

Targeting Physician Burnout Through Emotional Intelligence, Self-Care Techniques, and Leadership Skills Training: A Qualitative Study

To the Editor: Physician burnout is prevalent among 50% of students, residents, and practicing physicians. Interventions to combat burnout can be on an individual level as well as on the level of antecedent factors that lead to burnout. In 2016, Shanafelt and Noseworthy¹ stressed the importance of leadership training on individual and institutional levels to specifically combat burnout.

There is a lack of proper leadership training to combat burnout in medicine.² The art and science of medicine are taught through the old dictum of “see one, do one, teach one.” A qualitative research was designed to study the sustainable effects of a 2-day coaching workshop using leadership training, emotional intelligence, and self-care on burnout among 6 program directors from the Houston area.

The theory is that this workshop will help them understand, recognize, combat, and prevent physician burnout. The directors will be better able to self-care, improve their leadership skills, and feel more equipped to guide, train, and lead others.

The approach was defined as the Awareness, Acknowledgement, Action approach. The science of emotional intelligence and wellness and self-care coaching principles based on total wellness along its 6 dimensions (mental, physical, emotional, spiritual, financial/occupational, and social) were used. Each participant, before the workshop, underwent an emotional intelligence survey using the Emotional Quotient Inventory administered by MHS³ as well as the Maslach Burnout Inventory.⁴ During

the workshop, group scores of burnout and emotional intelligence were reviewed. Furthermore, directors listed their top institutional problems and roadblocks in managing those problems.

The 6 female directors were from different ethnicities. Their age groups ranged from early 30s to mid-50s. Coaching enhances self-awareness and promotes self-growth. It uses innate strengths and abilities and helps individuals maximize them to reach their true potential. Group coaching is an effective and cost-saving approach that targets several individuals simultaneously.⁵ Using coaching techniques that focus on improving self-awareness, self-care, self-compassion,

and boundary setting have led to behavioral changes among physician and improved patient care.

There were preintervention and postintervention questionnaires. Discussion of the 9-month follow-up questionnaire is shown. The questionnaire reflects degree of subjective improvement. The scale ranges from 1 (least) to 5 (most) (Table).

The participants noted the workshop as extremely helpful. It revealed how little the directors knew about burnout, understood its pathophysiology, or were aware of emotional intelligence with its benefits/relationship to burnout, leadership, and wellness. Once awareness of burnout, emotional intelligence, and

TABLE. Nine-month Questionnaire Feedback

	PDA	PDB	PDC	PDD	PDE	AVG
1. I am able to enjoy more my experience/ interaction with my patients.	5	5	4	4	5	4.6
2. I am better able to detect my burnout symptoms.	5	4	5	5	5	4.8
3. I feel more equipped to handle burnout and decrease its effects on myself and my patients.	5	4	5	4	5	4.6
4. I am more aware of my emotions and those of my patients and others around me.	5	5	5	4	5	4.8
5. I feel more engaged in my practice of medicine.	5	4	4	4	4	4.2
6. I understand the importance of self-care and am doing a better job at it.	5	4	4	5	5	4.6
7. I am getting improved feedback from my patients and my coworkers.	4	3	3	4	4	3.6
8. I am happier and more relaxed at work now.	5	4	4	4	5	4.4
9. My work-life balance has improved.	5	3	4	4	4	4
10. I feel I am better able to perform my duties as a leader/director.	5	3	5	5	5	4.6
11. I am more aware of the resident's/fellow's burnout symptoms.	5	4	5	5	5	4.8
12. I feel more confident in managing the resident's/fellow's burnout symptoms.	5	4	5	5	5	4.8
13. I would recommend such an intervention for program directors.	5	5	5	5	5	5
14. I would recommend such an intervention for other physicians.	5	5	5	5	5	5
15. I would recommend such an intervention to other health care professionals.	5	5	5	5	5	5
AVG = average; PDA = Program Director A; PDB = Program Director B; PDC = Program Director C; PDD = Program Director D; PDE = Program Director E.						

well-being was increased, there was improvement in understanding burnout and its relationships with emotional intelligence and wellness.

Introducing the directors to the different techniques and their practical applications in enhancing emotional intelligence and wellness helped create a change in the way they thought and acted. The researchers helped introduce a 2-day workshop that seemed to have subjectively impactful and sustainable results over a 9-month period. To our knowledge, this is the first approach that combines the sciences of emotional intelligence, self-care, and leadership for one goal: Train the trainers so they are better able to handle

the challenges of burnout before them, within them, and others. The personal and professional noticeable results felt by the directors perhaps open the door for larger scale interventions using the sciences of emotional intelligence, wellness, and self-leadership.

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Grant Support: The workshop was funded by a grant from the Methodist Health Care System, Houston, TX.

Potential Competing Interests: The intervention was done through a grant from Methodist Hospital to Vital Signs Vital Skills, a coaching

company based in Texas. The grant helped cover the expenses of data gathering, travel, and the 2-day workshop. There are no financial gains from publishing this article.

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