CHAPTER 2

REVIEW OF LITERATURE

2.1 INTRODUCTION

The present review of the literature was organized under four main headings Emotional Intelligence, Medical Students and their work environment, stress theories and related concepts, and the conceptual integration of these components. The first section will present the evolution of the current concept of emotional intelligence. The second section will include the medical professional’s roles and scopes of practice, and job strains and stressors within the current work environment. The third section will include a brief overview of the stress theories and related concepts such as burnout, coping and hardiness. The last section will explore the applicability of the concept of emotional intelligence, the Medical student’s roles, and the ability to cope with stress. In addition, the implications of studying emotional intelligence at the individual and organizational levels will be outlined discussed.

2.2 EMOTIONAL INTELLIGENCE

The Anatomy of Emotion

Shobris (1996) states that the brain consists of four functional areas. The left cerebral area processes symbolic information and experiences logically, such as language and arithmetic. It helps an individual to recognize technical and mathematical details, look for facts, and seek to solve concrete and immediate problems. The right cerebral area helps individuals process
visuo-spatial arrangements, interpret pictures and other images, synthesize pieces of the puzzle to the whole, rely on intuition, and seek to solve abstract future-oriented problems. The limbic left enables an individual to respond favourably to rules and authority figures, be concerned with what we should do as opposed to what we want to do, use conservative and administrative guidelines, and function in a controlling, planning, and organizing mode. Lastly, the limbic right allows individuals to understand the meaning of interpersonal relationships, accept and understand emotions, appreciate the meaning of music, and assign meaning to spiritual beliefs.

LeDoux J (1986) a neuroscientist, introduced the role of the amygdale as the centre for human emotion. A human being has a pair of amygdale (from the Greek word “almond”), almond-shaped clusters of interconnected structures located above the brainstem, near the bottom of the limbic ring. Memories and various responses are stored in the amygdale. Often in an “emergency situation” the amygdale can intercept a stimulus, causes the individual to act upon it, even before the left and right sides of the brain or the cortical centres are ready with an interpretation. This phenomenon explains why at times one may respond more emotionally and perhaps less rationally to our world around us.

Mayer (1995) states that the anatomical and physiological understanding of the brain, researchers also recognize the three influential parts of the mind that makes up our personality: cognition (or thought), affect (including emotion), and motivation. The cognitive sphere includes reasoning, judgment, memory, and abstract thoughts. The affective sphere includes the emotions, moods, evaluations, and other feeling states, including fatigue or energy. The word “emotion” is from the Latin word “motere” or “to move” and the prefix “e” to connote “move away.” Emotions are impulses to act. Motivation is the third sphere of the personality; which includes biological urges or
learned goal-seeking behaviour. Clearly, emotion is one of the influential parts of one’s personality.

2.3 HISTORICAL DEVELOPMENT

After the emergence of psychology and the later expansion of scientific methodologies, researchers could begin to concentrate and study, more formally on interpersonal skills.

Thorndike and Stein (1937), psychologists described the word “Social Intelligence”.

David Wechsler (1940) wrote about “intellective” and “non-intellective” intelligence, which directly referred to the traditional intelligence quotient set of skills and the social emotional set of skills, respectively. Wechsler described the non-intellective skills as psychological skills having to do with attitude, behaviour and change.

Gardner (1983) conceptualized the idea of “multiple intelligence” with” interpersonal” and “intrapersonal” components. Present day academicians and researchers have agreed upon the fact that intelligence of humans should be considered both from the cognitive and emotional aspect. The emotional perspective of intelligence has a greater role to play in organizations than the cognitive part.

Shobris (1996) states that “intelligence” are a person’s all-around effectiveness in activities primarily directed by thought. Intelligence is defined as an active transformational process in which sensory data are synthesized into simpler representations that improve one’s effectiveness and adaptability.
Hughes et al (1996) states that cognitive intelligence is a collection of mental abilities, including the ability to remember a visual configuration, comprehend words, produce words and express them verbally, reason inductively and deductively, associate, recall and operate arithmetical equations, perceive stimuli with speed, perceive spatial orientations and visualize patterns.

This definition suggests that intelligence is an unseen quality; it is not as easily measured as a person’s height or weight, and can only be inferred by observing behaviour. Furthermore, because a human is a complex being, intelligence does not affect behaviour equally and consistently across all situations. It is thought that the environment in which one lives significantly impacts one’s intelligence due to the culture, nutrition, learning opportunities and the experiences that are available. Although there is a hereditary component, intelligence is thought to be modified through education and experience.

He states that the word “intelligence” normally refers only to cognitive intelligence. One method of measuring one’s level of cognitive intelligence is the administration of intelligence tests, which gained popularity after World War I. The test score is called an Intelligence Quotient or IQ. For example, Wechsler’s and the Standford-Binet’s tests are the most commonly used in the educational system.

Cronbach (1984) and Shobris (1996), Psychologists have been debating about the validity of intelligence tests for some time due to the complexity of the concept and the myriad of variables that may affect test scores.

Goleman (1995), Hughes, et al (1996) and Neisser et al (1996) found that IQ tests have also been used in human resource areas, particularly in the screening process for management positions. Although different studies seem
to yield somewhat different findings, cognitive ability has been generally
deemed an acceptable and valid predictor of success on a number of jobs,
particularly those that require analytical and critical thinking skills.

2.3.1 Social Intelligence

Social intelligence is perhaps one of the precursors to the whole idea of
emotional intelligence.

Ruisel (1992) cited Wedeck’s definition of social intelligence as the
ability to accurately assess feelings, moods, and the motivations of others.
He also cited the early writings of Thorndike, who introduced the concept of
social intelligence in Harper’s Magazine in 1920’s.

Thorndike and Stein (1937) described intelligence as consisting of
three parts. Abstract intelligence being the ability to understand and manage
ideas and abstractions. Mechanical intelligence is the ability to understand
and manage concrete objects of the physical environment. Social intelligence
is the ability to understand others and to act wisely in managing others.
The authors contended, however, that social intelligence was difficult to
measure because it consists of several different abilities, habits, or attitudes.
One can also hypothesize that its expression is dependent somewhat on the
situation the individual is involved in. Social talents are primarily
interpersonal or refer to social interaction and relationship. A person with
aptitude for social talents has the ability to understand other people and is able
to lead and guide others toward mutually satisfying outcomes. Social talent
consists of two dimensions: social perception (or the ability to understand the
emotions and motives of others and the meaning of others’ actions) and social
knowledge (knowledge of etiquette and formal rules of social behaviour).
Taylor (1990) cited Chapin, who developed the idea that social insights, triggered by cues, permit people to change appropriately from one environmental context to another. Other researchers had begun to examine related constructs such as empathy, sensitivity, insight, perception, and interpersonal judgment.

2.3.2 Multiple Intelligence

Gardner H (1983) introduced the theory of multiple intelligences. He proposed that there are at least seven competencies or intelligences that are crucial for life success: linguistic (verbal) and logical (mathematical), spatial capacity, bodily kinaesthetic, musical, interpersonal and intrapersonal. He contended that traditional measurement of cognitive intelligence represents only linguistic, mathematical, and some spatial capacity.

Linguistic intelligence is the capacity to use words effectively orally or in writing, the ability to manipulate the syntax, phonology, semantic, and pragmatic aspects of language. Logical or mathematical intelligence is the capacity to use numbers and to reason effectively. A person with high logical intelligence is sensitive to logical patterns, relationships, propositions (or cause - effect), categorization, inference, generalization, calculation and hypothesis testing. Spatial intelligence is thought to be the ability to perceive the visual-spatial world accurately and to be able to perform transformations based upon those perceptions. A person with spatial intelligence tends to have sensitivity to colour, line, shape, form, space, and relationships that exist between these elements. Bodily-kinaesthetic intelligence is the capacity to use one’s whole body to express ideas and feelings and to sense one’s world. This intelligence includes physical skills involving coordination, balance, dexterity, strength, flexibility, and speed as well as fine motor abilities such as tactile capacity. Musical intelligence is the capacity to perceive, discriminate,
and express musical forms. This intelligence includes sensitivity to the rhythm, pitch, melody, and timbre of a musical instrument.

Gardner (1993) represents social intelligence as the inter-personal and intra-personal intelligences. Inter-personal intelligence is the ability to perceive and distinguish the moods, intentions, motivations, and feelings of other people. Intra-personal intelligence is self-knowledge and the ability to act adaptively on the basis of that knowledge. This intelligence includes having an accurate picture of one’s own strength and limitations, inner moods, intentions, motivations, temperaments, desires, and the capacity for self discipline, self-understanding, and self-esteem.

The educational system seems to acknowledge the importance of addressing multiple intelligences in the classroom.

Armstrong (1994) recommends that teachers integrate the various intelligences in the curriculum and learning experiences. As part of this approach it is thought that the sooner children are taught appropriate responses to the world around them, including emotional responses, the sooner these responses can become part of their repertoire. Some schools even actually teach the emotional component of intelligence as a separate topic as a school-wide effort, not just directed toward students who have emotional problems. Some of the topics used to teach this emotional component include self-control, negotiation skills, dealing with disappointments, goal setting, and motivation.

Goleman (1996), Salovey, Slyuter (1997) and Chemiss (1998) suggested that in addition to the more traditional components of intelligence, students, parents, teachers and leaders must also improve their emotional intelligence.
Goleman (1995), Mayer & Salovey (1997) stated that although there may be a relationship, emotional intelligence is distinctly different than cognitive intelligence.

Tapia (1998) examined the relationship between emotional intelligence as measured by scores on the Emotional Intelligence Inventory (EQI) and cognitive intelligence as measured by the scores on the Otis-Lennon School Ability Test (OLSAT), Preliminary Scholastic Assessment Test, Grade Point Average. The researcher concluded that there is a lack of relationship between emotional intelligence and general (cognitive) intelligence as indicated by the non-significant correlation between the OLSAT scores and EQI scores. There was neither a relationship between the construct of emotional intelligence and general intelligence nor emotional intelligence and academic achievement. Thus, the author concluded congruency with the theory of emotional intelligence.

Sternberg’s (1985) in his Triarchic Theory, he introduced three fundamental aspects of intelligence: analytical, creative, and practical. He suggests that there should be a balance between the analytical, creative, and practical aspects of intelligence. He points out that various intelligence tests are currently available to measure analytical intelligence; however, most tests do not measure practical intelligence. Sternberg also asserts that one important form of practical intelligence is tacit knowledge. Tacit knowledge, or common sense, is the knowledge to act to achieve certain goals. This knowledge is thought to be acquired without direct help from others. Several tests have been developed to measure what is thought to be tacit knowledge or common sense. These tests (i.e., Managerial Street Smarts Test) are commonly used in business management and leadership development programs. This is yet one more domain of the supposed multiple nature of intelligence.
2.3.3 Emotional Intelligence

Mayer & Salovey (1997) states that Emotional intelligence, a separate construct, originated as a result of further refinement of social intelligence.

Goleman (1995), Cooper & Sawaf (1997) and Mayer & Salovey (1997) states that Emotional intelligence is one’s ability to relate to people and understand their emotions. Although some management scholars view emotion as something irrational that needs to be regulated and controlled, there has been a resurgence of interest in exploring the role of emotions in human resource management, organizational development, and human activities in general.

Salovey and Mayer (1990) coined the term Emotional Intelligence and developed the theory of “emotional intelligence.”

Mayer, et al. (1990) found that the first empirical study of emotional intelligence examined people’s ability to identify emotions in faces, abstract designs, and colours stimuli. These researchers found that there is a distinct ability to recognize emotional content from various stimuli.

Initially, Salovey & Mayer, (1990) defined emotional intelligence as the “ability to monitor one’s own and others’ emotions, to discriminate among them, and to use the information to guide one’s thinking and actions”. Since then, a variety of skills have been examined as well as “management” skills related to emotional intelligence. The definition of emotional intelligence has been further refined as a series of abilities or skills:

“... the ability to perceive accurately, appraise, and express emotion; the ability to access and/or generate feelings when they facilitate thought; the ability to understand emotion and emotional knowledge;
and the ability to reflectively regulate emotions in ways that promote emotional and intellectual growth” (Salovey & Slyuter, 1997, p. 10).

Mayer and Salovey’s model consists of four hierarchical components: (a) perception, appraisal, and expression of emotion; (b) emotional support for thinking; (c) understanding and applying emotional knowledge, and (d) reflective regulation of emotions to promote emotional and intellectual growth. The lowest branch, perception, appraisal, and expression of emotion, concerns the individual’s ability to identify accurately one’s own emotion, others’ emotions, and the ability to express emotions. The next branch, emotional support for thinking, describes emotional events that contribute to one’s thoughts. This ability also helps individuals to consider multiple perspectives and change one’s moods. The next branch up, understanding and analyzing emotions and employing emotional knowledge, concerns the ability to distinguish between emotions, interpret the meanings of emotions, understand complex feelings, and understand transitions of emotions. The last branch, reflective regulation of emotions to promote emotional and intellectual growth, refers to the ability to stay open to feelings (positive or negative), reflectively engage or detach from an emotion, and to manage emotions in oneself and others.

Mayer & Salovey (1993) emphasized that some view emotions and intelligence as adversaries, but according to him emotions contribute to thought rather than disorganizing it. Emotional intelligence is indeed correlated with cognitive intelligence; however, the correlation is not particularly strong, which suggests that the two are not measuring the same thing. Emotional intelligence seems to be taking its place as a standard form of intelligence. There is a growing focus on emotional intelligence as a separate model.
Mayer and Salovey (1993) believe that there are three different styles regarding how people deal with their emotions. First is the “self-aware” group. These people have a great understanding of their emotions, know their boundaries, have a positive outlook on life, and if they are in a “bad mood,” they are able to overcome their moodiness. The second group is composed of people who are engulfed and often feel swamped by their emotions. They feel overwhelmed, too helpless to escape them, and have no control over their emotional life. The last group consists of people who are accepting of their moods. Some “accepting” people are usually in a good mood and have little motivation to change. These people are susceptible to bad moods, but accept them with a laissez-faire attitude, and do nothing to change them.

Daniel Goleman (1995) popularized the concept of emotional intelligence in his book, Emotional Intelligence. Experiencing emotions is associated with a state of consciousness encompassed by the arousal of feelings. A feeling is the subjective reaction, pleasant or unpleasant, that one may experience in a given situation. Goleman discusses the notion of emotional intelligence as a type of intelligence that can be earned regardless of age and increases as one matures. Therefore, the sooner a child is taught how to handle his or her emotional responses, the sooner these responses can be a part of the child’s repertoire, and hopefully become a part of the child’s personality.

Goleman (1995) proposes that there are two components of Emotional Intelligence: personal competence and social competence. Personal competence consists of self-awareness, self-regulation, and motivation. Social competence consists of empathy and social skills. Self-awareness involves the ability to recognize and understand one’s own moods, emotions, and drives as well as their effect on others. A person who has emotional awareness realizes the link between what one feels and what one thinks, does and says. Some of
the characteristics of self-awareness include self-confidence, realistic self-assessment, and often a self-deprecating sense of humour.

Goleman (1995) conducted studies on leaders and found that there are some consistent competencies that differentiate superior leaders from the average or below average leaders. Effective leaders demonstrate self-awareness and have self-confidence. They have the ability to assess their own strengths and limitations.

According to Goleman (1995) self-awareness is perhaps the most important emotional competency. A deficit in self-awareness can be debilitating both to one’s personal relationship and one’s career.

Goleman (1995) stated that the second distinguishing competency is self-regulation or self-mastery. This is the ability to modulate or control emotions (self-control); to remain calm in the midst of turmoil and to stay focused on the tasks at hand. Instead of avoiding disagreements, a person with self-regulation tends to value differing views. Self-regulation is the ability to control or redirect disruptive impulses and moods. Adaptability is the flexibility to handle change and being comfortable with ambiguity. Other related qualities to self-regulation are trustworthiness, integrity, conscientiousness and taking responsibility for one’s own actions.

Csikszentmihalyi (1990) and Goleman (1995) in his study he found that one who has a high degree of self-regulation tends to be comfortable with and open to novel ideas, approaches, and new information. Individuals with emotional intelligence tend to be optimists and display personal happiness even in the midst of change or trouble. Happiness is not something that happens. It is a condition that must be prepared for, culturated, and defended privately by each person. People who learn to control inner experience will be able to determine the quality of their lives, which is the closest to happiness.
**Goleman (1995)** states that motivation, is the third component of personal competence, involves passion, commitment, optimism, enthusiasm, and confidence and often times zeal to work for reasons that go beyond money or status and to pursue goals with energy and persistence. Motivated individuals, as leaders, have strong drive to achieve and are constantly optimistic, even during times of failure. Unmotivated individuals, on the other hand, tend to be pessimistic and attribute failure to some characteristics that cannot be changed; therefore tend to give up earlier. Optimists attribute failure to some external factor that can be changed and persist when they encounter an obstacle. Another hallmark of this component is the ability to delay gratification in order to achieve a goal. People with high emotional intelligence tend to have the stamina and endurance to stay the course and not to give in to the temptation to take the easiest way out.

**Goleman (1995) and Salopek (1998)** states that the fourth and fifth emotional competencies have more to do with understanding and developing others or social competencies. Empathy is the ability to understand the emotional makeup of other people. Because of this understanding, empathetic people tend to treat others according to their emotional needs. These individuals, as leaders are experts in building and retaining talent, are sensitive to cultural diversities, appreciate multiple perspectives, and avoid unproductive conflicts. Social skill, or interpersonal skill, involves proficiency in managing relationships and building networks. These people are skilled at finding common ground and building rapport. Other characteristics of socially skilled leaders include effectiveness in leading change, persuading others, and building and leading teams.

**Goleman (1998)** contends that although intellectual intelligence and technical skills are important, effective leaders tend to have a high level of
emotional intelligence. He identifies specific three leadership competence categories: technical skills (e.g., accounting and business planning), cognitive abilities (e.g., analytical reasoning); and competencies demonstrating emotional intelligence (e.g., ability to work with others, effectiveness in leading change).

In a study to identify the characteristics of outstanding leaders,

Goleman (1995) found that intellect and cognitive skills are the drivers of outstanding performance. However, when he analyzed the ratio of technical skills, IQ (Intelligence Quotient), and emotional intelligence as ingredients of excellent performance, emotional intelligence proved to be twice as important as the other components. In fact, IQ accounted for 20 percent of the factors that determine success in life. The other eighty percent are considered to be soft skills, or emotional intelligence, ones that distinguish effective leaders from others. In addition to the factors that distinguish outstanding leaders, other studies have confirmed that emotional intelligence can be linked to strong general performance.

Cooper (1997), on the other hand, defines emotional intelligence as the ability to sense and effectively apply the power and acumen of emotions as a source of human energy, information, trust, creativity, and influence. Cooper’s studies of hundreds of managers, conducted in cooperation with Q-Metrics, Inc., showed that people with high emotional intelligence (Emotional Quotient or EQ) experience more career success, have better interpersonal relationships, lead better, and enjoy better health than those with lower scores. Cooper proposed a somewhat different emotional intelligence model consisting of four cornerstones: emotional literacy, emotional fitness, emotional depth, and emotional alchemy or charisma. He also includes emotional honesty in his model, which is remaining truthful to oneself and respecting the wisdom of both one’s heart and head.
The first cornerstone, emotional literacy is seen as a keen awareness of the importance and wisdom of feelings. Emotional honesty, emotional energy, emotional feedback, and practical intuition contribute to emotional literacy. Emotional honesty, as was mentioned, is the ability to be honest with one’s own feelings. Second, emotional fitness, with trust as the basis, includes authenticity, resilience, renewal, and constructive discontent.

Cooper (1997) even quotes Deming, “Trust is mandatory for optimization of any system. Without trust, there can be no cooperation between people, teams, departments, divisions.” A lack of trust makes one spend a lot of time and effort protecting, inspecting, doubting, checking, and weighing instead of doing work that is creative, collaborative, and value-added.

The third cornerstone of Cooper’s model, emotional depth, refers to perceiving, learning, relating, creating, prioritizing, and acting in ways that take into account emotional influences rather than relying solely on command and control, logic, intellect or technical analysis. According to this theory, peoples’ history, experiences and emotions, are stored in their minds. Emotions then, are the currents of energy that arise from these experiences. They activate values and shape perceptions and behaviours; these in turn influence others.

Cooper (1997) in the last cornerstone, emotional alchemy, is the blending of forces that enable individuals to discover creative opportunities and transform lesser ideas into greater ones. Leaders with this strength continually question assumptions, tend not to behave in fixed ways, and refuse to remain status quo. The Zeigamik Effect, coined 30 years ago, refers to the opposite of this premise that the moment one reaches closure on a project or issue, creativity shuts down.
Similarly, Elder (1997) defines emotional intelligence as a measure of the extent to which a person successfully (or unsuccessfully) applies sound judgment and reasoning in the process of determining an emotional response to various situations. Elder believes that the human mind is comprised of thoughts, feelings, and desires; and that emotion is the part of the mind that guides how one thinks and how one interprets a situation. However, Elder also believes that “thinking” is the more important than feelings or desires in determining one’s emotions. Therefore, Elder proposes that critical thinking provides the crucial link between intelligence and emotions in the emotionally intelligent person.

Building on Salovey and Mayer’s and Goleman’s works,

Simmons (1997) discusses measurement of emotional intelligence. Unfortunately, the measurement system they propose is no more than an open-ended self-evaluation. These authors equate and use the term of emotional intelligence and “character” interchangeably. They define emotional intelligence as the emotional needs, drives, and true values of a person; that guide all behaviors. Based on their twenty-six years of research, Simmons and Simmons identify thirteen areas of emotional intelligence. These areas are emotional energy, emotional stress, optimism, self-esteem, commitment to work, attention to detail, desire to change, courage, self-direction, assertiveness, tolerance, consideration for others, and sociability.

Kelly and Moon (1998) also are of the opinion that emotional and social intelligence will ultimately be the core requirements for success in many occupations (for example psychotherapy, social work, teaching, creative writing, and organizational leadership). They also believe that there may be a link between innate ability and mature expression of talent in work and in life. Like other writers in this area, they also believe that there are
additional skills necessary for people to succeed in life beyond the traditional academic knowledge. Kelly and Moon emphasize the importance of personal and social talents and their roles in academic, career, and personal success.

Personal talent or emotion is defined as interpersonal aptitudes that enable one to take constructive action with respect both to people and tasks. Personal talents include both affective processes and aptitudes and connative processes and aptitudes, such as volition and self-regulation. These aptitudes, according to Kelly and Moon, help an individual to develop self-awareness, capitalize on personal strengths, minimize personal weaknesses, set and achieve life goals. The connative aptitudes are inherent drives that help individuals set and achieve goals, accomplish tasks, and persist in the face of obstacles. Deficiency in personal talents is often manifested as failure to realize potential, lack of self-control, and failure to sustain work efforts.

Similar to Thorndike’s (1920) definition, Kelly and Moon define social talent or social intelligence as an aptitude for interpersonal relationships and social interaction. The authors identify two dimensions of social intelligence: cognitive skill in drawing accurate conclusions from social interactions and the effectiveness of social behaviour based on those observations. Although somewhat different, they believe that personal talent or emotion is closely related to social talent.

Similar to Goleman’s model, Kelly & Moon (1998) describes emotional or personal and social intelligences as separate entities but with considerable overlap between the two. Therefore, one who has social talent, most likely also has personal talent and vice versa.

In summary, although there are some semantic differences between Mayer and Salovey’s, Goleman’s, Kelly and Moon’s, and Cooper’s models,
there are also many similarities. All of these authors seem to agree on the importance of emotion in guiding our action and performance. Both intellect and emotions work together to guide us in making everyday decisions and affect our performance. In addition, they also seem to agree that emotional intelligence can be learned at any age. They also recognize the importance of self-awareness of one’s own emotions and understanding others’ emotions. They also agree emotional intelligence is very important for leaders and particular occupations, especially in today’s environment where change is constant.

**Pau et al.** (2004) found that students with a high level of emotional intelligence were more likely to adopt reflection and appraisal, social and interpersonal, organization and time management skills. Whereas, low emotionally intelligent students were more likely to engage in health damaging behaviour.

2.4 MEDICAL STUDENTS AND THEIR WORK ENVIRONMENT

2.4.1 Health Care Environment

**Lamm** (1996) states that in the past two decades the health care industry has gained national attention. Health care organizations (i.e., hospitals) have been undergoing many changes in order to meet the guidelines of external regulatory agencies, third party payers’ demands and customers’ expectations. Changes in health care coverage and hospital reimbursement require hospitals to re-design the way they provide services. Health care managers have to be competent in balancing operational expenses in order to remain competitive and to maintain financial viability, while at the same time continuously improving the quality of patient care.

**Brown** (1998) and **Porter-O’Grady** (1998) found that Patients who come to hospitals are sicker than they used to be and require higher intensities
of care. In order to contain costs and increase profit margins, the third party payers (e.g., Medicare, managed care companies, commercial insurance companies) impose a limit on the number of days and the amount of medical coverage they provide. As a result, patients are discharged earlier and are treated more often as outpatients.

**Tillman et al** (1997) emphasized that the turbulent environment in the health care industry simultaneously creates both stress and opportunity for personal growth.

**Austin et al** (2006), in his study a group of 156 first year medical students who have completed measures of emotional intelligence and physician empathy, and a scale assessing their feelings about a communication skill course component. Exam performance in the autumn term on a course component (health and society) covering general issues in medicine was positively and significantly related to EI score but there was no association between EI and exam performance later in the year. High EI students reported more positive feelings about the communication skills exercise.

**Austin et al** (2007) have done a preliminary study of empathy, emotional intelligence and examination performance among medical students in year 2.3 (pre-clinical) and 5 (Clinical). In order to find out whether EI and Empathy are related to academic success, questionnaires assess in EI and empathy were made completed by students. Association of EI and empathy with academic success were examined. Result showed that the effects of EI on problem-based learned (PBL) groups were found positively correlated.

**Carr** (2009) in his study he describes EI scores at the university of Western Australia. EI is reported to be a predictor of the interpersonal and communication skills medical colleges are looking for in applications.
The following section is dedicated to exploring the doctor’s role and their work environment.

2.4.2 Non Health Professionals

Large corporate structures such as health maintenance organizations and hospitals are frequently run by nonmedical executives.

According to Henochowicz and Hetherington (2006), these executives are the "proverbial blue-blazers who manage the medical professionals in white". Health care executives who are non-health professionals are in the difficult position of managing health professionals such as physicians and nurses who have their own distinct thoughts about how the business should be managed. Traditionally, the health professional hierarchy has placed the physician at the top, followed by other ranking professionals. As a result of hierarchical structure, the non-health executives are often required to work harder to gain the respect of health professionals. Health professionals may view non-health professionals as outsiders without a clear of idea of how the medical field operates.

2.4.3 Physicians

Goleman (2005) states that Physicians practicing traditional medicine have looked at the patient as one who has a problem that needs curing without attention to the experiences of the patient.

According to Arond-Thomas (2004), medical literature identifies eight characteristic behaviours of physicians, many of which are grounded in the traditional values of medical training. It delineates the characteristics as:

- Lack of flexibility
- Under-appreciation and devaluing of multiple perspectives
• Failure to consistently demonstrate respect for individuals
• Failure to seek win-win solutions (the need to know and be right)
• Valuing professional autonomy rather than other professional cultural attributes like trusting others
• Being the solo player vs. being a team player
• Under-developed interpersonal & communication skills
• Insularity and lack of openness.

A study of fifty-eight Canadian and U.S. physicians was conducted with both general practitioners and specialists, not including psychiatrists.

Swift (1999) found that these physicians scored ten points below the normed average emotional quotient of 100. This was in contrast with the fact the intelligence quotient (IQ) of individuals graduating medical school is twenty points higher than the normed average IQ.

According to Grossman (2000), "Healthcare suffers from having medical doctors as managers". Physicians are highly intelligent, independent, and used to finding the answers themselves. Their strengths are their intellect, tenacity, and ability to solve analytical problems. However, they are not known for their people-handling skills.

Tuso (2003) believes Physicians are not born with emotional intelligence; instead it is a skill set that must be learned. It is important to develop a sense of awareness, where one recognizes both their skills and weaknesses, self-management where one learns to control emotions, social-awareness, where one learns to develop a sense of empathy towards others, and relationship management, the ability to move people in a positive direction.

Thilo (2004) states that Organizations often spend large amounts of money and other resources recruiting or promoting new physician leaders, but
then do not offer the physician adequate support or training to help him or her assimilate into a new leadership role.

Henochowicz and Hetherington (2006) found that Marketplace and societal forces continue to push medicine to provide coordinated and improved care. Physician leaders are vital to this practice of coordinated, improved care. Their guidance is needed to bring together the diverse elements of the health care sector.

Dr. Camran Nezhat, a laparoscopic surgeon from Stanford University, noted the importance of acknowledging the patient's emotional state. Nezhat stated that if a patient is overly anxious on the day of surgery he cancels the procedure noting, "Every surgeon knows that people who are extremely scared do terribly in surgery. They bleed too much, they have more infections and complications. They have a hard time recovering. It is much better if they are calm" (Goleman 2005).

According to Lynn (2004), in the hospital emergency rooms, doctors who are more empathic and take time to listen to their patients are less likely to be sued for malpractice than doctors who do not demonstrate signs of empathy, regardless of the medical care given. Empathy is now being required as a competency in medical residency throughout the country. Lack of empathy is also the source of a variety of morale problems within the organization.

Lynn (2004) his study focused on the competency area of empathy involved training in various empathic techniques. The Medical Students were observed before and after an empathy training that included information about and samples of medical interviews, case studies, and role playing of patient interactions to demonstrate the impact of the interpersonal connection in the physician-patient relationship. The individuals who received the training were compared to a control group who did not receive the training. The trained
students demonstrated significant and lasting improvements in their supportive empathetic behaviours.

In a study conducted by Itani, Liscum, and Brunicardi (2004), twenty-three out of forty-three surgical residents participated and scored their ability and perceived importance of eighteen leadership skills. Ninety-two percent of the respondents rated all eighteen skills at least somewhat important. Over 50 percent of the residents rated themselves as not competent or minimally competent in ten of those leadership skills. The study concluded that the residents had self-identified leadership potential and without training would develop into the typical "surgical personality."

2.5 PHD DISSERTATIONS AND JOURNALS

Erin Michele Richard (2006) has pointed out that interest in the role of emotions in the workplace has increased in recent years, and one particular area of workplace emotions research deals with emotional labor, or the regulation of emotions as part of the work role. Although emotional labour research has examined the ways that individuals can regulate their emotions, this research typically is not grounded in theories of the emotion generation process and does not examine the causal effects of emotion regulation strategies on outcomes but applies appraisal theories of emotion to the literature on emotional labour by designing a training intervention that teaches employees to change their felt emotions to match organizationally-desired emotions by reappearing work situations or events.

Lola Crump (2008) studied about the case of the Coastal Health District, GA” points out that the project manager of the Coastal Health District (CHD), low retention levels of coastal health district employees may negatively impact delivery of public health services.
Job satisfaction surveys have not been formally conducted in the Coastal Health District. The JDI/JIG survey measured the average job satisfaction levels among groups. Job satisfaction explored the areas of people on present job, job in general, work on present job, opportunities for promotion, and pay. Emotional Intelligence was measured based on emotional intelligence aptitude measurement contained in the MSCEIT. Emotional Intelligence aptitude encompassed a multifactor emotional intelligence scale and sub scales of self-awareness, emotional awareness, accurate self-assessment, and self-regulation. This study found participants possessed overall job satisfaction with two exception; opportunity for promotion and pay.

Farrell Neeley (2006) has examined sociological, psychological, physiological and economical factors, influencing job satisfaction among hospice nurses. Job satisfaction has been a broad area of research, yet only a limited number of studies touch on job satisfaction. One researcher has examined job satisfaction in hospice using a composite of the four disciplines that comprise a hospice interdisciplinary team comprising nurses, social workers, clergy, and home health aides. This study focuses solely on job satisfaction among hospice nurses. There is a nursing shortage worldwide and hospice nurses are the largest single licensed employee group among hospices. Hospice nurses are currently the most difficult employee group for a hospice to successfully recruit hire and retain.

Micheal Hartsfield (2003) made a phenomenal evaluation on Transformational leadership, which has emerged as one of the dominant leadership paradigms and the impact of it an individuals and organizations is clearly supported by research. Transformational leadership is operational led through the four I’s – idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration. This research broadens the study of transformational leadership beyond the four I’s to determine the underlying
driving force at work for the transformational leader. The effect that three predictor variable like spirituality, emotional intelligence, and self-efficacy have on transformational leadership was measured in a large U.S corporation. Analysis of this data showed emotional intelligence to be the strongest predictor variable followed by self-efficacy and then spirituality. Implications for future research and the praxis of leadership are also discussed.

**Zsuzsanna Levay** (2005) enhances the approach, to research and explores how healthcare providers understand care, examines my development as a caring leader, and discusses the role of leadership in caring organizations and proposes that caring within organizations can be developed through a process of modelling, dialogue, practice and confirmation. The contribution of science and feminism support the importance and relevance of the ethic of care through the concepts of systems and webs of relationships. Care rightly takes its place in the discussion of how we are with each other, not only in our organizations, but in our larger communities, and in the world. The championing of care falls, in great measure, to the leaders of healthcare organization. Leaders must work within and through the current paradigms to effect change. The study emphasizes that care is foundational to living in community with others and to our becoming more fully realized human beings, more fully able to reach our potential. It concludes that incorporating an ethic of care into our thinking about organizations and organizational leadership is vital to the health of our organizations and to our growth as a society.

**Pamela Chandler Lee** (2005) formulated the thesis “Cognition and Affect in Leader Behaviour: The Effects of Spirituality, Psychological Empowerment, and Emotional Intelligence on the Motivation to Lead” as an exploratory cross-sectional survey study built on Chan and Drasgow’s research by considering individual differences comprising both cognitive and
affective components and their relationship to the motivation to lead. Specifically, this exploratory study investigated the relationship between three independent variables such as spirituality, psychological empowerment, and emotional intelligence and the dependent variable, the motivation to lead among leaders in a public school system. Findings revealed significant, positive correlations between the motivation to lead and emotional intelligence and the motivation to lead and spirituality. Additionally, emotional intelligence and psychological empowerment were found to predict the motivation to lead. Implications and recommendations for future research are also discussed.

Amy Schmisseur (2005) examines the different factors that would lead change implementers to perform emotional labor either through surface acting or deep acting and to identify the different norms characterizing implementers’ emotive behaviours as well as the means by which they are socialized to these norms. Results from this study revealed that managers’ degree of self-monitoring and identification with their role significantly predicted deep acting behaviours while the degree to which managers understood and practiced certain emotional norms significantly predicted their inclination to surface act, Qualitative data from open ended interviews further revealed five themes depicting the emotive norms to which managers, as change implementers, most commonly adhere, including: emotional restraint, directness/honesty, empathy/compassion, positive/empowering, and detachment. Ultimately these findings underscore the emotionality of planned organizational change as well as give cause for researchers to examine emotional labor across a variety of industries, professions, and organizational contexts.

Sandi Mann (2005) formulated a health-care model of emotional labour that could be used to help health-care managers’ better deal with the causes and consequences of emotional labour for staff and patients. It has been shown that emotional labour is a crucial part of the role of many health care
professionals, especially nurses, and these skills are not adequately taught within health-care education programmes. Similarly the stress and effects of mental health of emotional labor performance have also not been sufficiently acknowledged or addressed.

**Manohar and satyanarayana Rao** (2011), in their journal article “Emotional Intelligence and self-Mastery by Doctors – An Empirical Study” it is concluded that there exists a significant difference among doctors in self-mastery with respect to their experience, which can be stated that self-development in doctors is dependent on self-awareness levels in doctors. Self-mastery is dependent on self-management levels in doctors.

**Victor Dulewicz and Malcolm Higgs** (1999) enhanced an original study the population studied were general managers, clearly in leadership roles. Given that EI is a predictor of advancement within an organization the authors have formulated a tentative proposition that there could be a relationship between EI and leadership ability. Indeed this proposition is given further weight when comparing the EI scales to recent research on transformational leadership. Further research is now planned by the authors to explore in detail the relationship between EI and leadership.

**Kimiko Katsuyama et al** (2008) conducted on the utility of the system in a medical consultation with a single physician. By visualizing medical consultation using the CASC, the physician himself can review the consultation process with patients. A physician can reflect on how the common topic with a patient was utilized in the visualized diagrams of concept structure. Therefore CASC can play a meaningful role in efficient and effective medical education of undergraduates and postgraduates.
Norazah Mohd Suki et al (2009) revealed that the customer’s perception did not exceed their expectation as the customers nowadays have very high expectations, especially when it comes to medical treatment they are receiving and thus this article found that the hospital management should look further into improving the areas that have been highlighted. It would be recommended to future researchers that this type of survey should be conducted on a larger scale to assist all private healthcare providers to render better service to their customers. It would also be beneficial if all private healthcare providers would participate and help facilitate and expand the research scope.

Antonina Mathie (1997) conceptualized the behaviour change required and needs to be looked into further before any concrete conclusions can be drawn. Consultants already receive the incentive of “time” to do audit, but Harrison and Pollitt stated that the medical profession “shape and control medical audit for their own interests” or in the words of one doctor, although “consultants are involved in audit there is no useful work coming out of it” and further this study suggests that non-financial incentives may be successful in changing doctor’s behaviour, which has not been shown in any study to date.

David Rees (1995) found doctors do not seem to be taking sickness absence resulting from stress, suggesting that stressed doctors continue to work. Doctors may find it more difficult than the other health professionals to seek help for stress related problems. If this is the case then one might consider introducing programs to educate and inform and agencies to provide help with whatever problems stress is causing. However, if the culture in which doctors operate is not supportive of such services then little will change and the problems of stress among doctors will continue.
Felix Vartanian (1997) evaluates promotion of biomedical research, advanced training of research workers, implementation of creative technologies and optimization of health services development are the bases for real progress in health. The future is the realisation of the present potentials and tendencies. The capabilities of research workers and their research inputs are of paramount importance in the changing world to ensure stability in the health development. The pragmatists in health development often say that their approach is rational, convenient and attractive, but not all rational and convenient strategies are necessarily correct. It is impossible to accomplish the right goals by means of wrong strategies and methods. The essence of public health action is the fact that, as mentioned above, progress depends on the development of medical science and technology.

Nicholas Clarke (2010) describes convincing case to be made regarding the potential role that emotional intelligence abilities may play in team learning. In relation to the two research questions that formed the framework for the investigation, a number of key findings emerged. Firstly, emotional awareness and emotional management appear to be significant emotional abilities that are potentially associated with critical reflection and finally studies which use a similar diary methodology, but which place an explicit emphasis on how EI may influence critical reflection and learning process over time, would help to elucidate how and when emotional abilities may play more salient roles within particular social learning processes dependent upon other contextual factors.

Annabelle Mark (2005) presented in this special issues focus less on deductive methods of understanding process and more appeal to the scientific communities of both medicine and psychology, it does seem that the search for meaning in relation to emotion is difficult, but that attempting to fix
concepts and ideas may also be counterproductive and limiting. Developing ideas about the interface between the public and private roles can be explored to great effect because of the particular qualities of the health-care environment and its expectations and assumptions about activities carried out between patients and professionals. Health care provides a setting that poses emotion and rationality, the individual and the body corporate, the formal and the deeply personal, the public and the private, all of which must be understood better if the changes in expectations and delivery are to remain coherent.

Anthony Montgomery (2005) identifies emotional management training and opportunities for emotional decompression for health-care professionals should be explored. Daily diaries are a potentially useful intervention in that it is consistent with the view of pointing out that interventions focused on how employees feel are more likely to target interventions more precisely in comparison with approaches that start from the point that employees are “stressed”. The present evidence concerning both work Interference with Family (WFI) and Family Interference with work (FWI) suggest that employers can play a role in managing emotional demands from both work and home, given the fact that both influence job functionally. Finally the practical importance and future research concerning the field is informed by the fact that both emotional labor and WFI and FWI have been consistently associated with increased levels of burnout.

2.6 STRESS THEORIES RELATED TO MEDICAL STUDENTS

2.6.1 Stress and Burnout

Webster’s (1990) defines “stress” as a noun referring to physical, mental, or emotional tension or strain
Selye (1974) defines stress as a specific response to any demand, whether pleasant or unpleasant. An unpleasant or harmful stress is called distress, while a pleasant stress is called eustress. Stress may be initiated by emotional responses, triggering the nervous system to initiate the discharge of several hormones. Therefore, the focus is often on people’s responses to events. The event or stimulus is the stressor. Although everyone has stress, the same stress that makes one person ill can be an invigorating experience for another. He uses an overdrawn bank account as a metaphor for burnout. Selye also found that the prevalence of burnout is quite high particularly in the helping professions, such as doctors.

Maslach (1982) defines burnout as a syndrome of physical and emotional exhaustion. Burnout is a psychological condition brought about by unrelieved work stress that results in negative attitudes toward work, life and other people, poor professional self-concepts, helplessness, hopelessness, depersonalization, a loss of empathic concern for patients, and feelings of decreased accomplishment and effectiveness. Often, the person also experiences physical symptoms such as chronic fatigue, headache, and other stress related illnesses.

Maslach and Jackson (1984) also list some of the personality traits of burnout-prone individuals. They are often unassertive, fearful of involvement, have an external locus of control, a lack of self-confidence, they are easily angered and frustrated, reserved, and have no clear goal.

Leveck and Jones (1996) also examined the relationship between management style and job stress as predictors of quality of care. In departments where doctors perceived a participative management style, there were lower levels of job stress. Decreased job stress was also found to increase the quality of care and job satisfaction.
2.6.2 Stress Management

Appelbaum (1981) and Cooper (1998) states that Stress management has been one of the most popular topics for writers, educators, and management development programs. Stress management courses teach individuals how to solve problems rationally and to reduce the number or intensity of stressors, how to improve management styles, increase participation, and improve self-image, relaxation techniques, and how to cope with their personality types.

Ashforth (1995) discussed how organizations typically handle work related stress and its resulting emotions in the work place. He believes that organizational cultures provide beliefs about emotional states, a vocabulary for discussing them, and a set of socially acceptable behaviours for responding to emotional events in the workplace. For example, neutralizing is used to prevent the emergence of socially unacceptable emotions. Buffering is used to encapsulate and segregate potentially disruptive emotions from ongoing activities. Prescribing is used to specify socially acceptable means of experiencing and expressing emotions. Normalizing is used to diffuse or reframe unacceptable emotions in order to preserve the status quo. These types of stress management, or rather emotion control programs, teach people to detach from their emotions so that they can focus on problems rationally.

2.6.3 Relationships between Stresses, Emotions, and Coping Ability

Benner and Wrubel (1989) point out that coping with such stressors is much more complex, because the feelings or emotions tied to the constellation of events, often have complex meanings (good and/or bad).

Goleman (1995) founds that Emotions give individuals signals and directions that something important is at stake.
Lazarus & Folkman (1984) states that emotion allows one to be engaged or involved in the situation. When one separates emotions from the event, one oftentimes ignores the guidance and directions that emotions provide. Stress is often not an illness that can be cured, or a problem that can be solved simply. Another way of coping includes seeking out information to gain a better understanding of the situation in order to try to change the way one thinks about the situation. Unfortunately, there is no solution however. Therefore, endurance and acceptance is also an approach for coping with stressors. He defines stress as the disruption of meanings, understanding, and smooth functioning in a normal situation where the individual perceives or experiences harm loss, sorrow, and/or challenges or has to acquire new skill. Thus, Lazarus’s definition of stress and coping involves both the person and the situation. Lazarus calls this relationship between the stress and the person’s appraisal of the situation the “transaction.”

Matteson and Ivancevich (1989) define stress as an adaptive response to a stressor, moderated by individual differences. A stressor can be an object, action, situation, or event that places special demands upon a person. The demand then, according to these researchers, is “special” or unusual or out of the ordinary. However, since each individual views each situation differently, each person also responds differently. There seems to be three factors that affect one’s perception of a situation: the importance, uncertainty, and duration of the situation. Importance refers to how significant the event is to the individual. The more significant the event is to the person, the greater the stress potential. Uncertainty relates to a lack of clarity about what will happen. Fear of the unknown can clearly be more stressful for some people. Lastly, duration is important since the longer the demands are placed on the individual, the more stressful the situation.
Individual differences are often described as the moderators that help some people respond to a stressor positively, while others respond negatively. It is generally thought that there are four cognitive/affective or personality characteristics that may explain individual differences in coping with stress: tolerance for ambiguity, locus of control, self-esteem, and hardiness. Tolerance for ambiguity is the degree with which one tolerates the unknown. Persons with low tolerance for ambiguity prefer to have a stable environment. Individuals with low tolerance for ambiguity tend to perceive any change or uncertainty as more upsetting, anxiety producing, and stressful than those with higher tolerance for ambiguity.

_Naditch et al_ (1975), _Parkes_ (1991) and _Agho_ (1993) states that the locus of control of an individual determines the degree to which one believes that each individual is responsible for one’s own action. Individuals with internal locus of control perceive themselves to be in control of the events that shape their lives. On the contrary, individuals with external locus of control perceive that events happen beyond their control. Studies seem to suggest that psychological distress is related to individual characteristics such as locus of control and tendency toward anxiety.

_Matteson, Ivancevich_ (1989), _Gibson, Ivancevich, and Donnelly_ (1997). States that self-esteem has been found to be significantly related to stress. People with a high level of self-esteem are confident in their abilities and feel less threatened by uncertainty and stressful situation.

_Moore et al_ (1996) found that there was no correlation between self-esteem and the ability to cope with stress. Instead, they found that social intimacy and support helps Nurses cope with stress.
2.7 GOLEMAN'S MIXED MODEL

Cherniss and Goleman (2001) stated that two of the domains are internally focused, self-awareness and self-management. The domains are based on the leader's ability to recognize emotions of self and others. The other two domains are externally focused, social awareness and relationship management. These two domains are directed at the regulation of self and the emotions of others.

Goleman et al (2002) examined that highly effective leaders may not exhibit each individual competency, but they do usually display at least one competency from each of the four domains. No specific number or combination of competencies is held by successful leaders. Most successful leaders have strength in at least six or more emotional intelligence competency areas.

2.7.1 Self-awareness

Goleman et al (2002) stated that the first domain of self-awareness is made up of internally focused personal competencies. Self-aware leaders understand their direction and purpose by grounding themselves in their values, goals, and dreams. Self-aware leader use their values as the foundation and framework for viewing everything around them. Self-awareness has three competence areas: emotional self-awareness, accurate self-assessment, and self-confidence. This self-awareness can be further described as emotional self-awareness. self-aware leaders use personal values as a guide to make decisions and take actions with regard to their values and dreams, they are usually more energized by the work that they do. This value connectedness allows leaders to make "gut" or instinct-based decisions that readily align with their personal values. Another aspect of self-awareness is having an accurate self-assessment.
Cherniss and Goleman (2001) Emotional self-awareness reflects leaders' ability to own their emotions and how they impact and influence their performance. Another aspect of self-awareness is having an accurate self-assessment. Accurate self-assessment as a competence is present in most outstanding leaders. This self-assessment is best described as knowing one's personal strengths and weaknesses. Individuals with strength in this competence know their skills, abilities, and limitations. The final competence in self-awareness is self-confidence. This competence is a natural link with self-assessment. Leaders who know their strengths and abilities and have confidence in them are strong performers.

2.7.2 Self-management

Cherniss and Goleman (2001) states that Self-management is the second domain and has internally focused personal competencies. This domain is naturally linked to self-awareness. Self-management is focused on managing internal states, impulses, resources. To be successful, the self-aware leader must know how to manage his or her emotions. The self-management domain has six related competencies. These competencies are emotional self-control, transparency, adaptability, achievement orientation, initiative, and optimism. Also he stated that the ever-changing marketplace puts a spotlight on the competency of adaptability. Leaders must be able to adapt their style to fit the situation. Leaders must have many styles to fit the wide range of circumstances, individuals, and groups they face. Adaptable or flexible leaders must be able to let go of old paradigms and think "out of the box" to keep up with the competition and keep their workforce committed. The drive to achieve is what separates superior leaders from average leaders. They must be focused on the goal and let nothing stand in their way of achieving it. This goal-centered focus sets these types of leaders as a beacon for the team
to follow. These leaders must use their other competencies to keep the group committed and going forward.

Goleman et al (2002) stated, "Leaders cannot effectively manage emotions in anyone else without first managing their own". The competency of transparency or trustworthiness is maintaining congruency between the leader’s personal values, beliefs, and behaviours. This transparency gives rise to a sense of integrity allowing leaders to be trusted. Strong leaders demonstrate this competency by readily and openly admitting and owning their personal mistakes or missteps.

2.7.3 Social Awareness

Cherniss and Goleman (2001) stated that the third domain is social awareness and has externally focused social competencies. The social awareness domain looks at reading individual people and groups accurately. The social awareness domain has three basic competencies. These competencies are empathy, organizational awareness, and service. Empathy as a competency in the leaders' awareness of others' emotions, concerns, and needs. This empathic competency is also connected to self-awareness competency in that leaders must understand their own emotions before they can manage the emotions of those they lead. The competency of organizational awareness is broadly focused on the organization as a whole. This high level of awareness is directed at the large group and not the individual.

Service is the competency that identifies and focuses on the needs of the customer. The individual or organization that focuses and delivers on customer needs stands above the competition. Part of the skill of understanding the customer needs is to gently guide them in a direction that is mutually rewarding while maintaining their satisfaction.
Goleman et al (2002) stated that the organizational awareness is characterized by the leaders' understanding of the internal networks, alliances, and the overall politics.

2.7.4 Relationship Management

Cherniss and Goleman (2001) states that the last domain of emotional intelligence is relationship management and has externally focused social competencies. The relationship management domain focuses on bringing about desirable responses in others. The relationship management domain has seven related competencies. The social competency of inspirational or visionary leadership draws largely on the leader's ability to inspire others to work as a team toward a common goal or shared vision. Perhaps this inspirational leadership is best realized if it is joined with the competence of influence. Influential leadership must be executed with selfless and genuine motives or it is derived as manipulative. Genuine motive on the part of leaders is the only true way to build trust between the leaders and the group.

Kouzes (2003) stated that the competence of developing others is essential in building a strong team. Leaders are responsible for the identification and development of future leaders and individuals. Development of others is best achieved by sensing their needs and mentoring them toward optimal performance. To be a change catalyst, the leader must find new directions to lead a group. The leadership role as a change catalyst is to first identify the need for a change and then remove the obstacles to allow the group to pursue the change. A strong change catalyst must have other emotional competencies to be successful. These other competencies are self-confidence, initiative, inspirational leadership, and influence.
Conflict management is an important competency because it focuses on identifying issues before they arise and calming the individuals. Leaders with this competency can prevent disaster because they are constantly looking out for problems and actively managing them when they do arise.

Goleman et al (2002) found that the competence of building bonds may be best described as one that focuses on relationships. This relationship bond needs cultivation and motivation to be viable. This bond is the force that brings the group together to form a functioning team. The competence of teamwork and collaboration is built on the premise that nothing gets done alone. The collaboration competency is supported by good communication skills for information to be shared. This competence may be the most important because it ensures everyone is moving in the same direction.

2.8 CONCEPTUAL INTEGRATION

Abraham (1999) reported the findings of a study examining the impact of emotional intelligence in the workplace. This researcher found that emotional intelligence has a positive effect on the organizational outcomes of work group cohesion, congruence between self and supervisory appraisals of performance, employee performance, organizational commitment, and organizational citizenship. However, the author also points out the possible negative impact of emotional intelligence. For example, one may experience emotional conflict between trying to remain honest with oneself and having to support the organizational objectives. There may even be a question as to whether the emotionally intelligent employee displays acceptable behaviours as part of being a good organizational citizen or from a genuine desire to support and promote organizational goals.
2.9 RESEARCH GAP

Based on the literature reviews done so far, it can be assessed that even though, there are numerous studies related to Emotional Intelligence and doctors, there are no specific studies relating to the fifth year medical students who will be attending their internship shortly. Since, now on they have to practice like full-fledged physicians, even though they assist senior doctors, this stage is a crucial one where they have to stand on their own to create their own identity. The Emotional Intelligence, competencies, traits all act as fertilizers for their future practice and development. A doctor himself can become a brand and Emotional Intelligence is very much valuable in the course of practice throughout his life.

Thus the researcher’s intention is to assess the Emotional Intelligence level among the medical college students with respect to age, gender and marital status and also suggest ways and means to improve the Emotional Intelligence of 5th year (Clinical) medical students in Delhi. The study is entitled as “An Emotional Intelligence Assessment with special reference to Medical students of Delhi”. The research methodology chapter shows the steps taken to fill this gap of assessing emotional intelligence of medical students.