

Social intelligence in health professions educationists: How it helps to deal with challenges at the workplace? A mixed-method study

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Abstract

Objective: To identify the social intelligence of medical educationists, and the coping strategies used to deal with workplace challenges.

Method: The mixed-method study with an explanatory sequential design was conducted from March 15 to July 30, 2021, after approval from the ethics review committee of Riphah International University, Rawalpindi, Pakistan, and comprised medical educationists working in medical and dental colleges and institutions across the country. Data was collected using Tromso social intelligence scale in the quantitative phase. The socially intelligent educationists were identified, and were interviewed. Qualitative data was subjected to thematic analysis to identify predominant themes explaining the coping strategies used.

Results: In the quantitative phase, there were 80 participants; 51 (63.7%) females and 29 (36.3%) males, with 24 (30%) having >10 years of professional experience. Of them, 11 (13.8%) scored low, 54 (67.5%) moderate and 15 (18.8%) high on the social intelligence scale. In the qualitative phase, there were 13 subjects; 9 (69.2%) females and 4 (30.8%) males. There were 4 themes identified as coping strategies; inspire respect and trust, bringing readiness before a change, a collaborative and inclusive approach and use of soft skills.

Conclusion: Variation was seen in the levels of social intelligence among medical educationists working in academic institutions. Those with high levels of social intelligence used their non-cognitive soft skills to manage workplace challenges.

Keywords: Social intelligence, Medical education, Workplace, Coping strategies, Coping skills. (JPMA 74: 1079; 2024)

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Introduction

Intelligence is one of the most sought out characters of personal and interpersonal skills in the modern world. Higher intelligence implies higher analytical, creative, practical and problem-solving abilities in individuals.¹ Social intelligence is a multidimensional domain of general intelligence.² The concept of social intelligence describes what emerges in a person as they engage in a relationship with another". It encompasses more than just the awareness or management in a social context, rather it deals with what transpires within each person in the relationship.³

In an organisational context, social intelligence refers to the deliberate use of good skills with a clear understanding that the use of such skills will have a positive impact on the members and the organisation.⁴ It can serve as a foundation to help improve the effectiveness of employees and their success in an organisation. Workplace conflicts

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within interdisciplinary healthcare teams affect employee satisfaction and morale, and have been linked to detrimental consequences at the workplace if left unresolved.⁵ An effective resolution of conflicts and management of challenges leads to positive workplace dynamics.⁶ Therefore, employees should be skilled at managing conflict and creating inclusion to achieve effective team performance and promote collaboration. Employees and organisations look for individuals possessing appropriate soft skills alongside the required hard skills required in reforming the existing structures.

Educationists have a responsibility to strengthen teamwork and develop appropriate skills to improve the overall performance of institutions.⁷ Since the field of health profession education is an emerging trend in the country, and new educationists face considerable challenges in their workplaces when they propose any changes in the existing structures. It affects the quality of their work, hinders innovation, and creates a dysfunctional work environment non-conducive for either personal or professional progress. While working in academic institutions, medical educationists come across conflicts and challenges, especially while leading a change in the existing structures. These situations demand the use of social intelligence to effectively deal with the involved stakeholders. People who learn to improve their social intelligence and polish their

abilities are more successful in developing creativity and improving the productivity of their subordinates and, in turn, are more appreciated for their leadership capabilities.⁴

The current study was planned to identify the social intelligence of medical educationists, and the coping strategies used to deal with workplace challenges.

Subjects and Methods

The mixed-method study with an explanatory sequential design was conducted from March 15 to July 30, 2021, after approval from the ethics review committee of Riphah International University, Rawalpindi, Pakistan. The sample size of the quantitative phase was calculated using OpenEpi calculator⁸ for a population of 100 with 95% confidence interval (CI). The sample was raised using convenience sampling technique. Those included were medical educationists working in medical and dental colleges and institutions across the country with at >1 year of full-time relevant experience. Educationists not currently working in institutions were excluded. The data collection and results analysis for both phases were done sequentially. For the qualitative phase, the sample was raised using purposeful sampling technique.

In the first phase, the level of social intelligence was identified using the pre-validated Tromso Social Intelligence Scale (TSIS),⁹ which has 3 domains, namely Social Information Processing (SP), Social Skills (SS), and Social Awareness (SA) which had acceptable internal reliability (SP: 0.79, SS: 0.85, SA: 0.72) and the tool was reasonably free of social desirability response and gender bias.⁹ The English version of the scale (TSIS-E) was tested for factor structure and psychometric properties in 2013 and showed that the tool is a psychometrically sound measure with excellent temporal stability and adequate internal reliability (SP: 0.8, SA: 0.75, SS: 0.6; with one double-barrel item whose removal makes it 0.75).¹⁰

The questionnaire was administered through Google Forms after taking informed consent from the participants. The 21-item TSIS-E had 7 questions in each of the 3 domains. A 7-point linear scale was given against each TSIS-E item, ranging from 1 = describes me poorly to 7 = describes me very well. The participants were instructed to score each item according to the level it describes them best. Item numbers 2, 4, 5, 8, 11, 12, 13, 15, 16, 20 and 21 were negatively worded and were reverse-scored before data analysis. To determine the overall and domain-wise level of social intelligence, the total score of the questionnaire was calculated and divided into three categories describing the low, moderate and high levels. The total score ranged 21-147 points (Table 1).

At the end of the quantitative phase, data was analysed

Table-1: Categorisation of social intelligence levels.

Level of Social Intelligence	Percentage	Range of Score
Low	<50%	21 to 62
Moderate	50% to 79% (both inclusive)	63 to 100
High	> 79%	101 to 147

using SPSS 25.

After quantitative data analysis, the participants with high social intelligence were interviewed through open-ended one-on-one interviews. The interview questions were designed after a thorough literature search^{2,7,11} in alignment with the study's objective. The questions were validated by 5 expert medical educationists, and pilot interviews were conducted to check the understanding of the questions, and to remove any ambiguity and bias in the questions.

Informed consent was taken from the participants before the interviews, which were conducted online and recorded with the permission of the subjects. To maintain the confidentiality of data and participants, all interview transcriptions were labelled with a participant's number before analysis. The names of institutions and any individuals taken during the interviews were coded for anonymity. The recorded interviews were transcribed, and the obtained data was analysed manually. Open coding was done followed by axial coding to generate subthemes that were merged to form the main themes for coping strategies used by the socially intelligent educationists.

Results

In the quantitative phase, there were 80 participants; 51(63.7%) females and 29(36.3%) males. Overall, 24(30%) subjects had >10 years of professional experience, 24(30%) -3 years, 17(21.3%) 6-10 years and 15(18.8%) 4-5 years. Of them, 11(13.8%) scored low, 54(67.5%) moderate and 15(18.8%) high on the social intelligence scale.

The 3 domains of the scale were also scored and showed that SA was the most important differentiating element

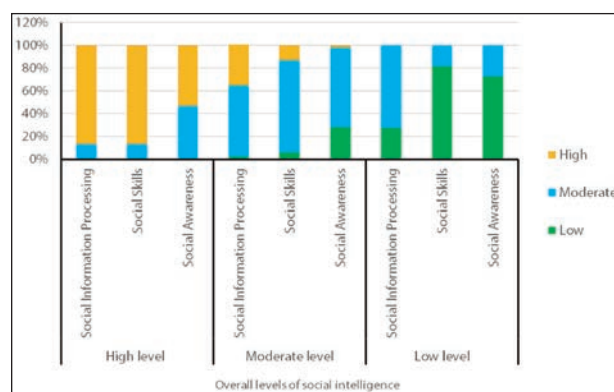


Figure: Domain-wise distribution of social intelligence levels.

Table-2: Thematic analysis with representative quotes for coping strategies used to deal with challenges at the workplace.

Theme	Representative quotes
Inspire Respect and Trust	<p><i>Mutual respect among the faculty is particularly important. Even if somebody is differing and is not agreeing with your suggestion, don't challenge them and don't tell them that they are wrong and you're right.</i> (P# 1)</p> <p><i>The lack of trust for medical educationists is the biggest reason for resistance to change. Medical teachers do not trust medical educationists as they are young people. They think they do not know anything they're doing, whereas the young medical educationists lacking experience think that the old-school professor does not know anything so there is a mutual lack of trust.</i> (P# 10)</p> <p><i>Plead your case gently and with patience. Always take every stakeholder on board in the process. Make them realize that they are part of the change, and the change is not possible without them. Give them the confidence that they can achieve the desired outcome by working together.</i> (P# 3)</p>
Bringing readiness before a change	<p><i>I keep on bringing awareness among faculty by sharing different latest articles and the views of renowned medical educationists on a certain task or topic. I keep on bringing awareness that will eventually lead to slow sensitization and less resistance.</i> (P#3)</p> <p><i>We simply trained the faculty for the first two years; we had national and international experts who collaborated to train the faculty and refine our curriculum. Extensive workshops on a range of topics were conducted that helped us.</i> (P# 7)</p> <p><i>We gave dedicated time to the faculty when they were actively involved in the curriculum changes. The institute provided them incentives as well when the curriculum changes were ongoing to facilitate them.</i> (P#7)</p>
A collaborative and inclusive approach	<p><i>Another method that helped me, especially with people who did not agree with anything was that I used to involve them in certain projects which would expose them to the medical education literature. For example, I asked them to chair a journal club where medical education papers are being read so in this way you sort of force them to listen.</i> (P# 10)</p> <p><i>Another strategy I used was to give them some responsibility or leadership of a committee that is working on some changes in medical education. Psychologically when you are the chair of the committee you will work hard for the success of the committee so in this way psychologically you bring them to your side.</i> (P# 10)</p>
Soft Skills	<p><i>I believe in putting myself in their shoes and thinking what they might be thinking, you can call it empathy also. Trying to understand what they are facing. If I am not giving them human resources and asking them to conduct SGD in small batches so, how can they do it if I do not provide them with demonstrators? So, listen to their problems and try to facilitate them.</i> (P#6)</p> <p><i>My best strategy is to become a good listener. Let them talk about what they want to say(P# 2)</i></p> <p><i>Patience perseverance, and hard work. If one possesses these three tools, they can work very well at the workplace.</i> (P# 8)</p> <p><i>I think when you are the agent of change then you have to have a lot of patience and resilience and you have to have very good communication skills and conflict resolution skills otherwise any attempt to bring about change or any attempt to bring about the reforms will result in politics and may result in a disaster if not handled properly.</i> (P# 9)</p>

(Figure).

In the qualitative phase, there were 13 subjects; 9(69.2%) females and 4(30.8%) males. There were 4 themes identified as coping strategies; inspire respect and trust, bringing readiness before a change, a collaborative and inclusive approach, and soft skills (Table 2).

Discussion

Human beings work through social connections and rely on each other's cooperation in everyday life. Health profession educationists face various challenges in their workplace that limit their productive work experiences. The socially intelligent educationists reported many interesting strategies and skills that can be used to reduce the frequency of conflicts and manage the challenges that are presented by the institution, faculty, colleagues, and peers in the workplace. The strategies and skills included inspiring respect and trust among the team members, understanding and facilitating them in the process, creating awareness for the emerging change, training the faculty for more desirable results, communicating openly with them, listening intently, keeping an open-hearted collaborative and inclusive approach towards work, and, above all, demonstrating patience, tolerance and perseverance in the process of change.

The findings of the current study led to an interesting observation that the skills found to be useful were all very common features that generally make the prerequisite of

good human personalities and basic mannerisms of human interactions. But it was also seen that these skills were utterly neglected and, hence, their use was found to reduce conflicts to an extraordinary extent. Literature also suggests that an individual's workplace success depends 85% on soft skills and 15% on hard skills. Soft skills training needs to be integrated into every element of the curriculum.¹¹

The current participants focussed mostly on the theme of utilising efficiently the non-cognitive soft skills of one's personality to deal with the challenges at the workplace. It was observed that skills like good communication, open discussions, effective listening, convincing power, facilitating approach, open-heartedness, patience, perseverance, hard work, resilience and good intentions were the major factors that helped in managing challenges and building fruitful, effective, dynamic and productive work relations with colleagues, peers and leadership of the institutions.

Soft skills consist of character traits, attitudes and behaviours of a person that help an individual stand out and succeed in all interactions rather than technical and cognitive aptitude. In a study conducted to explore the importance of critical soft skills, it was concluded that the traits of communication skills, positive attitude, teamwork, interpersonal and social skills, and problem-solving were the key traits identified.¹² The attributes that stood out in the present study were patience, perseverance, effective

listening and resilience in educationists.

The study also concluded that when respect and trust were nurtured among the faculty members, there was a considerable decline in resistance and conflicts. The presence of respect and trust adds value to all human interactions whether they are personal or professional.¹³ Hence, in social interactions and workplaces, it is prudent to develop the attributes of inspiring and giving respect and trust to fellow workers.

One interesting finding shared by one of the participants of the current study stated that the lack of trust between the educationist and the stakeholder faculty was mutual. Both have justifiable reasons to mistrust each other, and only trying to inculcate trust and respect can let productivity in the interactions. Ronald Harden highlighted the importance of stakeholders as they serve as role models and collaborators, and are a great source of learning in the complex field of medical education.¹⁴ By giving due importance to stakeholders and valuing their expertise, not only can an individual learn from their years of experience and wisdom, but also can improve the quality of the relationship between them.

In the present study, it was seen that the slow and gradual progression from awareness, discussions, sensitisation, training and then practical changes results in a positive approach towards work and reduces associated challenges. Faculty training and their engagement in professional development activities can help with most of the challenges as the lack of training and traditional mindsets are the major reason for resistance against any system. Faculty development programmes aim at providing opportunities to improve the field of medical education through sustainability and effective dissemination of ideas to promote educational interventions.¹⁵ Continuing professional development serves as a prerequisite for teacher educators as it helps them to improve the professional and instructional practice in their teaching.¹⁶ Facilitation of faculty in terms of training and continued professional development can broaden their horizons and help in managing the challenges along with the provision of resources and support from the institutions to improve willingness and readiness among them.¹⁷ A positively directed work environment where workers are valued and provided opportunities for both professional and personal growth promotes job satisfaction, and greatly increases job retention. Institutions that recognise the needs of their employees and provide opportunities for their growth and development promote an environment and mutual feeling of trust in the organisation.¹⁸

As most challenges are faced due to resistance from faculty

members, and their failure to understand the need and processes of change, their direct involvement in the process can help reduce these challenges. Increasing employee engagement leads to less resistance in the workplace.¹⁸ Social intelligence has been associated with better workplace experiences, less resistance and more creative job outcomes by enabling employees to select an appropriate response while dealing with other people.⁴ Literature supports the findings that inclusiveness and involvement of stakeholders in the process of change reduce the challenges and improve the productivity of the process.¹⁹ An inclusive approach at the workplace helps establish shared identity across groups, and, hence, can reduce conflicting behaviour. Inclusive practice enables collaborations, and encourages social bonding and mutual connectedness.²⁰

The results from the present study also supported the findings that educationists should acknowledge the problems of fellow faculty members and put themselves in their shoes to reach a plausible solution. This strategy helps build a good relationship of understanding and can effectively reduce the degree of challenges.

The coping strategies identified in the current study seem very familiar and common, but practising these skills takes a lot of effort and not everyone is equipped to demonstrate the entirety of these skills. Social adjustment is highly related to the socio-cognitive abilities of individuals among which social intelligence and empathy happen to be the critical elements.²¹ Socially intelligent individuals exhibit these skills more than others, and polish their abilities to achieve the best outcomes in their professional interactions. The process of change and dealings for these individuals might be slow, but it is effective and productive.

The current study has limitations as only participants with higher social intelligence levels were interviewed. The participants with lower social intelligence levels could also have been interviewed and the barriers and problems faced by them could have been explored to identify ways to facilitate them. Besides, quantitative data was gathered using self-reporting measure, and, hence, bias could not be ruled out.

Conclusion

Social intelligence is the glue that helps humans build friendships, collaborations and alliances in their personal and professional lives. The socially intelligent medical educationists described multiple skills and strategies that are used to deal with workplace challenges. Most of these belonged to the non-cognitive / soft skills possessed and exhibited by socially intelligent individuals, resulting in improvement in work performance and productivity. The

teaching of social intelligence skills is important for medical education graduates so that they may be equipped with the necessary skills required to perform better in the workplace because individuals possessing social intelligence skills can effectively work in challenging workplaces.

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Author Contribution:

LSA: Concept, data collection, analysis, writing, drafting and final approval.

RY: Concept, supervision, reviewing, final approval.

SA: Supervision, reviewing and final approval.