

Emotional Intelligence Level Higher in Residents Who Took a Gap Year Before Medical School [Letter]

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Dear editor

I read with great interest the study by Shahid et al¹ which investigated the effect of taking time off training, including undertaking a gap year, on levels of emotional intelligence (EI) in American resident physicians. The authors should be thanked and congratulated for improving the understanding of a fundamental aspect of personal and professional development during one's career as a doctor. I would like to put forward some comments regarding this study.

The main finding that residents who took time off training had higher overall EI scores compared to those who had not (mean EI 103.96 vs 99.52, respectively) was statistically significant ($p = 0.02$), but I question whether this difference has considerable significance in real world practice. The overall difference itself is arguably marginal when interpreting the EI scores on the Bar-On Emotional Quotient Inventory 2.0 (EQ-i 2.0®) scale; the majority of scores from both groups fall in the same "average EQ" category (EQ 90–110).² This is also apparent when interpreting individual composite scores. Moreover, it could be difficult to observe any of these differences in actuality as Bar-On's EQ-i reflects potential for emotional performance rather than true performance itself and is process-based.³ The Mayer-Salovey- Caruso Emotional Intelligence Test (MSCEIT) would have been a viable alternative to measure EI in that it is ability- and outcome-based.

The study's cross-sectional design only provided a snapshot of EI, as acknowledged by the authors, this limited any finding of causality. It would be valuable to discern whether EI scores actually improve after taking time off, as this is more fitting with the concept that EI is dynamic; this could be achieved via a cohort study with EI scores tested before and after time off training.

The EQ-i 2.0 instrument used wholly relies on participant self-assessment,² as such this is likely to have produced social desirability response bias whereby residents may have deliberately over- and underestimated responses. Furthermore, the study's low response rate (36.2%) could have incurred substantial sampling bias. Willingness to participate in the survey could have been in itself associated with greater self-perception, self-expression and happiness, all being composites of EQ-i 2.0.

It was good that study also examined the effect of other variables on EI including age, sex, degree type and speciality. However, there are more variables that could have been investigated such as physical and mental health, socioeconomic status, marital

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status and drug use; some of which have been shown to affect EI and hence may have potentially acted as confounders.^{4,5} Notably, results on the effect of age on EI were not explicitly included; it would be interesting to glean if the effect of age-related emotional maturation was at play in the study.

Finally, I agree with the authors' conclusion that undertaking a gap year may be seen as favourable in residency applications in that it may hone EI. However, it is important to also emphasise that EI can be developed and fostered through offering educational interventions, mentoring and counselling to future doctors.

Disclosure

The author reports no conflicts of interest in this communication.

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