CHAPTER 2

REVIEW OF LITERATURE

The concept of intelligence is always interpreted in various means such as instinct, awareness, reasoning, learning, knowledge, and understanding, having along with emotional knowledge, retaining, planning and problem solving. These qualities are required in various proportions to people at different domains of work and this study focuses the allopathic medical Doctors, healthcare providers, concerning, problem solving, restoring, promoting and maintaining for human beings through study, diagnosis and treatment of disease, and also the other physical and mental ailments. Emotional preparation is mandatory for healthcare professionals to get equipped for effective enhancing efforts to incur good health condition, both physically and mentally for the patients who are in need of them, as well as for themselves, acquiring emotional intelligence. Conversely; the contributions of the subsequent academicians worked on the concept of emotional intelligence and researches on Doctors are worth analyzing.

2.1 PHD DISSERTATIONS

Erin Michele Richard (2006) in his thesis “Applying Appraisal Theories of Emotion to the Concept of Emotional Labor” 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 labor 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 labor by designing a training intervention that teaches employees to change their felt emotions to match organizationally-desired emotions by reappraising work situations in a more positive light, by evaluations of situations or events.

Lola Crump (2008) contributed a thesis “Exploratory Study of Retention and Emotional Intelligence in Public Health: The Case of the Coastal Health District, GA” points out that the project manager of the Coastal Health District (CHW), 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 measurements 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 exceptions; opportunity for promotion and pay.

Jeanne Morrison (2005) contributed a thesis “The Relationship between Emotional Intelligence Competencies and Preferred Conflict-Handling Styles: A Co-relational Analysis of Selected Registered Nurses in Southern Mississippi” and states that the issue of occupational stress and conflict among nurses is a major concern. It is imperative nurses learn how to effectively handle conflict in the work environment, who must learn to
understand their own feelings and use them to make good decisions while having empathy for others. Developing the competencies of emotional intelligence and understanding how to effectively handle conflict is necessary for nurses working in a highly stressful occupation. Results indicated a positive relationship exists between the collaborative conflict-handling style and emotional intelligence. The study also indicated a negative relationship between the accommodating conflict-handling style and emotional intelligence.

Regina Lawless Phelps (2005) in his thesis “Using a Formal Mentoring Program to Develop Nurse Leaders: An Action Research Study” to examine the impact, that a formal mentoring program had upon nurse leader development in a complex health care organization. The literature suggested that formal mentoring programs positively influence leadership and management skills development. This action research study employed formal classroom development for mentors and protégés, assessment of learning styles, an ongoing journaling process, the Leadership Practices Inventory, the mentoring effectiveness survey, and a personal learning assessment to develop and monitor progress toward meeting nursing leadership and management competencies. Outcome measures, including turnover rates, patient satisfaction scores, and productivity levels, provided indicators of the effectiveness of a formal mentoring program on management skills and leadership outcomes. These qualitative and quantitative measures provided a triangulated approach to understanding the influence of the mentoring program on nurse leaders in one organization.

Debra Johnson (2008) enhanced a thesis “Job Satisfaction in the Operating Room: An Analysis of the Cultural Competence of Nurses” to examine operating room nurses were surveyed to understand the relationship between cultural competence and job satisfaction. A Cultural Competence
Intervention Model for Modern Organizations was developed to explain the hypothesis that a positive linear relationship may exist. Bertalanffy’s Systems Theory formed the theoretical framework for this study, which revealed a low positive linear relationship between cultural competence and the job satisfaction facets including pay, co-workers, supervision, and promotion opportunities as well as for the Job in General and a total job satisfaction score, with correlation values. Cultural competence or awareness explained a very small portion of variance in job satisfaction scores. National certification in operating room nurses had no impact on this relationship.

Farrell Neeley (2006) has formulated a thesis “Factors Influencing Job Satisfaction among Hospice Nurses Working for Nonprofit Hospice Organizations in California” to examine 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 in hospice to any degree. 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.

Michael Hartsfield (2003) in this thesis “The Internal Dynamics of Transformational Leadership: Effects of Spirituality, Emotional Intelligence, and Self-Efficacy” made a phenomenal evaluation on Transformational leadership, which has emerged as one of the dominant leadership paradigms and the impact of it on 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 internal driving forces at work in the transformational leader. The effect that three predictor variables 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) in his thesis “The Caring Organization: How Healthcare Organizations Care for the People that work within them” 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 modeling, dialogue, practice and confirmation. The contributions 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 organizations. 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.
John Legier (2007) in his thesis “Assessing Leadership Effectiveness: The Relationship between Emotional Intelligence and Leadership Behaviors on Group and Organizational Performance” contributed to investigate the relationships of emotional intelligence and leadership behaviors as a predictor of group or organizational performance, evaluating the relationship of the Emotional Intelligence. Company-wide manager/supervisor and subordinate perceptions of leadership behaviors and leadership outcomes indicated significant positive associations for Idealized Influence, Attributed and Behavior for transformational leadership styles and Contingent Reward in the transactional leadership styles. Further, exhibited the highest significant positive association between these groups and further identifies that the highest shared predictor variance of leadership patterns to emotional intelligence were Inspirational Motivation and Contingent Reward for this manufacturing population. The transactional leadership style of Contingent Reward exhibited the highest significant positive association between production managers/supervisors and subordinate personnel and effectiveness was identified as the most significant positive association of the three leadership outcomes within this group.

Pamela Chandler Lee (2005) formulated the thesis “Cognition and Affect in Leader Behavior: 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 relationships 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) in his thesis “Beyond the Client Service Interaction: An Examination of the Emotional Labor of Change Implementers” 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 behaviors 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 behaviors 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.

Kay Hei - Lin Chu (2002) explores in thesis “The Effects of Emotional Labor on Employee Work Outcomes” to measure the emotional labor that a employees perform. The results of the study conformed to a two-factor structure of emotional labor: emotive dissonance and emotive effort. These two dimensions tap three types of service-acting that employees perform: surface acting, deep acting, and genuine acting. It was found that
both surface acting (high emotive dissonance) and deep acting (emotive effort) associate positively with job satisfaction and negatively with emotional exhaustion. Genuine acting (low emotive dissonance) was found to associate positively with emotional exhaustion and negatively with job satisfaction. This study found that both deep acting and surface acting lead to positive work outcomes, but genuine acting leads to negative work outcomes. The results provide support for prior qualitative studies. Further, deep acting plays an important role in determining employees’ work outcomes. Based on these significant research findings, detailed theoretical and practical implications were discussed.

Mary Sullivan (2006) focused in her thesis “The Effectiveness of Executive Coaching in the Development of Emotional Intelligence Competencies” made a qualitative study of the effectiveness of executive coaching for the development of emotional intelligence competencies. Eight executives from the same government agency were interviewed regarding recent coaching they had received. This coaching was offered as a component of an executive development program that was grounded in action learning. They described the different styles of their coaches and the rapports each had with their own team’s coach. Perhaps most importantly, as a result of the coaching, they were each able to share an increased awareness of a specific trait or tendency that they would continue to develop more consciously in order to achieve greater results in their professional positions. Organizational culture and environment also surfaced as important factors in predicting success in the coaching process. This study will be of value to researchers or organizational leaders exploring the benefits of executive coaching.

Victoria Lefler Sitter (2004) in her thesis “The Effects of a Leader’s Emotional Intelligence on Employees’ Trust in their Leader and Employee Organizational Citizenship Behaviors” examines the behaviors associated
with Emotional Intelligence (EI) and determine if there were specific dimensions of a leader’s EI that would predict the development of an employees’ trust in their leader and an employee’s willingness to perform Organizational Citizenship Behavior (OCB). The results indicated that, in this organization, a leader’s ability to appraise and express emotion was instrumental in the development of an employees’ affect-based trust in their leader. Although a leader’s ability to use emotion contributed to an employee’s OCB, the variance it accounted for was small suggesting that other factors predicted employee OCB in this organization. Suggestions are offered as to why a leader’s EI may not have been more predictive of employee OCB and why an employees’ trust in their leader is not predictive of employee OCB. The implications of the study, as well as the limitations of this study and recommendations for future research are presented.

Janet Balke (2006) in her thesis “Nurse Executives: A Grounded Theory Study of Dynamic Competencies” identify contemporary competencies of practicing nurse executives in an attempt to assure and enhance quality healthcare service delivery. Nursing leaders are charged with unique responsibilities related to oversight of patient care, in addition to routine healthcare executive responsibilities. Identification of core, existing, and emerging contemporary nurse executive competencies is essential for safe, ethical care to consumers, development of relevant training and education, as well as succession planning within a profession currently undergoing a severe workforce shortage. This study utilizes a qualitative approach, grounded theory, to explore and identify contemporary competencies of practicing nurse executives. Core competencies for nurse executives emerged according to four themes: leadership, operations, interpersonal/soft skills, and industry/environment based skill groups. Emerging competencies included: information technology savvy, financial skills, awareness of regulatory requirements, physician relationship
management, situation preparedness, cultural competence, and management of an intergenerational workforce. Nurse executives will benefit from the identification of contemporary competencies, as they may utilize the list to assess the potential need for additional professional training and education.

Franz Michael Gottleib (2006) in his thesis “Humanistic Leadership: Emotional Intelligence and Team Learning” Organizational learning, a systems approach to managing change, has emerged as a means to address environmental instability. To promote learning, humanistic leadership that embodies cultural and relational competencies may be essential. The purpose of this quantitative correlation study was to examine humanistic leadership, demonstrated through emotional intelligence in managers, and its relationship with organizational learning in teams. In single stage sampling, 31 managers and teams of a United States defense industry contractor completed the Emotional Competence Inventory 2.0, and Dimensions of a Learning Organization Questionnaire. Data from the survey found statistically significant results that emotional intelligence in managers positively correlates to organizational learning in teams.

Regina Lawless Phelps (2005) in her thesis “Using a Formal Mentoring Program to Develop Nurse Leaders: An Action Research Study” examined the impact that a formal mentoring program had upon nurse leader development in a complex health care organization. The literature suggested that formal mentoring programs positively influence leadership and management skills development. This action research study employed formal classroom development for mentors and protégés, assessment of learning styles, an ongoing journaling process, the Leadership Practices Inventory, the mentoring effectiveness survey, and a personal learning assessment to develop and monitor progress toward meeting nursing leadership and management competencies. Outcome measures, including turnover rates,
patient satisfaction scores, and productivity levels, provided indicators of the effectiveness of a formal mentoring program on management skills and leadership outcomes. These qualitative and quantitative measures provided a triangulated approach to understanding the influence of the mentoring program on nurse leaders in one organization.

Kelley Waugh (2007) in his thesis “The Perception of Transformational Leadership and The Critical Care Nursing Shortage: A Phenomenological Study” explores whether characteristics of transformational leadership reflected a decreased rate of employee turnover and increased nursing retention rates in the adult critical care area at two critical care facilities in Las Vegas, Nevada. Since the nursing shortage has been reaching an epidemic level and has been complicated by the lowest nurse per population ratio in Nevada, the practice of transformational leadership needed to be considered as a potential motivational factor for retaining the currently-employed critical care nurses. Additionally, organizations should provide growth opportunities for critical care nurses; organizations should also support nurses’ autonomy, empowerment, and value and should share the critical care nurses’ ideas for improving patient and hospital relationships.

2.2 JOURNALS

Sandi Mann (2005) in his article “A health-care model of emotional labor - An evaluation of the literature and development of a model” formulated a health-care model of emotional labor that could be used to help health-care managers’ better deal with the causes and consequences of emotional labor for staff and patients. It has been shown that emotional labor is a crucial part of the role of many health care professionals, especially nurses, and that these skills are not adequately taught within health-care education programs. 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) in their article “Can emotional intelligence be measured and developed?” 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) in their article “Computer analysis system of the physician-patient consultation process” conducted on the utility of this system in a medical consultation with a single physician. By visualizing medical consultations 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) contributed a journal article “Do patients’ perceptions exceed their expectations in private healthcare settings?”
revealed that the customer’s perceptions did not exceed their expectations 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 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) in his article “Doctors and change” 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.

John Gatrell and Tony White (1997) in their article “Doctors and management – A Model for change” developed a model developed for this research forms the basis for identifying the skills and knowledge at each grade. Application of the model to the work of all grades of doctor requires a two-stage approach. Those responsible for the current training of doctors in management can use these as the basis for program design. Long-term planning for the development of doctors can incorporate elements of management development relevant to their grade in the education and training program devised for each doctor. Individual personal development plans can be devised and the model can be developed into a tool for use by Trust Tutors.
David Rees (1995) in his article “Work-related stress in health service employees” 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.

Rubin Pillay (2008) in his article “Work satisfaction of medical doctors in the South African private health sector” explored about doctors who received incentives to reduce services were less likely to be satisfied is consistent with previous research and supports the general concern that the use of incentives to influence doctors’ resource use may have a negative effect on the quality of care. High quality care is also unlikely to flourish in an environment where providers are coerced into relationships with funders. The fact that doctors who received incentives to reduce services were much more dissatisfied also suggests that they had no choice but to accept insured patients on the terms of the insurer. Funders can create win-win situations by trying to achieve their cost and quality objectives by limiting perverse incentives and by aligning incentives to the quality of care and patient satisfaction.

Anthony Montgomery et al (2006) in their article “Work-family interference, emotional labor and burnout” suggests considerable evidence demonstrating that managers and supervisors can influence the emotional experiences of their employees. Managers can help employees to internalize their roles and reduce the need for employees to feel compelled to fake or hide genuine emotion. This is consistent with research showing that leaders
who express a clear vision and positive expectations for performance affected employees’ identification with their work and also indicates that employees experience fewer positive emotions when interacting with their supervisors, except when interacting with supervisors rated high on transformational leadership style.

Anne McQueen (2004) stated in her article “Emotional intelligence in nursing work” that it is recognized that nurses engage in emotional labor as part of their professional work. Only relatively recently has the concept of EI appeared in the nursing literature, but its value is beginning to be acknowledged in health care work, which suggested that there may be a useful link between EI and emotional work. While some nurses show a tendency towards more emotional engagement with patients than others, the question remains as to whether these people have more EI. While there is an argument for inclusion of EI in nursing curricula, interesting questions still remain unanswered: Are people with higher levels of EI more adept at emotional labor? Is EI to some extent protective against burnout? What are the best curriculum strategies for enhancing EI?

Barbara White et al (1997) in her article “Stress in female doctors” emphasized the importance of changing career concerns over the life cycle. Many women encountered a stage in which they contemplated leaving the rigid structure of hospital medicine for the greater flexibility of general practice. This must surely have unfavorable implications for the future of hospital medicine. As Godley claimed, “women have proved their intelligence, competence and commitment. Those who have reached the top are justifiably proud of their success in a ‘man’s world’. But more should be done to remove the additional barriers to women in medicine and to make it as easy, or as difficult, as it is for men”.

Baird Brightman (2007) in his article “Medical talent management: A model for physician deployment” estimates physicians who are contemplating leaving the bedside will benefit from engaging in a structured process that involves clarifying their dominant work styles and then exploring a range of high-fit jobs/careers. Healthcare organizations that provide easy access to such a process can expect to enjoy significant gains in physician morale and performance as well as the ability to attract and retain the best medical talent.

Darice Broomfield et al (1995) in their article “Stress in junior hospital medical and dental staff: a descriptive account of their concerns and needs” details options included independent counseling, stress management workshops, computer-aided self-assessment and a telephone helpline. The result was a clear preference for an independent counseling service. Nearly half of the sample indicated that they may use this service. This result may provide a useful input to future stress management planning by NHS management. Outsourcing to an independent counseling service could prove to be an effective stress management strategy for the NHS based on the grounds of efficiency and cost effectiveness and would comply with Health & Safety executive guidelines.

Valerie Sutherland (1995) in his article “Stress and the new contract for general practitioners” describes that Change will continue in the working life of the general practitioner. Most general practitioners would accept that some degree of stress is inevitable for people working in any responsible profession and can be a spur to improved performance. It must be acknowledged that stress is inevitable, distress is not. Stress management at the level of the individual, the team and the organization can provide tremendous benefits if a controlled, integrated programme are implemented. Informal and progressive general practitioners have taken the initiative to help
themselves, but some larger-scale programs, with evaluation studies, are required in order to document and evaluate the benefits of stress management for general practitioners.

Anna Litwinenko and Cary Cooper (1995) in their article “The impact of trust status on health care workers” identified the need to examine occupational stress from both an organizational and from a work-group perspective. On the organizational level, the cohort has moved through the transitional stages of change relatively unscathed. Inter-occupation group analyses, however, have revealed problems specific to particular groups. The study further shows that no one in the organization is immune from the effects of stress. Research has traditionally identified the most vulnerable employees as being those in largely repetitive jobs, who are the lowest paid and have relatively little autonomy and control. Here, the findings support research into the experience of change within private sector industries which suggests that change should not be implemented as a general strategy but carefully targeted to meet the needs of specific groups within the organization.

Roseanne Moody and Daniel Pesut (2006) in their article “The motivation to care: Application and extension of motivation theory to professional nursing work” purpose management that makes the connection between individual needs and ethical values in the context of work. The authors posit that “work purpose backed by a value system that is meaningful to the employee is a key driver of the motivation to care in human health care contexts”. The motivation to physically, emotionally, and psychosocially care for other persons in one’s work serves to evoke purpose and meaning. This work suggests that the desire for meta-level purpose in life and work supports the human need nested in the motivation to care. The complexity of work has brought organizations back to the basic concepts of human purpose and meaning. When what we value is aligned with and supported at work, the
work becomes more meaningful to us. We can thus pursue this purpose management and contribute to the greater good in the organizational and societal contexts and networks where we live and work.

Abraham Carmeli et al (2009) explore in “The relationship between emotional intelligence and psychological wellbeing” and captured important implications for the functioning of employees at work. Employees experiencing wellbeing may function better than employees who experience emotional deficit and reported that college students who are high in emotional intelligence exhibit a high level of quality social relationships. The work structure in today’s knowledge-based economy is undergoing radical transformations. Collaborative behaviors and the establishment and maintenance of quality social relationships which are affected by emotional intelligence, are essential.

Kelly Peng (2010) in his article “The missing link between emotional demands and exhaustion” provide preliminary support for the proposed mediated moderation model in which emotional intelligence moderates the relationship between emotional demands and coping strategies, although the moderation of supervisor support on the relationship between coping strategy and exhaustion received only partial support. These findings have both theoretical and empirical implications. They also indicate that supervisor support is especially important to buffer employees who engage in surface acting from exhaustion. It may thus be beneficial for practitioners to provide effective training in deep acting and supervisory support to enhance employee well-being, which would improve employee job performance and long-term vocational health.

Jamali et al (2006) in their article “Emotional intelligence and management development implications: Insights from the Lebanese context” states organizational development initiatives building on this notion are
virtually non-existent. It is of prime importance for practitioners to understand the current debate revolving around the topic and the potential positive implications of a successful integration of EI at work. Human resource development interventions revolving around EI competency training may provide quick and powerful changes in employee behavior that can be sustained over time. EI competency training and applications may also allow organizations to tailor to the specific needs of various employee clusters based on detected strengths and weaknesses in the respective components.

Felix Vartanian (1997) in his article “Development of human resources for medical research” 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 realization of the present potentials and tendencies. The capabilities of research workers and their research input are of paramount importance in the changing world to ensure stability in 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 actions is the fact that, as mentioned above, progress depends on the development of medical science and technology.

Nicholas Clarke (2010) in his article “Emotional intelligence and learning in teams” 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 processes 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.

Alexandros-Stamatios Antoniou et al (2003) in their article “Occupational stress, job satisfaction and health state in male and female junior hospital doctors in Greece” discussed on the well-organized national planning of JHDs’ training would contribute to the decrease of the waiting lists for some specialties which as this study showed, constitute the second specific source of stress for the Greek doctors. A national plan in this area could also include the possibility for Junior Hospital Doctors to participate in a rotation system in different clinics or even hospitals, which would enable them to obtain more experience in a greater spectrum of skills, balance between theoretical and practical training could be achieved. The evidence presented in this study can be interpreted in the light of the current health system in Greece that is continuously under scrutiny. The need to take the appropriate measures in order to assist the junior medical staff to overcome their sources of stress is paramount.

Annabelle Mark (2005) in his article “Organizing emotions in health care” presented in this special issue focus less on deductive methods of understanding process and more on inductive approaches. While the former may have 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 juxtaposes 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.

Mayuri Duggirala et al (2008) in their article “Patient-perceived dimensions of total quality service in healthcare” aimed to identify dimensions of patient-perceived TQS in healthcare. A pilot survey has been carried out and based on the responses to the questionnaire and the feedback given by the experts, the questionnaire has been modified wherever appropriate. Based on the responses to the questionnaire, the undimensionality, reliability and validity of the questionnaire have been established. Bivariate correlation among the seven dimensions showed that all seven dimensions are significantly and positively correlated with each other, thus establishing TQS to be a holistic philosophy that incorporates the seven dimensions which have been included in the present study. The present study is thus an attempt to provide a comprehensive feedback mechanism to hospitals to enable a better understanding of healthcare services provided by them and in order to achieve greater levels of patient satisfaction.

Anne Liveng (2010) in his article “Learning and recognition in health and care work: an inter-subjective perspective” pointed to the need for recognition being particularly present with employees who are either low ranked in a professional hierarchy, or who are engaged in health and care work marked by decline. The theory of recognition used in the context of work place learning makes one aware that the possibility of learning in connection to work is advantageous symbolically and in reality. This is the case in health and care work for elderly subjectively as well as collectively. Access to this advantage not only potentially strengthens the self-esteem of
the individual employee; it is also potentially a means for raising the esteem of a certain group of professionals or a certain area of work. In the field of health care for the elderly, this is significantly needed.

Usha Manjunath et al (2007) in their article “Quality management in a healthcare organization: a case of South Indian hospital” description about hospital has been quite successful in moving forward from ISO certification and in integrating continuous quality improvement in many areas of management. The analysis of quality management using MBNQA criteria of the case hospital supports that committed leadership is a driver for management accountability and creation of environment for empowerment and organizational agility. The hospital has followed the lead of other leading sectors in implementation of TQM. The rich experience and knowledge of quality management available with this hospital really provides lessons to other hospitals in India and abroad in achieving superior performance. This study brings out a potential area of research about how the ratings and activities in the case hospital compares with other health care organizations.

Thomas Loughman et al (2009) in their article “The effects of physicians’ communication satisfaction and their perceptions of empowerment on their likelihood to recommend a hospital to their peers” found that physicians’ satisfaction with hospital communication and their perceptions of empowerment in their work environment may influence their likelihood to recommend a hospital to their peers. This study provides new insights in that it examines the effect of physicians’ communication satisfaction and feelings of empowerment in a broader context, emphasizing the role of the physician and the potential adverse effects of workplace dissatisfaction. As the health care industry continues to undergo significant change, physicians and hospitals alike will need to find new ways to work collaboratively to meet the inherent challenges in the delivery of quality care. Our study provides
evidence that high quality communication between physicians and hospital administrators, and physicians’ perceptions of empowerment, may have direct and positive benefits for hospitals in their ability to recruit and retain qualified professionals.

Gerry Larsson and Bodil Wilde-Larsson (2010) in their article “Quality of care and patient satisfaction: a new theoretical and methodological approach” explored the three main conclusions can be drawn from the study. First, a care-context adapted version of the Emotional Stress Reaction Questionnaire (ESRQ) with satisfactory psychometric properties has been developed. Second, a theoretical model of the relationship between quality of care from a patient perspective and patient satisfaction, drawing on Lazarus’ model of emotions and stress, has, at least partly, been validated. Third, more studies are needed in a variety of care contexts while simultaneously including other established measures of the key concepts. An additional conclusion is that all the scales used in the present study are simple to administer using touch screens and easy to interpret, which should be valuable to care providers.

Richard Fuller (2004) in his article “Managing health risks: junior doctors’ views of risk and decision making” describes how doctors perceive, approach and handle risks have important implications for how a true model of shared decision making with patients could evolve. A complex relationship balances uncertainty, harm, the obligations and wishes of doctors and patients and individualistic perceptions of how risk and decisions should be addressed. In this study, implicit themes in how risk and decisions are shared with older people do point to a way of adopting shared decision making. Through discussion addressing trust, individuality and helping doctors reconcile uncertainty and other challenges; a path towards a truer sharing of risk and decisions with patients begins to appear.
Sanjaya Singh Gaur et al (2011) in their article “Relational impact of service providers’ interaction behavior in healthcare” explores the communication is a two-way process and therefore effective doctor-patient interactions and reciprocal communication can never be accomplished without an active involvement of patients in the process. The complex and personal nature of healthcare services encourages patients to build a strong relationship with their doctors and this relationship is facilitated by appropriate interactions between them. To sum up, doctors need to re-think their service delivery focus and consider a possible shift from mere treatment orientation to more behavioral orientation because patients want doctors to be more caring and interactive in dealing with them; they do not want healthcare professionals to simply prescribe medicines. This change in doctors’ behavior would benefit both doctors and patients and very likely result in better relationship building and enhanced clients’ confidence in doctors.

Pia Jansson von Vultee et al (2007) in their article “The impact of organizational settings on physician wellbeing” explores findings which are important for physician-managers’ work conditions and should be taken into consideration when planning physicians’ career development. The external pressures to improve organizational efficiency and the restructuring of health care are likely to continue. In order to prevent unnecessary stress among physician managers, senior management should foster support and increase the professional influence of these physician-managers. Doing so will likely lead to a positive work environment as well as high individual satisfaction with one’s work? It is important that these managers are included in the strategic change discussions of their organizations, not only for their own professional and individual wellbeing, but also to ensure that initiatives are transformed into actual changes.
David Bergman et al (2009) in their article “Learning from dialogue groups – physicians’ perceptions of role” details on physicians were given the opportunity to bring up any issue to discuss, they spent very little time to discuss clinical work, but organizational matters dominated. The issue of professional hierarchy in medical care seemed to be an important element in the role of physicians at this children’s hospital. Such hierarchical systems might be necessary to protect both patients and staff in terms of providing the sense of security and trust that is vital for proper functioning of the healthcare system. Notwithstanding, authoritarian hierarchies can also counteract various aspects of the interaction with patients, such as empathy and understanding, and they can even prevent learning defined as the traditional acquisition of profound knowledge. The method used in dialogue groups seemed to challenge the prevailing hierarchy and to enhance the participants’ learning and development in their role in their organization.

Pia Jansson von Vultee and Bengt Arnetz (2004) in their article “The impact of management programs on physicians’ work environment and health” considers female physicians need more time to exhibit their new skills and thus also being considered as real future management prospects. It also could be that senior managers already had identified future management prospects among the female physicians but not yet awarded them a management position. Strength of the current study was that we assessed three different, but rather popular, forms of management programs. The lack of any significant effects over time between these programs strengthens the argument that current management programs, at least within the health care setting, need to be scrutinized much more from the efficiency point of view. Since female physicians are under-represented at the management level, there is a strong need to develop and assess effective career development strategies.
Helena Vinagre and Jose Neves (2010) in their article “Emotional predictors of consumer’s satisfaction with healthcare public services” confirm that satisfaction results from a complex process of mechanisms that are both cognitive and affective. Apart from the theoretical implications that have been referred, the results obtained have a fundamental importance at two levels, which are from the management perspective of organizations, health centers that need to clarify norms and adopt procedures that consider the patients’ interests and needs; and from a competences of health professionals perspective, doctors especially should consider their profession beyond technical procedure. General and Family Medicine is an academic and scientific discipline, as well as a clinical specialist orientated to primary care with its own educational contents, research, scientific evidence and clinical activities and the doctor deals with health problems in all their dimensions: physical, psychological, social, cultural and existential.

Ronald Burke et al (2009) in their article “Gender differences in work experiences, satisfactions and wellbeing among physicians in Turkey” it is intriguing that although female physicians reported more work-family conflict, they were as satisfied with their jobs, careers and lives as were their male colleagues. This may reflect a concentration on their present job and work situations and experiences rather than a comparison with male colleagues which might put them at a relative disadvantage, or an appreciation of their shorter medical careers to date. It may also be that given the greater responsibility females have for home and family functioning, the female physicians in our study were satisfied primarily in their abilities to participate in both domains. Turkish values historically support women’s home and family responsibilities while more recently including the participation of women in career-related pursuits.
Timothy Black and Marvin Westwood (2004) in their article “Evaluating the development of a multidisciplinary leadership team in a cancer-center” evaluated the effectiveness of a group-based team leadership development workshop, delivered at a Canada cancer-care and treatment centre. The findings support the assertion that such workshops can be successful in the short-term but that organizational support for the continued maintenance of the leadership team should be considered. Further research might investigate this assertion that ongoing facilitation is required to maintain the benefits of team leadership development. A research design that employs more than one measurement point in time could potentially track the impact of the workshops at different points in the team’s development. In conclusion, although gains can be decreased or even lost if ongoing group maintenance is not provided, the current study supports the use of team-building workshops to foster communication, support and trust in team members in the short term.

Anthony Montgomery (2005) in his article “Emotional labor at work and at home among Greek health-care professionals” 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) suggests that employers can play a role in managing emotional demands from both work and home, given the fact that both influence job functioning. Finally, the practical importance and future research concerning this field is informed by the fact that both emotional labor and WFI and FWI have been consistently associated with increased levels of burnout.
Zena Burgess et al (2006) in their article “Workaholism among Australian psychologists: gender differences” some major differences in findings between the Australian and Canadian findings. Workaholism continues to be an under researched subject of study. As a consequence of this the role of workaholism in different professions and in different countries and cultures is as yet, impossible to sort out. The Canadian samples were significantly higher on the three workaholism components, worked more hours and extra-hours per week, were more perfectionists and reported more job stress than did the Australian sample. Although the picture is slowly changing, relatively little empirical research has been carried out on workaholism with only a handful of studies considering gender differences. Thus, there is too little information yet available to draw meaningful conclusions. The present study merely contributes additional data to consider. More research findings have to be generated before an understanding of gender differences surrounding workaholism in organizations can be achieved.

Sean Brophy (2006) in his article “Personal excellence as a value for health professionals: a patient’s perspective” explains selection from one person’s experience of variable quality and safety of health care over my life. What do I conclude at the end of it all? How do people have a calling as distinct from doing a job? How can a doctor or nurse or other health care professional attain personal excellence? This is akin to asking how health service organisation members can live a “corporate value” of quality or personal excellence. First, they need to provide themselves with an incentive, their own happiness. Second, they need to discern those strengths within themselves that facilitate them in being excellent in their own personal way. The notion of excellence used here is taken from the ancient Greek concept of “arete” or the duty to oneself to be one’s best, referred to by Robert Pirsig in his seminal book on the philosophy of being a person of “quality”. As an ideal
the Greek spirit of excellence represented the highest way of living attainable by a human being.

David Bergman et al (2007) in his article “Effects of dialogue groups on physicians’ work environment” evaluated whether dialogue groups for physicians can improve their psychosocial work environment. The study assessed the impact of eight dialogue groups, which involved 60 physicians at a children’s clinic in one of the main hospitals in Stockholm. Psychosocial work environment measures were collected through a validated instrument sent to all physicians in 1999, 2001 and 2003. Follow-up data were collected after the termination of the groups. The overall score of organizational and staff wellbeing, as assessed by the physicians at the clinic, deteriorated from 1999 until 2003 and then improved 2004. This shift in the trend coincided with the intervention. No other factors which might explain this shift could be identified. The results suggest that dialogue groups may be one way to improve the psychosocial work environment for physicians. The results indicate that dialogue groups can be one way to improve the psychosocial work environment among physicians. The effect of such an intervention may be greater if it is offered during two years rather than one year. Dialogue groups for physicians seem to be a valuable tool to improve psychosocial working conditions. To learn more about the method and its possible potential to influence the work situation for physicians, we recommend its further application in settings where methods for quality assurance or research are available.

Kathryn Waddington and Clive Fletcher (2005) in their article “Gossip and emotion in nursing and health-care organizations” examines the relationship between gossip and emotion in health-care organizations, which draws on findings from empirical research exploring the characteristics and function of gossip which, to date, has been a relatively under-researched
organizational phenomenon. A multidisciplinary approach has been adopted, drawing on an eclectic range of discipline-based theories, skills, ideas and data. Nurses have been chosen as an information-rich source of data, but the findings has simplified to reflect the professional culture and practice of nursing. The findings presented here exploring the role of gossip in the expression and management of emotion open up a number of further questions. What does prevalence of gossip in nursing and health-care organizational cultures represent? What does it tell us about the management of emotion, and where should it take place? What of the relationship between clinical supervision (Hawkins and Shohet 2000) and gossip? Does gossip emerge as an inappropriate substitute or adjunct to clinical supervision, or as complementary and necessary means of processing emotion?

Jayne Greening (2012) in his article “How can we improve the effective engagement of doctors in clinical leadership?” aims to review some of the literature relating to the concept of effective engagement of doctors with health service redesign and delivery and discuss the relevance in light of recent developments from the Academy of Medical Royal Colleges. It contains elements of personal reflection on the recent historical policy changes that have the potential to lead to frontline changes in the development of managerial training for doctors and how this could benefit healthcare systems. This paper has been written by a consultant psychiatrist who is involved with frontline delivery of services, medical management and training of doctors and medical students. The research underpinning the need for better clinical engagement and the real perception of a more collaborative approach with doctors and managers it seems that things may be able to move forward. The development of the MLCF and future incorporation into medical curricula is a chance for effective engagement of doctors to become embedded within their practice.
Thomas Kent (2006) in his article “Leadership and emotions in health care organizations” describes the relationship between effective leadership and the leader’s own ability to manage his/her emotional state. The paper has proposed a model for defining and differentiating between leading and managing. Five factors were found to be important to the exercise of leadership. Some of the literature has led to confusion through the lack of clarity or the commingling of ideas between leadership and managing. This paper attempts to clarify the definitions in use for this paper. As a by-product, the paper has proposed a model for defining and differentiating between leading and managing in future papers. The paper has also reviewed and elaborated on five factors found to be important to the exercise of leadership. This model was then used as the basis for discussion of emotions and the role they play in the successful exercise of leadership. To this end the paper attempted to create a model for understanding, and further studying, emotions and the role they play in leadership.

John Clark and Kirsten Armit (2010) in their article “Leadership competency for doctors: a framework” explored the use of competences in medical education and training and to discuss some existing standards, curricula and competency frameworks used by the medical profession in both the UK and internationally to inform leadership development. This research reinforces the message delivered by the medical profession and policy makers in recent years that all doctors should attain management and leadership competences in addition to clinical knowledge and skills to be an effective and safe practitioner. In the UK, this message and research has helped inform the development of a Medical Leadership Competency Framework (MLCF) published by The Academy of Medical Royal Colleges and NHS Institute for Innovation and Improvement. Widespread acceptance of the MLCF is now resulting in the integration of leadership and management competences into all undergraduate and postgraduate curricula. Other countries with similar
histories of low medical engagement in planning, delivery and transformation of services may also benefit from the research undertaken and the MLCF. The paper shows that the MLCF may well inspire more doctors in the future to seek formal leadership positions. The integration and application of the MLCF will have a long-term and significant impact on the way in which doctors are trained and recruited in the twenty-first century. To be deemed an effective and safe doctor, all doctors in the UK will be required to attain formal competence in clinical as well as leadership and management skills.

Kareem Abdul Waheed et al (2011) in their article “Prescription loyalty behavior of physicians: an empirical study in India” identifies the major factors that influence physician loyalty behavior in prescribing certain brands of drugs. Testable hypotheses were developed with respect to physician loyalty behavior regarding drug prescription practices, and a survey questionnaire was designed to capture the data from 71 physicians, as a convenience sample. The hypotheses were tested by PLS path modeling. The major finding is that tangible rewards to physicians by the pharmaceutical companies lead to prescription loyalty. The second major finding is that the professional values of Pharmaceutical Sales Representatives (PSR) impact significantly on physician prescription loyalty. The hypotheses related to the impact of PSR personality, drug quality, corporate reputation and professional influence on prescription loyalty were not supported in the study. The results should prove useful to pharmaceutical companies in developing physician loyalty to particular brands as well as enhancing the understanding of drug control authorities and governmental health policy makers, in controlling unethical medical practices by physicians. This paper reports an original empirical study on physician loyalty behavior in the context of drug prescription.
Samuel Salami (2008) in his article “Psychosocial factors as predictors of mentoring among nurses in southwestern Nigeria” examines the psychosocial factors that predict mentoring among nurses. This study adopted a survey research design. Questionnaires were used to collect data on self-esteem, locus of control, emotional intelligence and demographic factors from 480 nurses, from five states in southwestern Nigeria. Data analysis included regressing mentoring behaviour on the psychosocial factors. Results revealed that self-esteem, locus of control, emotional intelligence, age, job status and tenure are linear predictors mildly associated to mentoring but gender is not. An implication of the findings from this study is that counselling and industrial psychologists should let the employees know the importance of mentoring and the factors that predict it among nurses in the workplace. It is suggested that formal mentoring should be introduced into the various work organizations and career counsellors employed to counsel the workers on what they stand to gain from developing mentoring relationships. This study is able to demonstrate that some psychosocial factors are linear predictors mildly associated with mentoring among nurses in Nigeria. Career counsellors, personal psychologists and nurses will find the results from this study useful when they are considering factors that could predict mentioning relationships among nurses.

Panchapakesan Padma et al (2010) in their article “Service quality and its impact on customer satisfaction in Indian hospitals” has conceptualized hospital Service Quality (SQ) into its component dimensions from the perspectives of patients and their attendants; and to analyze the relationship between SQ and Customer Satisfaction (CS) in government and private hospitals in India. The study employed questionnaire-survey approach to obtain the perceptions of patients and attendants. The instruments developed have been validated using tests for reliability, validity and unidimensionality. Data collected have been analyzed by using statistical
techniques such as bi-variate correlation and multiple regressions. Patients and attendants treat the interpersonal aspect of care as the most important one, as they cannot fully evaluate the technical quality of healthcare services. The study also revealed that the hospital service providers have to understand the needs of both patients and attendants in order to gather a holistic view of their services. Results of the study are dependent on the nature and number of respondents, i.e. the study has captured only the perceptions of service receivers – patients and attendants; and sample size of the study – 204 patients and 204 attendants – due to limited response rate and other operational constraints. The present study allowed the hospital administrators to benchmark their hospitals with those of their competitors by comparing the mean values of the dimensions of SQ. The study also allowed a comparison of the performance of government and private hospitals in terms of the services offered. The study conceptualized hospital SQ as an eight-dimensional framework. Further, it also presented the relationship between SQ and CS in Indian Government and private hospitals.

Satyanarayana Parayitam (2010) in his article “The effect of competence-based trust between physicians and administrative executives in healthcare on decision outcomes” has over-emphasized the importance of competence-based trust among the team members. Literature on healthcare is silent on the impact of competence-based trust between the physicians and administrators on decision outcomes. The purpose of this paper is to empirically investigate whether competence-based trust between physician executives and administrators is beneficial to the healthcare organizations. The data were analyzed using multiple regression technique to examine the role of competence-based trust between the physicians and administrative executives in enhancing decision quality, commitment and understanding. Results showed that competence-based trust is the key to successful strategic decision making while lack of trust may hinder the effectiveness of decision
implementation in healthcare organizations. This study contributed to both practicing managers as well as to strategic management literature. This study suggests that development and retention of competence-based trust between the administrators and physicians is essential in making decision-making process effective and successful. Though the study represents the US hospitals, to the extent the strategic decision process is similar across the world, the findings can be generalized to other healthcare organizations in the world.

Satish Deshpande (2009) in his article “A Study of Ethical Decision Making by Physicians and Nurses in Hospitals” investigates the impact of various factors on ethical behavior of 180 not-for-profit hospital employees. Ethical behavior of peers, ethical behavior of successful managers, and emotional intelligence had a significant positive impact on ethical behavior of respondents. Physicians and hospital employees with political connections within the organization were significantly less ethical than other employees. The results have many implications for researchers and healthcare practitioners.

2.3 BOOKS

Daniel Goleman (1996) has written a book “Emotional Intelligence: Why It Can Matter More Than IQ” through which he argues that the emotions of mankind of this era play a much greater role in generating thoughts, the process of decision making and finally to an individual’s success is commonly acknowledged. He portrays emotional intelligence as a trait, which are above IQ, as a set of skills which shall be developed to acquire a set of skills, including the ability of controlling one’s own impulses, self-motivation, empathy and social competencies in interpersonal relationships. Goleman also looks at pilot programs in schools from New York City to
Daniel Goleman (1998) has conceptualized a book “Working with Emotional intelligence” to narrate his notion of bringing emotional intelligence to workplace. Further, he proves that the successful performers of business and management in a range of domains sustain empathy and people skills, as reasons. Emotional Intelligence enables a set of competencies that distinguishes how people manage feelings, interact, and communicate. This book explains what emotional intelligence is and why it counts more than IQ or expertise for excelling on the job. It details 12 personal competencies based on self-mastery (such as accurate self-assessment, self-control, initiative, and optimism) and 13 key relationship skills (such as service orientation, developing others, conflict management, and building bonds). Goleman includes many examples and anecdotes—from Fortune 500 companies to a nonprofit preschool—that show how these competencies lead to or thwart success.

Daniel Goleman (2001) has enabled a book “The Emotional intelligent Workplace” to disseminate the theory how does emotional intelligence as a competency go beyond the individual to become something a group or entire organization can build and utilize collectively? Written primarily by members of the Consortium for Research on Emotional Intelligence in Organizations, founded by recognized EI experts Daniel Goleman and Cary Cherniss, this groundbreaking compendium examines the conceptual and strategic issues involved in defining, measuring and promoting emotional intelligence in organizations. The book’s contributing authors share fifteen models that have been field-tested and empirically validated in existing organizations. They also detail twenty-two guidelines for
promoting emotional intelligence and outline a variety of measurement strategies for assessing emotional and social competence in organizations.

Daniel Goleman (2002) has facilitated a book “Primal Leadership: Realizing the Power of Emotional Intelligence” specifically contributed for business leaders who enabled the art of maintaining their emotions in a tactful manner to establish better working conditions for organizational development for success. Bestselling author Daniel Goleman’s theories on Emotional Intelligence (EI) have radically altered common understanding of what “being smart” entails, and in Primal Leadership, he and his coauthors present the case for cultivating emotionally intelligent leaders. Since the actions of the leader apparently account for up to 70 percent of employees’ perception of the climate of their organization, Goleman and his team emphasize the importance of developing what they term “resonant leadership.” Focusing on the four domains of emotional intelligence, namely, self-awareness, self-management, social awareness, and relationship management, by which they explore what contributes to and detracts from resonant leadership, and how the development of these four EI competencies spawns different leadership styles.

Daniel Goleman (2006) has conceptualized a book “Social Intelligence: The New Science of Social Relationships” were he, emphasis Emotional Intelligence as an international phenomenon to enable latest fit to biology and brain science, revealing that everybody and connected at deeper level with influence of our relationships on every aspect of our lives. He gives a surprising note that our relationships mold is not just the human experience, but our biology, which has an instinct already. The brain-to-brain link allows strongest relationships to shape in ways as benign as whether many laugh at the same jokes or as profound as which genes are activated in t-cells, the immune system’s foot soldiers in the constant battle against invading bacteria
and viruses. Thus, he has a major note that Neuroscience has discovered human brain’s biological design makes it sociable, inexorably drawn into an intimate brain-to-brain linkup whenever people engage with one another person. That neural bridge lets them impact the brain and so the body of everyone interacts with, just as they do others.

Thus, by reviewing the above dissertations, journal articles of international standard and unique books of Daniel Goleman, the researcher could effectively understand the co relation of Emotional Intelligence and its influence in performance of individuals with respect to their personal and professional endeavors. With the key perceptives of the reviewed content, this study has been designed to evaluate the Emotional Intelligence of Doctors of Professional Protection Linked Social Security Scheme (PPLSSS) of Indian Medical Association – Tamilnadu State Branch.