

THE IMPORTANCE AND PROBLEMS OF EMOTIONAL INTELLIGENCE IN THE MEDICAL AND HEALTH SERVICES MANAGEMENT – WHAT TO DO?

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Prelude

- Greetings and gratitude
- Answering some unspoken questions on faculty lectures and professors giving them
- The reasons for the lecture triduum last year and of this one today
- Help that I have received for this as well as the original title and alias of this lecture as in my personal invitation letters

Alias of the lecture

- Why do medical doctors seem to lack or to show minimal or no emotional intelligence at all in their management of the health services and so seem to do so less successfully or effectively than some other people who might have done so otherwise? What are we to do about that situation?
- My conviction about the heading of the medical and health professions, barring the exceptions that, naturally, serve only to make the rule to hold and be true for all times.

Lecture text

- Faculty lectures in the College of Medicine
- My previous faculty lecture in Clinical Sciences & Dentistry & its questions
- Our approach in this lecture will be same – gown to town and **common sense** as **Homo sapiens**; following **the natural law**.
- Our expectation at the end of the lecture and the future of this text & book.

What is intelligence; emotional intelligence?

- Intelligence by the 20th Century Chambers Dictionary
- Emotion by same
- Emotional intelligence by common sense as ability to understand and to appreciate the importance of other people in the events and activities that affect our lives or that we take part in; and factoring that importance and its appreciation in all we do so as to produce the necessary personal and group best results thereof

Emotional intelligence by psychologists

- The mind and its potentials by early psychologists
- Their success with studying the first fairly fully, the second only beginning and not yet 50% covered and the last almost not at all; whereas it is perennial and street issue for everybody else in any form of education whatsoever. Their limitations as yet
- Unique place of all 3 in medical education and their pros and cons.

EI by Mayer and Salovey

- “the ability to perceive emotions, to access and generate emotions so as to assist thought, to understand emotions and emotional meanings, and to reflectively regulate emotions so as to promote both better emotion and thought”
- Obviously agree with us, with common sense, even if more technical and complicated. So, we will stay with our own!

Medicine, management and EI 1

- The nature of medicine and its link with management from start to the finish.
- Community medicine as the frontier of medicine with all other areas of human life, activities, knowledge and skill.
- The nature of public health as the natural upward migration of any growing, aging or maturing doctor – see the Adeloyes, etc

Medicine, management and EI 2

- The 3 intelligences and their fate in the training and practice of medicine.
- The role of the public/community in the fate of the physicians intelligences, their development & exercise; especially by those most offended by the apparent lack of EI in doctors.
- The 3 intelligences in “the management functions” at the 3 levels thereof.
- Doctors ability to train or use technician grade officers for every other health services needed.

The 3 intelligences, their synonyms and measurement indices

- Mental, psychic, cognitive or general intelligence; intelligence quotient (IQ)
- Emotional, psycho-affective, human-relational/appreciative intelligence; emotional quotient (EQ)
- Psychomotor, dextral, loco motor, technical or hand/manual intelligence; psychomotor quotient (P-mQ)

Why do health workers need EI 1

- Because we look after people in relation with the most crucial issues of their lives - in their very life, happiness and death – in which no mistakes are tolerable!
- Because the exercise of EI is the most needed thing in our relationship with anybody, especially the sick and dying and with the other people who also work in the same place, for the same purpose of looking after SICK people.

Why do health workers need EI 2

- Because doctors have other competing factors that may inadvertently dwarf, suffocate or undermine their emotional intelligence – viz, their high IQ, their high psych-motor intelligence and the deifying adulation that the high effectiveness and immediate productivity of these two intelligences in acute patient care yields these practitioners from the client public at large.
- Because of the absolutely infuriating opposition from the work colleagues whose jobs are not favoured by the high IQ and P-mQ of medicine and when in senior positions are easily offended by low application of EQ in their regard. This seriously undermines the health services which it is the overall leader's primary responsibility to maintain at their highest level.

At the first level of management

1:3:6

Conceptual skills/Psychic intelligence (IQ)
Human management skills/Emotional intelligence (EQ)
Technical skills/Psycho-motor intelligence (PQ)

At the middle level of management

3:3:4

Conceptual skills/Psychic intelligence (also called “strategic leadership/mgt skills”)
Human management skills/Emotional intelligence
Technical skills/Psycho-motor intelligence

At the top level of management

4:4:2

Conceptual skills/Psychic intelligence
Human management skills/Emotional intelligence
Technical skills/Psycho-motor intelligence

Follower-ship factors that worsen the problem of emotional intelligence in doctors

- Poverty: generally defined as absence or poor supply of the resources needed for the accomplishment of a given human endeavour or objective; viz:
 - economic (financial, material, monetary) poverty
 - intellectual, mental, educational poverty
 - emotional (affective) poverty
 - moral poverty
 - spiritual poverty
 - socio-political poverty
 - legal poverty (explain and illustrate , all)

THE COMPLEX RESULT OF FACTORS INSTIGATING DOCTORS LACK OF EMOTIONAL INTELLIGENCE 1

- Doctors fail to recognize the necessity to develop their EI because of the overwhelming achievements and adulation they receive from their high IQ & P-mQs
- They naturally drift to specialize in the specialties in which EQ is needed least and undermined the most, because everything else thereof promotes it – the public and the haters of the doctors themselves especially!
- Doctors, especially in the more public-adoring specialties, knowingly or unknowingly actively undermine the other less admired professions and specialties; either by taking over the professions and practicing it themselves in the vertical ordinary public health manner or training out quacks and auxiliaries **unnecessarily** to act in place of the professions – nursing, clinical pharmacy, community nursing and community medicine, etc.

THE COMPLEX RESULT OF FACTORS INSTIGATING DOCTORS LACK OF EMOTIONAL INTELLIGENCE 2

- Other health professions, instead of developing their professions genuinely as per its very nature, try to “medicalize” or in other ways counterfeit it; because of the overwhelming poverty all over – nursing as a whole, “clinical pharmacy”, “community pharmacy”, etc.
- The professions with the least of those adulation potentials remain unpopular, undermined and so unserved or underserved, producing very poor overall health status for the people
- As people in the other professions acquire higher power (psychically, economically, socio-politically and otherwise) they try to oppose, challenge or undermine the leadership position of the profession instead of balancing things out in the true public interest of these health services

THE COMPLEX RESULT OF FACTORS INSTIGATING DOCTORS LACK OF EMOTIONAL INTELLIGENCE 3

- As the public health services get so undermined, many doctors check out to private practice where they can comfortably go on with their ownership business as usual or go abroad where, because of lesser poverty there, these undermining behaviours are minimal; or, otherwise check-mated in more decent and public-protecting ways!
- Non doctors, distasteful of this abuse of emotional intelligence and who check out of the public health system, go out to practice largely abusive (unethical) and “medicalized” versions of their professions; or otherwise, remain there and do their best to undermine the vertical public health enterprises

THE COMPLEX RESULT OF FACTORS INSTIGATING DOCTORS LACK OF EMOTIONAL INTELLIGENCE 4

- Some of our most senior doctors, in the application of an inversed emotional (i.e., partisan, politicized, unwise and merely only intelligent-looking) emotional intelligence, try to divide and rule, support the external underminers of the profession and enjoy the accolade that these people are so ready to give to them and which does not come so readily from their abused medical colleagues
- The health system continues to deteriorate in real terms, in spite of any seeming improvements thereof

Principal and subsidiary functions of management 1

1. PLANNING FUNCTIONS

- Situation analysis and needs/resource assessment (including policy analysis)
- Policy determination and target setting
- Programme identification (including obstacles and strategies) and service planning
- Budgeting
- Budget matching with resource available; with budget readjustment and micro-planning

2. IMPLEMENTATION FUNCTIONS

- Organization

Principal and subsidiary functions of management 2

- Leading, directing and delegating
- **Administration**, accounting, auditing
- Supervising, motivating, discipline administration and remunerating
- Coordination

3. EVALUATION FUNCTIONS

- Pre-evaluation planning
- Data gathering and analysis
- Interpretation of results to inform re-planning

Management functions not doable with lack of cognitive or psychomotor intelligence

- Directing
- Supervising
- Delegating

Some aspects of:

- Leading
- Planning as some problem determination, strategizing, micro-planning
- Some aspects of evaluation

Where to go from here? 1

- Increase the undergraduate training of doctors in management, particularly on the importance and exercise of emotional intelligence by all management level staff, especially doctors
- Increase the undergraduate training of doctors (and other health professionals) on the sociology of the medical and health professions, as different from merely medical sociology as social factors that affect/determine health and disease
- Increase the undergraduate training of doctors in the components and importance of professional medical ethics and its application in the field

Where to go from here? 2

- Enhance the promotion and enforcement of emotional intelligence and medical ethics in all medical practices in the field, including their uses in professional advancements
- Regulate the managerially unhealthful over-attraction of doctors to the adulation-attracting specializations of medicine to the detriment of the healthful medical staff **pyramid** necessary for the health services; by the Medical Council and postgraduate medical colleges!
- Encourage the understanding of the value, proper development and support of the most health promoting specializations in the health professions, especially as they are among the least adulation-attracting disciplines thereof – nursing as a whole, pharmacy, laboratory sciences, etc; and the specializations of community nursing, community midwifery, community medicine, specialist general medical practice/family medicine, (even anaesthesiology, pathology and laboratory medicine and radiology) etc

Where to go from here? 3

- Reduce the prevalence of all forms of poverty in the citizens and communities, especially economic, educational, moral and spiritual (NOT the virtually incurable religious) poverties
- Admission into medical schools should be improved to admit more of people who have more inherent emotional intelligence than mere psychic intelligence – mature students with past records of volunteer work, charity work, etc – as my post-graduate alma mater, the McMaster University Medical School in Canada is the pioneer in, in all of North America!

Where to go from here? 4

- Encourage doctors interested in politics, public administration and the management of our medical and/or health services to undertake fairly earlier in their careers continuing medical/professional education or formal postgraduate programmes in public administration, health management or at least public health with emphasis in the health policy and management sub-specialty. We should however remember that no level of such training or certification may be trusted to make good the deficiencies in these regards in people who out of poor family and early life upbringing or inadequate undergraduate medical education, failed to get properly educated fundamentally in these things.
- Find educational, lobby, professional sanctions or other means to call to order, senior medical colleagues who abuse the profession by this divide-and-rule undermining of the profession and the medical and health services by their unwholesome alliances.

Gratitude

- Anti-doctors & some medical elders
- Emotionally unintelligent doctors themselves
- My HOD, Dr. Eme Owoaje; Drs. Adebisi & Olumide, etc.
- The rest of my institutions & their members
- Late Prof. GCM Bakare & Prof. JO Akinboye
- My late driver, Felix Ayodele Ajisola
- His employer & my “house boss”
- My children?
- All of you here for being there to listen to me!

Benediction & Prayer

- May God bless each one of us here with plenty of emotional intelligence, at home, at work, at play and in everything we do with fellow men.
- Thank you all and God bless!