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A STUDY OF THE IMPACT OF EMOTIONAL INTELLIGENCE TRAINING IN PHYSIOTHERAPY INTERNS: A PILOT STUDY

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ABSTRACT

Background: Physiotherapy is a branch of medicine where development of a good rapport between patient and therapist coupled with presence of a caring attitude and emotional understanding of patients would facilitate faster recovery. This study assessed the effect of Emotional Intelligence (EI) training in physiotherapy interns to help them understand their patients better and enhance their self awareness while patient's perceived change in care was examined.

Methods: 8 physiotherapy interns completed an EI scale at the start and end of the study. A scale assessing change in Consultation and Relational Empathy (CARE) was administered to patients prior to and after the EI training. A retrospective pre and post questionnaire was helped assess change in personal attitude and awareness for the interns. All interns were trained using 6 modules on EI via lectures, case vignettes and discussions.

Results: Statistically significant differences in scores were noted on the EI scale, retrospective pre and post questionnaire and the CARE questionnaire ($p < 0.05$). A correlation done between the retro-post questionnaire and post training CARE scale scores revealed a positive correlation between patient perception of better care and enhanced self awareness in interns ($r = 0.88847$, $p = 0.00318$).

Conclusion: EI training helped improving patient care and self awareness in physiotherapy interns leading to better care being perceived by patients. This study demonstrates the educational value of EI training emphasizing the need for the regular inclusion of EI training in physiotherapy training curriculums. Further studies to validate these findings are warranted.

Keywords: emotional intelligence, physiotherapy, interns, self awareness, patient care, CARE questionnaire.

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INTRODUCTION

Physiotherapy is a branch of medicine where patient care is long term, involving constant contact and good rapport between the physiotherapist and patient. It is a taxing branch of medicine where results are slow but when seen are fulfilling and rewarding to those involved in a therapeutic relationship [1]. Physiotherapy as a career can take a toll on the therapist due to emotional drainage and physical fatigue that ensues over time leading to burnout, cynicism, inefficacy and exhaustion. This emotional drainage may also cause compassion fatigue in the long run frustrating the physiotherapist in his/her daily work [2]. It is pivotal that physiotherapists understand emotions, their genesis and meaning while dealing with patients who may suffer from distressing disorders and thus help themselves decipher patient reactions while moulding their own attitudes in reciprocation. There is a scarcity of literature on emotional intelligence (EI) training and knowledge amongst physiotherapists in practice and training [3]. In keeping with the necessity to evaluate EI training and its effect in physiotherapists, we decided to study how EI training could enhance self awareness, change personal attitudes and increase one's knowledge of EI while patient's equally perceived the change in care received.

METHODS

The Institutional Ethics Committee of the Staff Research Society, Lokmanya Tilak Municipal Medical College granted approval for the study. The study participants were 8 physiotherapy interns (completed 4 years of physiotherapy undergraduate training) who used to administer physiotherapy to patients on a regular basis. Written informed consent was taken from the interns. All the interns were female. They received EI training by a qualified trainer (one of the authors – AD), encompassing 6 modules (decided by the authors and 2 external experts) administered over 6 weeks (3 hours per week, once a week) in the form of lectures, role plays, case vignettes, debates and discussions (multiple teaching learning methods per session). All 8 interns and authors participated in these sessions. The details of the EI modules are mentioned in Table 1. All interns were administered an Emotional Intelligence Scale [4] at the start and end of the training. A retrospective pre and post questionnaire was administered to the interns to help them gauge an improvement in self awareness and personal emotional attitudes before and after the training. This scale was designed by the authors and was validated by 3 senior medical teachers (who were not part of the study). They were given the questionnaire and were asked to mark out questions which were unclear, vague or grammatically incorrect. These questions were improved upon conceptually, linguistically and grammatically till the teachers independently confirmed all items on the scale being clear. This validation method is based on the method suggested by Sousa and Rojjanasrirat [5]. A CARE scale for patients under care of the interns was devised to assess changes in care and relational empathy from the therapist before and after EI training which was also validated as discussed.

This was administered to one patient each per intern. The patient chosen was in their care at the start of the study and remained under their care for the entire duration of EI training. In order to avoid confounding and disease variables from affecting patient ratings, all patients were under physiotherapy for similar medical illnesses. Written informed consent was obtained from each patient prior to enrolment in the study. The data was assessed statistically using computerized software. To measure differences across the sample and to measure change patient's perception of care the Wilcoxon's signed rank test was used as the distribution was not normal. Correlation using Spearman's test was used for the data.

Table 1: Modules of Emotional Intelligence Training

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| <p><u>Module 1</u></p> <ul style="list-style-type: none">• Concept introduction, different schools of EI.• Put forward a combined working model.• Why Emotional Intelligence?• Relation to Neuroscience <p><u>Module 2</u></p> <ul style="list-style-type: none">• Emotional Intelligence in Day to Day Life• Emotional Intelligence in Hospital Settings• Emotional Intelligence in Doctor Patient Settings• Emotional Intelligence – case examples <p><u>Module 3</u></p> <ul style="list-style-type: none">• Theory of mind and understanding the subconscious.• Resolution and Problem solving focus using emotional intelligence for stress and other problems.• Anger, Fear, Guilt and Resentment – discussion with examples• Focused awareness of self and relationship management. <p><u>Module 4</u></p> <ul style="list-style-type: none">• Emotional Intelligence at the workplace with friends and colleagues• Emotional Intelligence and Social Skills• Micro-expressions.• Relaxation exercises. <p><u>Module 5</u></p> <ul style="list-style-type: none">• Case examples and discussions on Emotional Intelligence related to physiotherapy settings• Emotional Intelligence and Career growth• Emotional Intelligence and the difficult patient• Emotional Intelligence and end of life care <p><u>Module 6</u></p> <ul style="list-style-type: none">• Revision of all the modules• Feedback and Discussions• Reflective writing |
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RESULTS

On assessing the scores on the EIS it was noted that the mean difference before and after EI training was -20.3 which was statistically significant ($z = -2.5205, p \leq 0.05$).

The analysis of scores on the retrospective pre and post questionnaire revealed a statistically significant change in self awareness and personal emotional attitudes in the interns (mean diff = -16.88, $p \leq 0.05$). In keeping with changes perceived by the interns, patients under their care too perceived a significant differences in therapist care as documented by the change in pre and post training scores (mean diff = -25.88, $p \leq 0.05$). In keeping with non normal distribution of data, correlation using Spearman's formula between the retrospective post questionnaire and post training CARE questionnaire showed a positive significant correlation between the two sets of scores ($R = 0.8885$, $p = 0.00318$). Reflective writing by the interns when assessed qualitatively indicated by words used, like 'change', 'growth', 'self understanding' and 'better perception of self and patient' that the training was indeed beneficial and transformative in nature.

DISCUSSION

Interpersonal functioning is a key element in promoting therapist-patient relationships in physiotherapy settings. Patients who come for physiotherapy often have debilitating disorders which are interspersed with psychological problems. The physiotherapist needs to be emotionally aware of the turmoil patients undergo and must adapt to the emotional needs of the patient [6]. EI training serves an effective instrument to help physiotherapists understand emotions and their meaning in themselves and others while helping them interpret emotional signals (verbal and non verbal) in order to build better rapport with their patients [7]. EI training shall also provide physiotherapists a useful tool to serve both as therapist and counsellor, alleviating patient distress, while maintaining therapist boundaries and empathy at all times [8]. It shall help prevent burnout and emotional exhaustion when attending to patients that cease to respond to physiotherapy or where the hope of recovery is grim [9]. There is a pressing need for EI training to form an integral part of medical and physiotherapy curriculums. Training student physiotherapists in EI shall help them cope with challenges that practice entails while maintaining their own emotional integrity during the adversities they may encounter [10]. Future research on EI training and its impact on physiotherapists is essential to enable medical schools draw a blueprint for its implementation on a definitive basis. Our study has its limitations in

the form of a very small sample size and this being a pilot study shall pave the way for further studies.

CONCLUSION

EI training must be made a part of routine part of physiotherapy training and shall go a long way in enhancing the well being of both the physiotherapist and patient under his/her care. Further research in larger samples in this direction is warranted.

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