

Emotional Intelligence Curriculum and the Impact on Dental Students

Freifeld M, DMD; Hedderly D, EdD, MBA; Stevens R, DMD, MBA; Munk L.K., DDS, MS



INTRODUCTION

According to our research, there are many studies that show the benefits of emotional intelligence (EI) in the medical field. ¹⁻⁶ However, there are limited studies that show the importance of EI in the dental field. Based upon the literature, there is no requirement for formal EI training to be integrated into the dental school curriculum. ⁷ However, at Roseman University, EI is part of the dental schools' curriculum and is integrated throughout dental students' tenure.

Based on the literature, EI is a skill that can be developed through education, and with the proper infrastructure can be fostered, so that dental students can reach their growth potential in this area.^{8,9} The assumption is dental students and in turn, dentists and dental specialists with higher EI, will have more success in practice both in terms of business and interpersonal relationships with their patients and staff.^{3-5, 9-13} In addition, a dentist with higher emotional intelligence will be more adept to handle intrapersonal conflicts and be more likely to have more confidence and overall higher well-being. ^{1,2,5,12,14,15}

This study will fill a gap in the literature of the effect of El curriculum on dental students' El development.

OBJECTIVES

1. The primary objective of the study is to determine the relationship between El curriculum and Roseman second year dental students' (class of 2022) El through a paired sampling pre-test and post-test.

2. A secondary objective of the study is to measure the level of emotional intelligence in Roseman's first year dental students (class of 2024), in order to establish a baseline of El prior to Roseman emotional intelligence curriculum.

RESEARCH DESIGN & SAMPLE

- Longitudinal and cross-sectional study
- 1st & 2nd year dental students at Roseman University College of Dental Medicine in the 2022 and 2024 classes.

PRESENTED BY DR. MONICA FREIFELD AT THE ROSEMAN UNIVERSITY RESEARCH SYMPOSIUM, HENDERSON, NV ON MARCH 30, 2022.

METHODS

This study using descriptive statistics was both longitudinal and cross-sectional. The data points for the longitudinal portion of the study were before current second year dental students (class of 2022) take DMD 6100, in March 2020, and subsequently in September 2020, 6 months after conclusion of DMD 6100. In this course, EI theory is reviewed, and students can practice and apply the theory. The goal is to see a change in self-assessed EI behavior.

The cross-sectional part of the study was conducted with the incoming dental students (class of 2024), before they took their first course, DMD 5100. This data will provide a baseline for EI in Roseman first year dental students.

Data Collection:

Multi-Health Systems Inc. Psychological Assessments & Services (MHS Assessments) will be used as a third-party service to assess Emotional Intelligence using their EQ-i 2.0 (self-assessment) instrument. MHS will provide a portal for access to send out the invitation with a link to the survey.

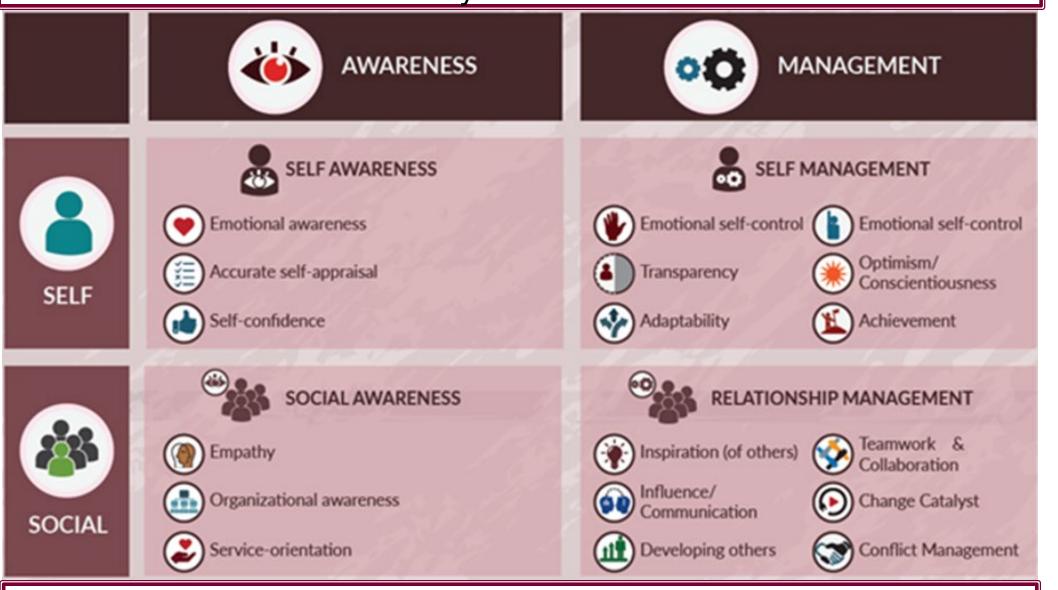


Figure 1: Four Domains of Emotional Intelligence adapted from Daniel Goleman's Book Primal Leadership¹⁶

RESEARCH QUESTIONS

- What is the relationship between EI curriculum and second year dental students 'EI?
- 2. According to gender, to what degree is there an increase in EI in dental students after EI curriculum?
- 3. According to age, to what degree is there an increase in EI in dental students after EI curriculum?

VARIABLES

- 1. Independent variable: Emotional Intelligence Curriculum
- 2. Dependent variables:
- Emotional Intelligence (Total Score), Self-Perception, Self-Expression, Interpersonal, Decision Making, Stress Management, Happiness (Well-Being Indicator)

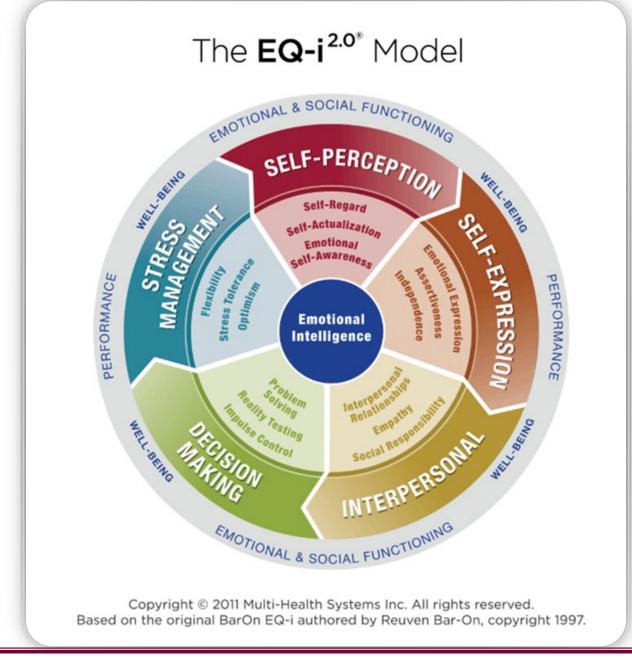


Figure 2: EQ-1 2.0 Model from MHS Assessments¹⁷

RESULTS

- Findings revealed no significant differences for Time, Gender, or Age on overall Emotional Intelligence from Pre- to Post-El Total Scores
- For interaction effects, decision making showed a significant interaction for time and gender. However, tests of simple effects revealed no significant differences, suggesting the sample size for females (n = 4) did not have enough power to detect the effect.
- For Time, findings revealed that Assertiveness and Flexibility were significantly lower after the EI curriculum. For Gender, findings revealed that females scores were significantly lower on Assertiveness, in comparison to males.
- For Age, findings revealed that the 31 to 40 Age Group scores were significantly higher for Self-Expression, Independence, Decision Making, Problem Solving, Stress Management, Flexibility, and Stress Tolerance, in comparison to the 21 to 30 Age Group scores.

RECOMMENDATIONS FOR FUTURE RESEARCH

- More research done in dental schools
- Before, during, and after school
- More pre- and post- data
- Larger sample size
- Finding a way to incentivize students
- Different universities- teaching El- meta-analysis if possible
- Would there have been more EI reinforcement if it hadn't been for COVID?

REFERENCES

- . Schutte NS, Malouff JM. Emotional intelligence mediates the relationship between mindfulness and subjective well-being. Pers Individ Dif. 2011;50(7):1116-1119.
- Lin DT, Liebert CA, Tran J, Lau JN, Salles A. Emotional intelligence as a predictor of resident well-being. J Am Coll Surg. 2016;223(2):352-358.
- 3. Wagner PJ, Mosley GC, Grant MM, Gore JR, Owens CL. Physicians' emotional intelligence and patient satisfaction. 2002.
- 4. Arora S, Ashrafian H, Davis R, Athanasiou T, Darzi A, Sevdalis N. Emotional intelligence in medicine: a systematic review through the context of the ACGME competencies. Med Educ. 2010;44(8):749-764.
- 5. Johnson DR. Emotional intelligence as a crucial component to medical education. Int J Med Educ. 2015;6:179-183.
- 6. Sa B, Ojeh N, Majumder MAA, et al. The relationship between self-esteem, emotional intelligence, and empathy among students from six health professional programs. Teach Learn Med. 2019:1-8.
- 7. Commission on Dental Accreditation. Accreditation standards for dental educational programs. Chicago: American Dental Association, 2013.
- Nelis D, Quoidbach J, Mikolajczak M, Hansenne M. Increasing emotional intelligence:(how) is it possible? Pers Individ Dif. 2009;47(1):36-41.
- 9. Ellis P. Learning emotional intelligence and what it can do for you. Wounds UK. 2017;13(4).
- 10. Azimi S, AsgharNejad Farid A, Kharazi Fard M, Khoei N. Emotional intelligence of dental students and patient satisfaction. Eur J Dent Educ. 2010;14(3):129-132.
- 11. Ravichandra KS, Ravi GR, Kandregula CR, Vundavalli S, Srikanth K, Lakhotia D. Emotional Intelligence among Dental Undergraduate Students: An Indispensable and Ignored Aspect in Dentistry. J Int Oral Health. 2015;7(4):69-72.
- 12. Rathore D, Chadha NK, Rana S. Emotional intelligence in the workplace. Indian Journal of Positive Psychology. 2017;8(2):162-165.
- 13. Yadav R, Lata P. Role of emotional intelligence in effective leadership. International Journal on Leadership. 2019;7(2):27-32.
- 14. Mayer JD, Salovey P. The intelligence of emotional intelligence. Intelligence. 1993;17(4):433-
- 15. Weinzimmer LG, Baumann HM, Gullifor DP, Koubova V. Emotional intelligence and job performance: The mediating role of work-family balance. J Soc Psychol. 2017;157(3):322-337.
- 16. Goleman, D., Boyatzis, R. E., & McKee, A. (2013). Primal leadership: Unleashing the power of emotional intelligence. Harvard Business Press.
- 17. Multi-Health Systems Inc. An Introduction to Emotional Intelligence and the EQ-i 2.0 Model. https://tap.mhs.com/Resource-Center/EQ-i-20-resources/An-Introduction-to-EmotionalIntelligence. Published 2011. Accessed October 13, 2019

ACKNOWLEDGEMENT

Roseman University College of Dental Medicine Clinical Outcomes Research and Education