Emotional Intelligence

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A very warm welcome to the January 2019 edition of the *Annals*. And a happy New Year! Many of us will have seen as much of our colleagues as we have our own friends and family during the recent festive period – an accepted part of our surgical devoir. Working at unsociable times has its own unique way of generating a certain *esprit de corps*, and it reminds us of our shared heritage and vocation. Likewise, working in a healthcare system under immense pressure only serves to enhance our apposition of purpose. Despite the limitations imposed by such circumstances, it is heartening to see how surgical teams continue to innovate and advance both patient care and the patient experience.

In this month's *Annals*, a team at Imperial in London describe their experiences with a 'virtual' clinic, which resulted in clinical, financial and environmental benefits. Significantly, there was no negative impact on patient care or patient satisfaction levels. The process not only made available much needed clinic space for initial face-to-face consultations but also saved on nearly 5,000 miles of patient travelling time. Such innovative working inevitably arises from teams that work well together. A characteristic of those teams that are open to innovation is a shallow authority gradient (a feature generally achieved by mutual respect), which allows all members of a department to contribute equally to the improvement in patient care.

Not all surgical teams, however, work quite so well together. Sadly, there are some well documented examples of dysfunctional surgical teams, whose inability to work effectively with each other has threatened patient care. A

non-medical friend asked me recently how it was possible that such demonstrably intelligent individuals could find themselves in such sorry situations. Was it a reflection of a surgical personality?

There is indeed evidence for a surgical personality.¹ Surgeons have statistically higher levels of agreeableness, conscientiousness and openness. They are also highly disciplined, organised and assertive. Conversely, there are also higher levels of neuroticism with the tendency to exhibit negative emotions such as anger, anxiety, depression and vulnerability. Conflict is probably inevitable in all departments and complex joint decision making among those with a classical surgical personality is replete with obstacles. Nevertheless, that is not necessarily a bad thing. Conflicts and disagreements may create opportunities to generate creative outcomes and to improve interpersonal relationships. It is dysfunctional teams that fail to achieve agreements.

It must be self-evident that it is not intelligence *per se* that is lacking in difficult colleagues or dysfunctional teams. In fact, the definition of *intelligence* (in the traditional sense at least) is very much limited to a rather defined area of linguistic and mathematical ability. *Emotional intelligence*, by contrast, is far more important and perhaps less well recognised. It is frequently that which makes a successful leader. It reflects an individual's ability to manage his or her own emotions and motivations and to show empathy – something less often found in clinicians choosing procedure-based specialties.² Simply put, when 'emotional control is lost, smart people become stupid'.³

Those with higher levels of emotional intelligence are often those who achieve a successful work-life balance, avoiding surgical burnout and becoming leaders in their field. It is certainly not the case that all high achieving clinicians will have difficulty in working collaboratively. Instead, it is those with a self-perceived degree of accomplishment (and who lack the intellectual humility in their dealings with colleagues) who generally enter into stable patterns of destructive behaviour that unsurprisingly upsets the milieu of a department – the behavioural exemplars of which many of us are all too familiar with.

It is communication that is at the heart of conflict and, ultimately, at the heart of conflict resolution. It is *emotional intelligence* that we need to nurture in ourselves, our colleagues and the next generation of surgeons. Something to ponder for the New Year?

References

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