



Review Article

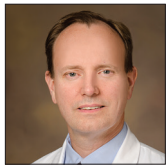
## Emotional intelligence in neurosurgery: Mitigating burnout and enhancing performance

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### ABSTRACT

**Background:** This study underscores the high burnout rates among physicians, particularly surgical residents, attributing it to the demanding health-care ecosystem. It highlights the negative impacts of burnout, such as medical errors and increased health-care costs, while exploring the potential mitigating role of emotional intelligence (EI) and mindfulness. The research aimed to analyze the existing literature on EI in neurosurgery, focusing on its relationship with physician burnout and its potential role in healthcare leadership and residency training programs.

**Methods:** A comprehensive literature review was conducted using multiple databases, including PubMed, OVID Embase, and OVID Medline, using the keywords “Emotional Intelligence” and “neurosurgery.” The search duration spanned from each database’s inception to June 2023.

**Results:** The review highlighted various studies emphasizing the importance of integrating EI and mindfulness training into medical education and leadership, suggesting that a balance between technical competencies and interpersonal skills are critical. It identified personal integrity, effective communication, professional ethics, pursuit of excellence, relationship building, and critical thinking as key competencies for health-care leadership.

**Conclusion:** EI and a growth mindset play a critical role in managing burnout, enhancing job satisfaction and performance, and promoting effective healthcare leadership. The review, however, acknowledges certain limitations such as small sample sizes, single-institution experiences, potential biases, and inconsistencies in burnout parameters and EI measurement tools. Despite these, it points toward potential areas for future investigation and highlights the importance of standardized EI measurement tools and robust quantitative assessment methods.

**Keywords:** Emotional intelligence, Health-care leadership, Mindfulness training, Neurosurgical leadership, Physician burnout

### INTRODUCTION

The health-care environment is a highly demanding ecosystem that requires physicians to excel in diverse roles due to high stress, rapidly evolving regulations, and escalating responsibilities.<sup>[5,8]</sup> Consequently, physicians often experience significant burnout rates, characterized by emotional exhaustion, depersonalization, and reduced sense of personal accomplishment.<sup>[1,6,7]</sup> This phenomenon has negative implications for the well-being of healthcare workers, their social relationships, employment satisfaction, the quality of medical

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care, and health-care costs.<sup>[6]</sup> Alarming, burnout is not only more prevalent among physicians compared to the general population but is also increasing across all specialties, particularly among surgical residents.<sup>[1]</sup>

Physician burnout has serious consequences, including higher rates of major medical errors, escalating health-care costs, and even suicidal ideation among health-care providers.<sup>[1,6]</sup> Given that approximately 98,000 Americans die annually as a result of health-care errors, with a significant portion attributable to communication mishaps, it is crucial to comprehensively understand and address this issue.<sup>[4]</sup> One potential factor that has gained attention as a mitigating strategy is emotional intelligence (EI), which refers to the ability to perceive, use, understand, and manage emotions.<sup>[6,7]</sup> EI is increasingly recognized as a crucial nontechnical skill for successful residency and effective communication among physicians, playing a pivotal role in reducing stress, and mitigating physician burnout.<sup>[4,7]</sup> Moreover, higher levels of EI have been associated with various positive outcomes, such as lower attrition rates, decreased depression rates, increased job satisfaction, and overall well-being among resident physicians.<sup>[7]</sup>

Despite the promising associations, traditional evaluation methods for residents typically do not directly assess EI, and medical education and professional training often lack interventions to improve EI.<sup>[1,8]</sup> Furthermore, the relationship between EI and burnout in certain groups, such as surgical residents, remains understudied.<sup>[1]</sup> Physicians, especially those in leadership roles such as neurosurgeons, not only engage in clinical work but also shoulder additional responsibilities, including education, research, and administration.<sup>[5]</sup> The significance of EI in managing these responsibilities cannot be overstated, as it is fundamental to the core competencies expected in residency training and effective leadership.<sup>[3,5,7]</sup> In addition, EI significantly contributes to essential elements of healthcare, such as doctor-patient relationships, stress management, leadership, and overall empathy, ultimately reducing medical errors and improving patient outcomes.<sup>[4]</sup>

Hence, it is increasingly evident that EI, along with mindfulness, another skill closely linked to managing high-stress situations, could provide solutions in this evolving health-care environment.<sup>[8]</sup> To address these systemic deficiencies, it becomes imperative to incorporate these elements into healthcare leadership and residency training programs.<sup>[2,3]</sup> The objective of this paper is to highlight the role of EI in mitigating neurosurgical burnout, improving patient outcomes, and fostering effective leadership in the current health-care environment.

## MATERIALS AND METHODS

A literature review was conducted to investigate the current corpus of research pertaining to EI in neurosurgery. This

thorough investigation involved searching multiple databases such as PubMed, OVID Embase, and OVID Medline. The search duration encompassed the period from the establishment of each individual database up until June 2023. The primary search strategy employed the keywords “Emotional Intelligence” and “neurosurgery” to retrieve relevant studies and articles.

## RESULTS

Table 1 encompasses the findings of several scholarly investigations conducted by various authors, pertaining to healthcare, EI, burnout, and leadership. The initial entry in the table elucidated a study conducted by Shakir *et al.*,<sup>[8]</sup> which underscored the imperative nature of integrating EI and mindfulness training into medical education. This integration was deemed necessary to counterbalance the heightened levels of stress and burnout experienced by physicians. Subsequently, Neal and Lyons emphasized the significance of maintaining a balance between technical competencies and interpersonal skills in the context of neurosurgical leadership, which served as the central focus of their research. Their study shed light on the importance of cultivating both technical prowess and human-centered attributes in effective leadership within the field of neurosurgery.

The third entry in the table depicted a study by Richards *et al.*<sup>[6]</sup> that investigated the phenomenon of burnout among advanced practice providers in the neurosurgical domain. This particular investigation underscored the necessity of implementing a combination of organizational and personal strategies to alleviate the adverse effects of burnout experienced by these health-care professionals. The study highlighted the need for a multifaceted approach that addresses both systemic factors within the health-care organization and individual coping mechanisms. Finally, the table discussed a study by Hargett *et al.*<sup>[2]</sup> that focused on the development of a specialized health-care leadership model. This model emphasized various crucial attributes, including EI, integrity, selfless service, critical thinking, and teamwork. The model garnered positive reception within the field and was undergoing further validation and assessment to confirm its efficacy and adaptability.

The collective findings presented in Table 1 underscore the significance of integrating EI and mindfulness training into medical education, maintaining a balance between technical and human skills in neurosurgical leadership, addressing burnout through a combination of organizational and personal strategies, and embracing a comprehensive healthcare leadership model. These insights contribute to the growing body of knowledge in the healthcare field and provide valuable recommendations for improving the well-being of health-care professionals and optimizing leadership practices.

**Table 1:** Research studies on EI and leadership in healthcare.

Authors	Summary
Shakir <i>et al.</i> (2017)	The evolution of medical practice has led to high stress and burnout among physicians, necessitating adaptation to new practices and regulations. Integrating EI and mindfulness training in medical education and professional development is crucial to equip physicians with skills to manage stress, improve patient interactions, and navigate challenging situations with emotional balance.
Neal and Lyons (2021)	Successful leadership in neurosurgery necessitates a balance of technical acumen and human skills, managing diverse responsibilities and unique health-care challenges with self-awareness, continuous learning, and feedback. In addition to embodying honesty and credibility, such leaders use EI to enhance job satisfaction, patient care, and team dynamics, and leverage influence through relationship-building and adaptability to drive positive change.
Richards <i>et al.</i> (2021)	Burnout is a prevalent issue among healthcare workers, especially neurosurgical APPs, with high rates observed in surveys, particularly among women and those lacking an APP supervisor. To counteract its systemic negative impacts on health-care outcomes and worker satisfaction, implementing both organizational and personal strategies including promoting EI, work-life balance, and professional growth is essential.
Hargett <i>et al.</i> (2017)	This study developed a specialized healthcare leadership model aimed at improving physicians' leadership skills within the medical sector. This patient-centered model, emphasizing attributes such as EI, integrity, selfless service, critical thinking, and teamwork, has been positively received and is presently undergoing broader validation and assessment to confirm its effectiveness and adaptability.

EI: Emotional Intelligence, APPs: Advanced practice providers

Table 2 presents a comprehensive synthesis of the fundamental leadership skills and behaviors deemed vital for achieving success within the context of health-care professions. The table encompasses a total of 33 distinct competencies, each of which represents a critical facet of effective healthcare leadership. These competencies have been meticulously organized in descending order of importance based on the data collected and analyzed. At the pinnacle of the ranking, the five most pivotal competencies are identified as follows: personal integrity, effective communication, professional ethics, pursuit of excellence, relationship building, and critical thinking. These competencies encapsulate a range of attributes and abilities that are integral to fostering a collaborative environment in health-care settings. They encompass personal qualities, such as integrity and ethics, as well as communication skills and motivational capacities, all of which play a key role in the effective functioning of health-care leaders. Moreover, the table incorporates strategic competencies, such as planning and adaptability, which are crucial for navigating the dynamic and the complex nature of the health-care industry. In addition, it encompasses domain-specific competencies that are unique to healthcare leadership, including patient-centeredness and a comprehensive understanding of the impact of health-care decisions on the wider community. Each competency is succinctly described, offering a lucid comprehension of its significance, and providing practitioners with a clear roadmap for developing and refining their leadership abilities. Consequently, Table 2 serves as a comprehensive and indispensable guide for individuals aspiring to pursue healthcare leadership roles, as well as for those who are already engaged in such positions. By elucidating the core competencies required for effective leadership within the

healthcare domain, this table enables individuals to evaluate their existing skill set, identify areas for improvement, and strategically enhance their leadership capabilities.

## DISCUSSION

The integration of EI and mindfulness training into medical education, the maintenance of technical and interpersonal competencies in neurosurgical leadership, the management of burnout through a combination of organizational and individual strategies, and the adoption of a comprehensive healthcare leadership model emerged as significant themes in Table 1. These findings, derived from various scholarly investigations, contribute to the expanding body of knowledge in the healthcare field and emphasize the necessity of a holistic approach to enhance the well-being of health-care professionals and optimize leadership practices. Table 2 presents a comprehensive synthesis of the essential leadership skills and behaviors crucial for success in health-care professions. By presenting 33 distinct competencies in descending order of importance, this table offers a clear and detailed roadmap for the development and enhancement of leadership abilities. The top five competencies – personal integrity, effective communication, professional ethics, pursuit of excellence, relationship building, and critical thinking – encompass a range of personal attributes, communication, and motivational skills, thus highlighting their significance in fostering a collaborative health-care environment. The inclusion of strategic competencies such as planning and adaptability underscores the dynamic nature of the health-care industry and the necessity to adapt accordingly. Furthermore, the emphasis on domain-specific competencies unique to healthcare leadership, such as

**Table 2:** Key leadership competencies for neurosurgical professionals.

S. No.	Leadership competency	Description
1.	Personal integrity	Open, honest, and trustworthy behavior
2.	Effective communication	Clear and effective dialogue with patients and the team
3.	Professional ethics	Application of medical ethical principles
4.	Pursuit of excellence	Striving for excellence across all areas
5.	Relationship building	Actively listening, supporting, and gaining trust
6.	Critical thinking	Analytical and conceptual problem solving
7.	Motivation	Inspiring self and others to achieve goals
8.	Team dynamics	Understanding and leveraging team strengths/weaknesses
9.	People management	Delegating, directing, and promoting equality/diversity
10.	Patient-centeredness	Prioritizing patients' interests and safety
11.	Adaptability	Readily adapting to changes as required
12.	Performance management	Assessing and adjusting personal/team performance
13.	Decisiveness	Acting decisively using values and evidence
14.	Improvement and innovation	Fostering quality improvement and growth
15.	Contribution encouragement	Cultivating an open, noncritical idea sharing environment
16.	Planning	Short/long-term goal setting and planning
17.	Self-awareness	Understanding one's values, principles, and assumptions
18.	Vision fostering	Creating, communicating, and embodying the vision
19.	Strategy	Aligning plans, resources, and people for goals
20.	Self-management	Regulating actions and emotions
21.	Selfless service	Prioritizing others' needs; concern for the common good
22.	Personal development	Continuous professional learning and feedback reception
23.	Resource management	Efficient, safe use of resources per diverse needs
24.	Personal resilience	Ability to cope with demanding situations
25.	Knowledge and evidence	Translating research for optimal outcomes
26.	Personal balance	Maintaining mental and physical health
27.	Expertise	Mastery of core knowledge in a given field
28.	Transformation facilitation	Contributing to positive change
29.	Systemic impact evaluation	Measuring outcomes, taking corrective actions
30.	Situational awareness	Understanding broader perspectives on problems
31.	Network development	Building professional connections
32.	Understanding	Awareness of how patient care decisions impact population health
33.	Historical context understanding	Incorporating history and culture into decision-making

Modify from Hargrett et al. (2017)<sup>[2]</sup>

patient-centeredness, exemplifies the distinctive demands of this sector. As a result, Table 2 serves as an invaluable guide for neurosurgeons seeking to evaluate, improve, and enhance their leadership skills within the healthcare domain.

The phenomenon of burnout and the importance of EI in the health-care field have gained substantial attention in recent years, particularly in the context of medical residency and leadership. The studies discussed herein indicate that EI and mindset are vital factors influencing the well-being and job satisfaction of physicians, particularly those undergoing residency or practicing in demanding surgical disciplines.<sup>[1,5,7]</sup> EI encompasses self-awareness, self-regulation, motivation, empathy, and social skills. It consistently correlates with job satisfaction, reduced burnout, improved patient relationships, and an effective teaching environment.<sup>[1,5,7]</sup> Unlike fixed personality traits, EI is a learnable and improvable quality that can be targeted for intervention, especially during

the early stages of residency.<sup>[1,7]</sup> Lower EI scores have been found to correspond with higher levels of burnout among physicians, suggesting that interventions aimed at enhancing EI may contribute to burnout reduction.<sup>[1,7]</sup>

Interestingly, a growth mindset is associated with higher motivation, improved test scores, and reduced stress.<sup>[1,7]</sup> This aligns with the broader notion that a growth mindset, characterized by the belief that intelligence and abilities can be developed through learning, are beneficial. Consequently, strategies should be implemented to foster a growth mindset within residency programs.<sup>[1,7]</sup> Despite the evident significance of EI, training in this area is often neglected in graduate medical education due to limited evidence, nonstandard assessment methods, and a lack of awareness.<sup>[4]</sup> Nonetheless, the inclusion of EI training, potentially integrated into residency curricula through longitudinal approaches employing interactive scenarios



and regular debriefing sessions, holds transformative potential.<sup>[3,4]</sup> Assessment tools like the Emotional Quotient Inventory (EQ-I 2.0) and EQ-360 can effectively measure EI, providing a comprehensive evaluation of an individual's emotional and social competencies.<sup>[4]</sup>

The Accreditation Council for Graduate Medical Education (ACGME) mandates six core competencies, and the integration of EI and mindset education could enhance the acquisition of these competencies.<sup>[4,7]</sup> It is noteworthy that simulation-based training offers a safe environment for practice and the development of EI, thereby enhancing interdisciplinary collaboration and patient care effectiveness.<sup>[4]</sup> However, achieving such goals necessitates dedicated time and high participation rates.<sup>[7]</sup> Burnout is prevalent in the healthcare sector and is characterized by exhaustion, cynicism, and diminished effectiveness.<sup>[6]</sup> Interestingly, traditional evaluation measures, such as ABSITE or ACGME surgical milestone scores, were not found to be associated with burnout.<sup>[1]</sup> This suggests that high-performance indicators may not necessarily reflect burnout, highlighting the need for alternative methods of assessing resident performance.<sup>[1]</sup> A considerable proportion of surveyed residents across different studies reported experiencing burnout, which has detrimental effects on patient outcomes, the financial health of health-care organizations, and employee quality of life.<sup>[1,6]</sup>

Given that neurosurgical leaders play a crucial role in fostering supportive environments and influencing organizational culture, their EI, and mindset assume paramount importance.<sup>[5]</sup> Self-awareness can be enhanced by studying personality traits and receiving feedback from peers, preferably through 360° reviews.<sup>[5]</sup> Leaders, who invest in their personal growth, reflect on their leadership style, maintain healthy relationships, and effectively manage conflict are more likely to succeed.<sup>[5]</sup> Honesty, fairness, and interpersonal skills are significant attributes for successful leadership, further underscoring the need for EI.<sup>[5]</sup> In conclusion, the cultivation of EI and a growth mindset within the medical profession, particularly among resident physicians and leaders, can significantly contribute to the reduction of burnout, as well as enhance job satisfaction and performance. Future assessments and research endeavors are warranted to evaluate the effectiveness of EI-focused training approaches and further substantiate the case for incorporating EI education.

This comprehensive literature review is not without inherent limitations. First, the review heavily relies on studies that possess certain inherent constraints, such as significant sample size restrictions. These limitations can potentially impact the generalizability of the findings. In addition, a substantial portion of the studies included in the review are based on single-institution experiences, which may limit

the external validity of the conclusions. Moreover, several studies incorporated in the review employ a cross-sectional design, which inherently limits the establishment of causal relationships and longitudinal insights. Furthermore, it is important to consider that certain studies within the review may have potential response biases and selection biases. These biases can introduce distortions and influence the outcomes, thereby warranting caution when interpreting the results.

Another noteworthy challenge is the absence of universally accepted parameters for defining burnout, which hinders the ability to draw definitive conclusions. The lack of standardized criteria may lead to variations in the identification and classification of burnout, posing difficulties in synthesizing the literature. Furthermore, the literature review encompasses studies conducted during different periods, including those carried out during the COVID-19 era. It is crucial to recognize that the pandemic may have significantly impacted the perceptions and experiences of burnout among health-care professionals. Therefore, the findings should be considered within the context of this unique and evolving situation.

In addition, it is important to highlight that the studies included in the review often employ diverse tools for measuring EI. This variability in measurement tools can limit the comparability of outcomes across different studies, making it challenging to establish consistent patterns or draw definitive conclusions. Finally, it is worth noting that the effectiveness of interventions aimed at enhancing EI is typically evaluated through subjective measures. This reliance on subjective assessments calls for the implementation of more robust and quantitative tools to assess improvements in EI, enabling a more rigorous evaluation of intervention outcomes. Recognizing and addressing these limitations are essential for the development of future research and the advancement of knowledge in the field of burnout and EI among health-care professionals.

## CONCLUSION

The literature review presented in this paper underscores the indispensability of EI and a growth mindset in the realm of medical practice, with an emphasis on the sphere of neurosurgical leadership. The analysis throws light on the tangible relationship that EI and a growth mindset share with professional burnout, job contentment, and overall performance within the profession. The integration of EI and mindfulness training into medical education and the cultivation of a growth mindset have surfaced as critical themes. Their incorporation stands to contribute meaningfully to decreased instances of burnout, enhanced patient relationships, and the fostering of an effective teaching environment. Furthermore, these elements are seen

to be integral in the enhancement of leadership skills and behaviors pivotal to triumph in the health-care industry.

However, while the conclusions drawn provide valuable insights, they do not stand immune to certain limitations. Constraints related to sample size, reliance on single-institution experiences, and employment of cross-sectional study designs hinder the establishment of causal relationships and limit the scope for longitudinal insights. Potential biases, such as response and selection biases, lack of universally accepted burnout parameters, and inconsistencies in EI measurement tools across different studies, further confine this review. Furthermore, the unique circumstances created by the COVID-19 pandemic and its impact on the perceptions and experiences of burnout among health-care professionals must be considered when interpreting the findings. Despite these shortcomings, the insights derived from the review provide essential areas for further investigation. Future studies should strive to counter these limitations, delve deeper into the potential of EI-centric training methods in the health-care landscape, and foster the development of standard EI measurement tools and robust quantitative assessment methods. The growth of this body of knowledge is essential to the scientific community, given the promising role of EI and a growth mindset in enhancing job satisfaction, reducing burnout, and improving patient care. Ultimately, this holistic approach could lead to meaningful enhancements in both professional well-being and the efficiency of health-care systems.

#### **Declaration of patient consent**

Patient's consent not required as there are no patients in this study.

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Nil.

#### **Conflicts of interest**

There are no conflicts of interest.

#### **Use of artificial intelligence (AI)-assisted technology for manuscript preparation**

The author(s) confirms that there was no use of Artificial Intelligence (AI)-Assisted Technology for assisting in the writing or editing of the manuscript and no images were manipulated using AI.

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## Commentary:

You just read an excellent review on Emotional Intelligence in Neurosurgery. I congratulate the authors for their initiative.

Emotional Intelligence is an elusive subject; a lecture or a textbook fails to capture the totality of its meaning. Medical schools teach students bedside manners and a professional code of conduct. Later, in the residency, the young physician discovers the foundations of the specialty, including the nuances of the techniques, those little details that we can call the “touch.” Unfortunately, neither at the medical school nor at the residency the budding physician will receive instructions about developing that other “touch” Emotional Intelligence. And this is not their fault; Emotional Intelligence is a transmissible condition acquired through repeated exposure.

I will share with you one of the instances that set for me standards of behavior.

In the third year of my residency in neurosurgery, I had the opportunity to travel to the U.S.A. and spend March as a foreign visiting fellow in a microsurgical training program at a large academic Hospital in the Midwest. Dr. A. was the chairman of the department. The other foreign fellow was a Mexican neurosurgeon. We stayed in contiguous rooms in the Nurse’s Home, adjacent to the Hospital.

Every day we went to the microsurgical laboratory, and late in the afternoon, we walked toward the Hospital to observe the clinical-radiological round. We sat in the back row of the room, behind residents from two specialties, a clinical fellow, and the faculty of neurosurgery and radiology. Ideas and opinions glided smoothly between the chairman, the faculty, and the residents. It was not a volley of “very interesting, but completely wrong interpretation of anatomy and physiology,” instead was “It didn’t occur to me that approach but tell us what you think about this way that incorporates some of your suggestions.”

With my colleague and later dear friend, we sensed that the department’s chairman installed the tenor and manner of the clinical rounds in the faculty and resident. Two events in the waning days of my stay reinforced our assumption.

One night, we met Mr. F, who introduced himself as the husband of a patient the chairman had operated on a few days ago. On the day of her discharge, Mr. F. asked Dr. A. how he could express his gratitude. The chairman said he knew two foreign fellows in the microsurgical laboratory whom he did not have the chance to take to dinner. Would Mr. F be kind and take us to dinner?

Two days after, while I was having lunch at the hospital cafeteria, Dr. A. approached me, and after asking my permission, he sat next to me and told me that due to an unexpected event, he would leave town the next morning. He would not be around the day I returned to my country. He thanked me for coming from far away and wished me the best of luck with my career. I had zero publications, and my contribution to micro neurosurgery at that Hospital was a row of poorly sutured surgical gloves. We should not reduce Emotional Intelligence to just a helpful tool for installing collegiality in a department; it is a state of mind that spreads into everyday activities, including but not limited to the operating room or clinical grand rounds.

Emotional intelligence skills are not teachable but transmissible. We must treasure those who are the depository of this vital component of the human condition.

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