք հուզական ինտելեկտի բացակայություն:

It was essential for us to also provide a platform where our participants could share their own negative experiences. We received a total of 50 answers in Armenian and English. Here are some of the results (with English translations for Armenian answers):

"Once I went to one doctor after some period of break of treatment, and when I told him my problem and explained prior treatments. He got angry and started sarcastically joking around that I did the wrong thing to take those medications. Somehow, he forgot that another doctor, one of his smart colleagues, advised me to do so. The moral of the story: no one especially doctors should not be judgmental and overreact and be rude to their patients. As if the patient first came with problems related to physique, then after the session they might need to check their mental health too."

"In most of the cases, they don't pay attention to your emotions connected with your symptoms; they just say it's nothing or show evidently that they don't care, like robots..."

"After my nose operation, I asked if I could cry, and the doctor told me no in a cold tone."

"I work in the Healthcare industry, and at our hospital, EI is extremely valued. However, most Armenian hospitals lack it."

"When I went to medical examinations, the doctor was telling the patient about the results of the tests, which I think should be done in private. To me, this is a lack of EI."

"Sometimes they won't even look at my face when I'm explaining my symptoms."

Overall, the survey presents a very small portion of the Armenian population; however, as the charts demonstrate, many of the participants have faced various challenges in the healthcare industry. When we break down the questions, we can see a clearer picture of the issues, which should be further studied and followed up on. The survey was key not only for us to learn about some of the problems our participants have faced but also played a role in spreading awareness about EI.

Results of EI skills measurement tests

Because of our scholarly content, we did not have enough time for longitudinal studies; however, we recorded notable results from our short-term educational and informative training with 200 healthcare workers in the medical setting. In addition to the feedback given during the ongoing stage of training, we conducted two surveys to measure the emotional intelligence skills of the participants. The first survey was done to measure the previous skills of participants' emotional intelligence, and the second was done to measure the effect of our training. We created a measuring test from scratch, composed of 50 questions, each 10 of them divided into five subgroups: Self-awareness, Managing Stress, Motivating Oneself, Empathy, and Social Skills.

The participants needed to answer each of the questions/statements with a ranking from 1-5, where 1 was for not applying to all, 3 was for applying half of the time, and 5 for always

applying. After the completion of the surveys, the participants could have an overview of the total scores of each subgroup and assess their skills in 5 different aspects of emotional intelligence, which were mentioned above. If the amount of the sum was 35-50, it meant that area was a strength for them; if the score was 18-34, it meant there was a need to give attention and reconsider that weakest area, and in the case of a score 10-17, it meant that they needed to prioritize the particular area for future development. Thus, we distributed this test two times among the 200 professionals. The first round was one week before the start of training, and the second one was after 1 week of completion of the training. The results were analyzed and coded based on 5 major components of emotional intelligence: Self Awareness, Self-regulation, Motivating Oneself, Empathy, and Social Skills. As presented in the below sheet, we separated the number of participants from 1-200 and wrote the sum amount for each of the 5 subgroups that they received during the first and second rounds of the tests. For example, for the Self Awareness subgroup, participant number 1 gained 39 during the first survey and 44 from the second. For the Empathy subgroup, during the first survey, she received 37 and got 41 during the second one. In the third column, the "Improvement" column should be separated, showing the number by which the participant improved her skills in that subgroup. With this same logic, we collected the data of all participants for 2 surveys and coded them in an Excel sheet so the result would be visually appealing and more distinguishable.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q					
1		Participants	SA1	SA2	SA Improvement	SR1	SR2	SR Improvement	MO1	MO2	MO Improvement	EMP1	EMP2	EMP Improvement	SS1	SS2	SS Improvement					
2		1	39	44		5	20	23		3	46	49		3	37	41		4	18	20		2
3		2	41	43		2	14	13		-1	23	27		4	40	36		-4	31	35		4
4		3	34	38		4	29	32		3	27	28		1	28	30		2	35	39		4
5		4	17	17		0	34	36		2	45	44		-1	32	35		3	32	35		3
6		5	30	29		-1	27	29		2	24	26		2	37	40		3	17	21		4
7		6	28	33		5	15	13		-2	22	25		3	40	40		0	28	30		2
8		7	37	38		1	29	33		4	45	46		1	32	32		0	33	35		2
9		8	22	24		2	30	32		5	23	24		5	23	24		1	19	21		2
10		9	19	19		0	34	34		0	42	43		1	40	42		2	42	39		-3
11		10	46	49		3	28	29		1	41	47		6	33	34		1	20	22		2
12		11	41	42		1	17	18		1	24	29		5	39	41		2	31	35		4
13		12	22	27		5	22	26		4	44	47		3	36	38		2	30	33		3
14		13	31	36		5	17	19		2	19	19		0	39	39		0	25	27		2
15		14	33	34		1	19	20		1	42	42		0	33	36		3	41	45		4
16		15	26	30		4	27	29		2	28	34		6	39	41		2	42	46		4
17		16	23	27		4	31	34		3	41	46		5	28	28		0	41	45		4

After getting all the improvement scores, we counted the sum and averages of each row.

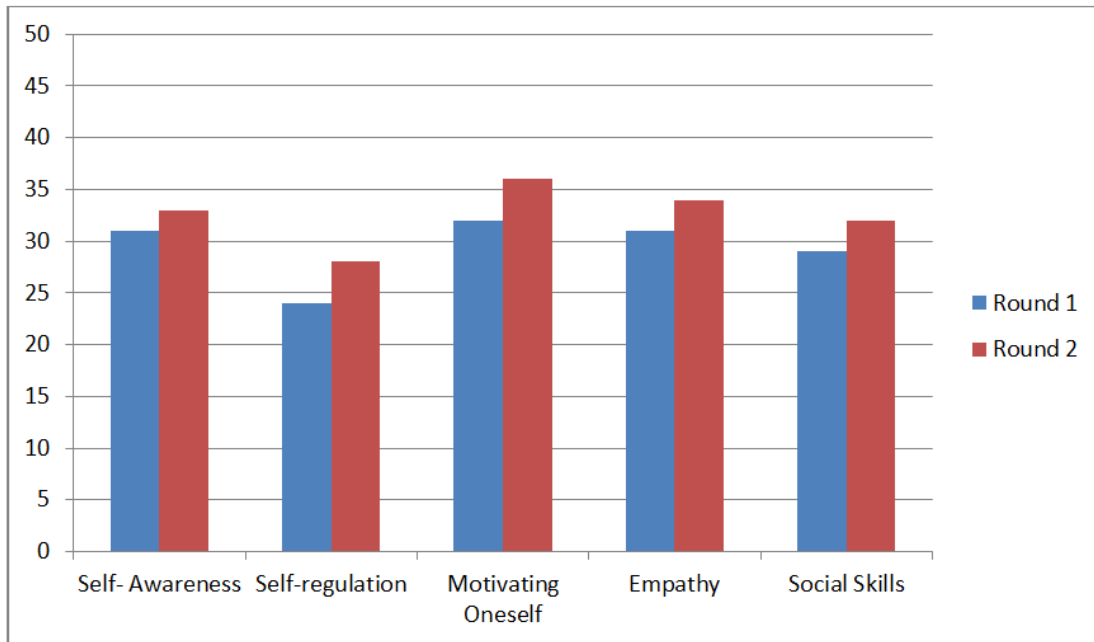
Based on those numbers, we noticed visible changes in the scores received in the first and second rounds of the survey. For the first group, Self-awareness, participants received an average of 31 points during the first survey, and in the second one, the number was 33. The average improvement score for Self-awareness was 3. The same logic was applied to all groups, and as a result, we have "improvement" scores of 3 for Self-awareness, 2 for Self-regulation, 3 for Motivating Oneself, 4 for Empathy, and 4 for Social Skills.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q						
1		Participants	SA1	SA2	SA Improvement	SR1	SR2	SR Improvement	MO1	MO2	MO Improvement	EMP1	EMP2	EMP Improvement	SS1	SS2	SS Improvement						
190		189	23	23		0	23	27		4	19	22		3	32	34		2	31	34		3	
191		190	24	29		5	24	28		4	45	49		4	30	27		-3	42	46		4	
192		191	27	29		2	27	28		1	29	35		6	27	29		2	41	45		4	
193		192	41	41		0	35	32		-3	25	29		4	35	39		4	34	36		2	
194		193	34	33		-1	25	25		0	33	33		0	29	31		2	17	19		2	
195		194	36	36		0	30	30		0	36	42		6	28	28		0	18	21		3	
196		195	28	28		0	36	40		4	46	47		1	34	35		1	25	29		4	
197		196	38	37		-1	24	28		4	32	32		0	24	24		0	41	44		3	
198		197	41	42		1	26	28		2	42	41		-1	26	24		-2	35	39		4	
199		198	21	24		3	18	22		4	36	42		6	34	36		2	18	22		4	
200		199	27	29		2	36	37		1	43	46		3	37	37		0	18	22		4	
201		200	45	50		5	23	23		0	25	28		3	40	41		1	21	25		4	
202																							
203		Total		6092	6528		436	4959	5329		370	6395	6938		543	6405	6700		295	5871	6375		504
204		Average		31	33		3	24	28		2	32	36		3	31	34		4	29	32		4

Though the difference in numbers is not very high, there are still some dynamic changes, which shows that after the educational training, the participants become more aware of the topic and start to pay much more attention to the theme of emotional intelligence. The majority of

cases show that the numbers increased with a few scores, meaning that the objectives of the training were achieved as the participants acquired the information given during the sessions; some of them remained the same, meaning that the information was presented but the participants were already aware of the topic. There were a few cases that showed a decrease in the scores, which speaks about the environmental change and external discussion while taking the surveys, and the training outcomes did not affect those cases.

Based on the below chart, which shows the more visually appealing contrast of before and after effects, one can notice that compared with other groups, the "Self-Motivation" group ended up above 35, which is identified as the start of the "Good" range (the description of the ranges is mentioned in the above paragraph). The reason for higher results in the Self-Awareness group is linked to the fact that healthcare workers, especially doctors, frequently engage in ongoing learning and self-improvement as part of their professional growth, which is the cause of the Self-Awareness group's better performance. Therefore, it's possible that our training gave participants a disciplined framework for introspection, motivating them to assess their feelings, ideas, and actions in a clinical setting. In contrast, the results of self-regulation are lower than those of others, which can be explained through cultural emphasis. Like many other societies, Armenians have particular stresses and difficulties that can affect people's capacity to control their emotions. Furthermore, Armenian people may find it difficult to put their own emotional control ahead of expectations or group cohesion due to the collectivist aspect of Armenian culture, which places a high value on social relationships.



Based on the result and the ongoing feedback from the participants and the director of the hospital, we concluded that the healthcare workers fully understood the aims, objectives, and structure of the training and very much appreciated the fact that two enthusiastic bachelor students showed some interest in their professional field and wanted to address relevant issues which are prevalent in the field and need to be solved carefully. Thus, we noted that in addition to raising awareness and sharing interesting information during the training, empathy and mental support towards us and our initiation from the side of the participants could be among the reasons that we see some changes in the survey results.

Future Procedures

Spreading Awareness:

1. Nowadays, one of the greatest ways to pass on information, spread awareness, and learn is through social media channels. By creating a social media campaign on Instagram,

Facebook, and TikTok regarding EI, we can target the Armenian population's various demographics, including the younger and older generations. Through the campaign, to capture the audience's attention, short informative yet entertaining videos can be created with the help of cartoonish characters (especially for Tiktok) explaining various aspects, terms, and facts surrounding the phenomenon of Emotional Intelligence.

2. Participate in various webinars and conferences regarding human psychology and the healthcare system. Try to connect with professionals in the fields to have more valuable insights and opinions on the topic and utilize the information moving forward with the training programs. Furthermore, take interviews from the professionals and try to conduct focus groups with their help.
3. Conduct a survey and share it on a larger scale. Although our survey has a good number of responses and participants, we should aim to include more diversity in the categories of aging and gender. Try to target males through social media by sharing in appropriate groups. It is important to have gender equality when it comes to social issues.

Training Program:

Having the foundation of our training, we aim to create a training program project. Unlike our first training, the project will have a longer timeline, which also means the training will take place for a longer period of time to achieve bigger results. We will plan and create a curriculum and content activities, including presentations, videos, and case studies. The initial training modules will be kept, but additional modules might be added after thorough research. We will try to get more hospitals involved in the process by bringing up the successful processes of Stepanavan. However, during our first training, we also realized that a big amount of energy and organization is needed to have hospitals involved in such a process. Therefore, we have also

concluded that we should focus on trying to incorporate EI training at medical universities, schools, and institutes so that future healthcare providers can learn and embody various aspects of EI, such as empathy, compassion, and understanding. The training programs will be constantly reviewed, and the results should be closely monitored and evaluated. By comparing the long-term project to our first training, we will have a clear understanding of what works the best, which models have more positive effects, and whether or not bigger differences can be obtained. Furthermore, during the project, we will provide constructive feedback to the participants to further motivate them.

Conclusion

To conclude, Emotional Intelligence has been overlooked by many; however, it is a set of skills that is needed not only for personal growth but for professional development as well. Through the literature review, we tried to discover all of the aspects of EI, and we used our knowledge to pass it on to the participants. Our surveys have demonstrated that there is, in fact, a need to look into the issue and that the negative experiences surrounding our healthcare system are something that occurs frequently, which can demotivate patients to go to the doctors. Trust between the patient and medical staff should be created through smooth communication and the demonstration of empathy and compassion. It is important to build a relationship with the patients, which will increase the chances of the patient returning. Consequently, the medical staff will earn the patient's trust. Most of the participants from Stepanavan were enthusiastic about the process. However, it was our responsibility to make the sessions as organized and productive as possible since they were taking the time out of their day to participate. While creating the training, we tried to include the most effective methods for the participants after thorough research. However, we also took into account the time we had on our hands, which is why we

chose the 4 modules, recognizing, understanding, labeling, expressing, and regulating, since all four are needed to embody Emotional intelligence fully. Evidently, the results indicate that there have been changes recorded by the medical staff in their behavior pattern, although nothing big; however, having in mind that the training has been ongoing for only a month, this outcome was expected. The outcome should be taken in a positive light since it provides a foundation for future training or projects surrounding the phenomena of emotional intelligence. The small changes in the tests indicate that in the future, the training should be implemented for longer periods of time, yet at the same time, the challenges are tied to time management and organizational processes. Hence, we can draw the conclusion that the best time and place to have this training is at medical institutes, universities, and schools, where future nurses, doctors, and medical staff are learning. Having an understanding of EI should be considered part of many jobs where customers and clients are involved, but especially when you are working with vulnerable people who are, at times, even physically and mentally drained. The training was a success since not only did it provide a base for similar future projects, but it also raised awareness. One of the most important things we were trying to achieve was for the medical staff to be self-reflective. Even when talking about EI, it was enough for the medical staff to put themselves in their patients' shoes; however, the training, especially the roleplay module, further solidified it. The whole project was aimed to raise awareness about EI in the Armenian population, showcase that training can be implemented to better both our understanding and possessing of EI, especially in the Armenian healthcare system, and hopefully start a conversation to plan similar projects for longer-term effects, which we have proved is indeed possible to do.

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[CAcQAQ%2526usg%253DAOvVaw0Xlc2HR1HGscsuAKc9d6Mf#search=%22https%3A%2F%2Fvia.library.depaul.edu%2Fcgi%2Fviewcontent.cgi%3Farticle%3D1270%26context%3Dlaw-review%22](https://www.researchgate.net/publication/318018981_Understanding_and_Developing_Emotional_Intelligence)

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Appendix

1. EI Measurement Test

1. Assess and score how much each statement applies to you

#	How much does each statement apply to you	Mark your score				
	Read each statement and decide how strongly the statement applies to YOU. Score yourself 1 to 5 based on the following guide. 1 = does not apply ~ 3 = Applies half the time ~ 5 = Always applies	<input type="radio"/> the number that shows how strongly the statement applies				
1	I realise immediately when I lose my temper	1	2	3	4	5
2	I can 'reframe' bad situations quickly	1	2	3	4	5
3	I am able to always motivate myself to do difficult tasks	1	2	3	4	5
4	I am always able to see things from the other person's viewpoint	1	2	3	4	5
5	I am an excellent listener	1	2	3	4	5
6	I know when I am happy	1	2	3	4	5
7	I do not wear my 'heart on my sleeve'	1	2	3	4	5
8	I am usually able to prioritise important activities at work and get on with them	1	2	3	4	5
9	I am excellent at empathising with someone else's problem	1	2	3	4	5
10	I never interrupt other people's conversations	1	2	3	4	5
11	I usually recognise when I am stressed	1	2	3	4	5
12	Others can rarely tell what kind of mood I am in	1	2	3	4	5
13	I always meet deadlines	1	2	3	4	5
14	I can tell if someone is not happy with me	1	2	3	4	5
15	I am good at adapting and mixing with a variety of people	1	2	3	4	5
16	When I am being 'emotional' I am aware of this	1	2	3	4	5
17	I rarely 'fly off the handle' at other people	1	2	3	4	5
18	I never waste time	1	2	3	4	5
19	I can tell if a team of people are not getting along with each other	1	2	3	4	5
20	People are the most interesting thing in life for me	1	2	3	4	5
21	When I feel anxious I usually can account for the reason(s)	1	2	3	4	5
22	Difficult people do not annoy me	1	2	3	4	5
23	I do not prevaricate	1	2	3	4	5
24	I can usually understand why people are being difficult towards me	1	2	3	4	5
25	I love to meet new people and get to know what makes them 'tick'	1	2	3	4	5

#	How much does each statement apply to you	Mark your score				
	Read each statement and decide how strongly the statement applies to YOU. Score yourself 1 to 5 based on the following guide. 1 = does not apply ~ 3 = Applies half the time ~ 5 = Always applies	○ the number that shows how strongly the statement applies				
26	I always know when I'm being unreasonable	1	2	3	4	5
27	I can consciously alter my frame of mind or mood	1	2	3	4	5
28	I believe you should do the difficult things first	1	2	3	4	5
29	Other individuals are not 'difficult' just 'different'	1	2	3	4	5
30	I need a variety of work colleagues to make my job interesting	1	2	3	4	5
31	Awareness of my own emotions is very important to me at all times	1	2	3	4	5
32	I do not let stressful situations or people affect me once I have left work	1	2	3	4	5
33	Delayed gratification is a virtue that I hold to	1	2	3	4	5
34	I can understand if I am being unreasonable	1	2	3	4	5
35	I like to ask questions to find out what it is important to people	1	2	3	4	5
36	I can tell if someone has upset or annoyed me	1	2	3	4	5
37	I rarely worry about work or life in general	1	2	3	4	5
38	I believe in 'Action this Day'	1	2	3	4	5
39	I can understand why my actions sometimes offend others	1	2	3	4	5
40	I see working with difficult people as simply a challenge to win them over	1	2	3	4	5
41	I can let anger 'go' quickly so that it no longer affects me	1	2	3	4	5
42	I can suppress my emotions when I need to	1	2	3	4	5
43	I can always motivate myself even when I feel low	1	2	3	4	5
44	I can sometimes see things from others' point of view	1	2	3	4	5
45	I am good at reconciling differences with other people	1	2	3	4	5
46	I know what makes me happy	1	2	3	4	5
47	Others often do not know how I am feeling about things	1	2	3	4	5
48	Motivations has been the key to my success	1	2	3	4	5
49	Reasons for disagreements are always clear to me	1	2	3	4	5
50	I generally build solid relationships with those I work with	1	2	3	4	5

Total and interpret your results

1. Record your 1, 2, 3, 4, 5 scores for the questionnaire statements in the grid below.

The grid organises the statements into emotional competency lists.

Self awareness		Managing emotions		Motivating oneself		Empathy		Social Skill	
1		2		3		4		5	
6		7		8		9		10	
11		12		13		14		15	
16		17		18		19		20	
21		22		23		24		25	
26		27		28		29		30	
31		32		33		34		35	
36		37		38		39		40	
41		42		43		44		45	
46		47		48		49		50	

2. Calculate a total for each of the 5 emotional competencies.

Total = (SA)		Total = (ME)		Total = (MO)		Total = (E)		Total = (SS)	
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3. Interpret your totals for each area of competency using the following guide.

35-50	This area is a <i>strength</i> for you.
18-34	<i>Giving attention</i> to where you feel you are weakest will pay dividends.
10-17	Make this area a <i>development priority</i> .

	Strength	Needs attention	Development priority
Self awareness			
Managing emotions			
Motivating oneself			
Empathy Social Skill			