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Stress Management through Relationship Management among Medical Students: An Empirical study based on Goleman's Emotional Intelligence Model.

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Abstract:

Medical education is intellectually rigorous and emotionally demanding, often resulting in high levels of stress and fluctuating motivation among medical students. This study explores the role of Daniel Goleman's social competencies—social awareness and relationship management—in mitigating and managing stress and sustaining self-motivation among medical students. Using a sample of 175 students ranging from first-year undergraduates to house surgeons, the study applies suitable statistical analysis to examine how social competencies helps to minimize stress and maximize self-motivation and influence their emotionally balanced state of mind, psychological well-being and professional growth. Findings suggest that social competencies have a significant positive association with stress mitigation and motivation, highlighting the importance of integrating emotional intelligence training into medical education.

Keywords: Emotional Intelligence, Social Competencies, Social Awareness, Social Management, Stress, Self-Motivation, Goleman Model

Medical education is widely recognized as one of the most stressful academic pathways, emotional strain, and continuous performance pressure. Students frequently experience elevated levels of psychological distress, burn out and reduced motivation compared to peers in other disciplines (Dyrbye et al., 2006). Ineffective stress management may further lead to anxiety, depression and reduced empathy towards patients and peer group.

While cognitive skills and technical expertise remain central to medical training, the role of emotional competencies have gained attention for their potential to buffer stress and improve their level of intrinsic motivation. It is well understood that medical students with stronger emotional intelligence are better equipped to handle stress, maintain empathy towards patient and stay emotionally balanced in crises and get motivated in demanding academic and clinical environments (Arora et al.,2010; Bricks & Watt 2007).

In recent years, emotional intelligence has gained significant attention in management and behavioural sciences as a critical factor influencing individual performance, wellbeing and adaptability. Daniel Goleman (1998) Conceptualized emotional intelligence as a frame work of personal and social competencies. This model has two key domains in each dimension, namely,

- I Personal competencies
- ✓ Self-Awareness
- ✓ Self-Management
- II Social Competencies
- ✓ Social Awareness
- ✓ Social Management

While Goleman's personal competencies enable self-mastery (reflection, regulation, and drive) Social competencies enhances relationship mastery (understanding, influencing, and collaborating). Among these, relationship management plays a vital role in stress management, particularly in socially intensive environments

such as medical education, where peer interactions, faculty relationships and teamwork are very essential. It reflects an individual's ability to build positive interpersonal relationships, manage conflict, communicate effectively and foster collaboration.

Dimensions of Relationship Management:

As per Danial Goleman's Emotional Intelligence Model, relationship management indicates the ability to influence, inspire and initiate others. It encompasses,

- **Influence**, the skill or the ability to persuade and encourage patients to follow treatment plans and motivate peers and team members in project and clinical routines.
- **Developing Others** which reflects the process of recognizing and mentoring the strength of others, especially juniors in their academic and clinical issues by providing constructive and positive feedback.
- **Effective Communication** through simple, clear, persuasive, and empathetic exchange of ideas during the academic discussions and presentations as well as in the process of explaining medical conditions and treatment procedures to patients in a simple and understandable manner and in documenting patient history accurately.
- **Leadership**, the skill of inspiring and guiding individual or group towards a common goal, leading a medical camp with proper co-ordination, professionalism, integrity, and compassion.
- **Change Catalyst**, the skill of recognizing the need for change while advocating problem-based new learning methods, evidence-based updates and also encouraging peer team to adopt them.
- **Conflict Management** that involves the process of negotiating and resolving disagreement by meditating disputes between peers in stressful rotations, diplomatically handling dissatisfied patients and family members, and ensuring smooth teamwork during highly stressful situations.
- **Building Bonds** that insist and ensure nurturing long-term relationships by developing trust with patients and their family members building professional networks with faculty, peers and healthcare team and there by maintaining cordial, harmonious and supportive friendly relationship that reduce stress prevent burnouts and enhances intrinsic motivation.
- **Team capabilities** that involve creating group synergy in pursuit of shared goals by enhancing inter-professional collaboration with health care team members, peers, and patients.

By establishing relationship management, students are encouraged to use their skills such as, empathy, communication, influence, leadership, conflict resolutions, and team work to act effectively. Together these competencies lead to better stress management, self-motivation, and overall career success. All these competencies act like the soft-skill foundation for the hard skills of medical training. It surely ensures a transformation and makes medical students not only just a competent doctor, but also empathetic leader, effective communicator as well as a change agent in the society.

Prior research studies indicate that cordial relationship management enhances team capabilities, collaboration, and intrinsic motivation (Chew, *-Zain, and Hassan 2013). However limited empirical study had focused on how Relationship management competencies help in reducing stress and boosting self-motivation among medical students. Addressing this gap, the present study intends to narrate how far the enhanced relationship management could serve as protective factor against stress and facilitators of sustained motivation during their medical course stream.

Review of Literature:

- Shanafelt et al., (2005), through their study on "Burnout and satisfaction with work-life balance among US physicians" claims that higher emotional intelligence is linked with lower academic stress and burnout.
- Stepien et al., (2006) in their article on "Educating for Empathy – A Review," states that empathy and service orientation always foster positive patient-doctor interactions and concludes that these influencing interactions reduces emotional exhaustion.

- Salas et al., (2008) had raised a big question as "Is there a "big five" in team work and concluded that competencies such as communication, teamwork and conflict resolution improve peer support system by buffering stress.
- A study by Arora et al., (2010) on emotional intelligence and communication skills in medical students revealed the fact that students with higher emotional intelligent scores performed significantly better in OSCE communication, empathy expression and patient-centred behaviour.
- As per the study by Chew, Zain and Hassan (2013), students with higher emotional intelligence demonstrated lower stress levels, better peer interactions and healthier coping strategies.
- Guraya et al., (2016), in their study concluded that high level of social-emotional competencies is well correlated with better team work, respect, empathy, communication and ethical behaviour in the field of medicine.
- Arora, S., Asharafian, H, Davis, R. Athanasiou, T., Darzi (2010). Emotional Intelligence in medicine: A systematic review through the context of the clinical encounter.
- Shazia, S, Khan.M. A&Iqbal, Z. (2020). Emotional Intelligence and interpersonal skills among medical interns: A cross-sectional study *Pakistan Journal of Medical Sciences.*

Objectives:

This study intends to:

- Assess the level of Relationship Management competency among Medical Students.
- Determine the association between Relationship Management and Stress.
- Offer suitable solutions to enhance the level of and social skills among medical students.

Research Question:

- Does Relationship Management Competencies reduce perceived stress among medical students and improves intrinsic motivation?

Hypothesis:

- Higher Relationship Management competencies of medical students are significantly associated with lower stress level.

Methodology:

This study is a cross-sectional analytical study based on the sample survey method. Required data for the study was collected from 175 undergraduate medical students, using Emotional Intelligence Scale (Goleman's model), Perceived Stress (Cohen et al; 1983) apart from demographic details. The SPSS software was used to process the data and analysis had been carried out using suitable statistical test and inferences were drawn and summarized.

Analysis and Interpretations:

A detailed demographic, socio-economic profile of the respondents is narrated in Table 1.1

Table 1.1 Demographic, Social and Economic Profile of the Respondents (in %)

Demographic Profile					
Parameters	**Criteria**	**%**	**Parameters**	**Criteria**	**%**
Age	18-20	29.6	**Marital Status**	Married	5.1
	21-23	49.3		Unmarried	94.9
	24-26	19.9	**Parent's Occupation**	Government	28.4
	Above 26	1.2		Private	14.1
Gender	Male	39.9		Business	26.3

	Female	60.1		Professional	16.1
Family members	3	34.3		Others	15.1
	4	49.1	**Family Monthly Income**	Up to 50,000	6.2
	5	11.4		50,001-1,00,000	10.4
	>5	5.1		1,00,001-1,50,000	22.6
Community	OC	32.1		1,50,001-2,00,000	43.9
	BC	29.1		Above 2,00,000	16.9
	MBC	30.6	**Locality**	Rural	14.3
	SC/ST	8.2		Urban	24.0
Family Type	Nuclear	78.3		Semi Urban	61.7
	Joint	21.7			

It is observed from the above Table that nearly, one-half of the students (49.3%) were young adults in the age group of 21-23 and 60.1% of the respondents were female. Getting married is immaterial for the students at this age and 94.9% are goal-oriented and unmarried and two-third of the respondents (78.3%) live in nuclear family set up and hence the more or less, equal number of families have only 3-4 members in their families. Not much discriminations were noticed between community (around 30% each) except in SC/ST category (8%). 61.7% of the respondent's hail from semi-urban background. Around 28.4% of the parents of the students hold government job followed by business men (26.3%). 16.1% were professionals. Nearly 60% of the respondents' family falls under high income group earning monthly Rs.1,50,000 and above.

Relationship Management:

Relationship Management is the ability of a person to build, maintain and strengthen healthy professional and personal connections with others. For medical students, it means developing trust-based relationship with patients, peers, faculty, health care staff and in fact, society at large. The Table below exhibits the perception among medical students on their social management skills.

Table 1.2 Mean and SD of Relationship Management Dimension of Social Competencies of Medical Students

Domain	Relationship-Management	Mean	SD
Influence	I am able to persuade someone who has differing opinion.	3.651	1.330
	I am able to influence and convince peers to make lifestyle changes that could improve their academic and clinical outcomes	3.257	1.368
	I always use persuasive language or technique to convince a patient to follow the medical treatment plan	3.246	1.547
	I am able to persuade a team of health care professionals to modify their approach to a patient's care.	2.823	1.325
Developing Others	I always help my peer or juniors to understand complex medical concepts	3.189	1.468
	I always provide constructive feedback to my peers to help them improve their theoretical and clinical skills	3.669	1.332
	My fellow students feel comfortable and feel free to ask any help or advice	3.731	1.292

	I always encourage and motivate my peers to continue learning and developing their skills beyond medical sector.	2.971	1.491
Communication	I foster open communication and always stay receptive in all situations.	3.440	1.421
	I can adapt my communication skill to effectively communicate with my peers and patients from different cultural background.	3.377	1.358
	I am able to communicate sensitive information in a convincing way to the patients and their family members.	3.309	1.480
	I am able to explain a complex medical concept in simple terms to peers and patients	3.971	1.362
Inspirational Leadership	I step forward to lead, as and when needed regardless of position	3.623	1.329
	I always adapt my leadership style to better suit the overall needs of the team	3.583	1.419
	Given a chance I always lead a group of my peers towards a common goal.	3.640	1.374
	I always encourage feedback from my peers and incorporate their opinions and ideas into my leadership approach.	3.840	1.321
Change Catalyst	I always encourage incorporation of new ideas in my life and career to promote positive change.	3.966	1.222
	While implementing the change, I effectively manage my career-life balance	3.286	1.473
	To initiate positive changes, I never forget to balance my emotions	2.920	1.448
	I confidently overcome the barriers to changes in the life as well as in healthcare system	3.309	1.465
Conflict Management	I handle difficult people and tense situations with diplomacy and tact.	3.583	1.431
	I can easily mend the relationship with my team and tackle the conflict.	3.366	1.491
	I can articulate my emotions during the conflict and move past any negative emotions and work towards a resolution.	3.217	1.535
	I orchestrate win-win solutions.	4.137	1.126
Building Bonds	I cultivate and maintain extensive informal networks.	3.897	1.218
	I seek out relationships that are mutually beneficial.	4.274	1.069
	I build rapport and keep others in the loop	3.949	1.270
	I make and maintain personal friendships among work associates.	3.674	1.331
Team Capabilities and Collaboration	I am flexible and successfully could collaborate with my team to achieve a common goal	3.714	1.326
	I always encourage team work among my peer group in group activities.	3.269	1.439
	I feel comfortable in sharing my views as all my team members contribute equally to achieve collective goals	3.320	1.435
	I am sure that all my team members are aware of their responsibilities and have a shared understanding of what we are trying to accomplish together.	3.206	1.374

As far as relationship management is concerned, most of the medical students are able to persuade someone who differ in their opinion (Mean=3.651; SD=1.330) and are capable of maintaining rapport by keeping all fellow team members, peers more comfortable (Mean=3.731; SD=1.292). They possess very good communication skill as they are able to explain even very complicated and complex medical concepts in simple and understandable way to patients and peers (Mean=3.971; SD=1.382).

Their leadership approach is found to be highly commendable and inspirational as, most of the respondents, not only step forward voluntarily for the common goal, regardless of the position, but are always encourage feedback from the peers and team members and incorporate their opinion and ideas (Mean=3.840; SD=1.321). The medical students are found to be change catalyst as they always encourage incorporation of new ideas in life and career to promote positive changes in the society (Mean=3.966; SD=1.222).

Regarding conflict management is concerned, they can articulate their emotions and orchestrate win-win solutions (Mean=4.137; SD=1.126). They always want to build strong bondage and seek out relationships that are mutually beneficial (Mean=4.274; SD=1.069). Most of the medical students are found to be more flexible and successful while collaborating with team members to enhance team capabilities to achieve the team's common goal (Mean=3.714; SD=1.326).

Hypothesis 1

H_0: There is no significant difference between Mean Rank towards various domains of Relationship Management

Table 1.3 Friedman Test – Domains of Relationship Management

Domain	Mean Rank	Chi-Square Value	P Value
Influence	3.57	**99.707**	**<0.001****
Developing Others	3.99		
Communication	4.34		
Inspirational Leadership	5.15		
Change Catalyst	4.54		
Conflict Management	4.52		
Building Bonds	5.72		
Team Capabilities and Collaboration	4.18		

Significant difference between mean ranks towards the various domains of Relationship Management among medical students is noticed. The Null hypothesis is rejected at 1% level of significance since the P Value is less than 0.01. Based on the Mean Rank, the score of Building Bonds is found to be highest (5.72), followed by Inspirational Leadership (5.15). It indicates the fact that, being empathetical in nature, medical students can easily step into the shoes of patients and their family members and can understand their emotions, feelings, fears, struggles and expectations. This emotional connection creates a therapeutic bond, which makes patients feel cared rather than treated. Since they understand the emotions of patients in a better way, they can influence and inspire not only the patients, but also peers, team members, juniors by showcasing that leadership also matters as much as care, compassion, and clinical knowledge.

Perceived Stress:

Perceived Stress among medical students refers to the degree of which students feel overwhelmed, pressured, or unable to cope in academic, clinical and personal demands. In addition to the fact that, the medical field is highly demanding, often involving intense workload and coursework, the continuous witnessing of illness, death,

sadness, physical and mental exhaustion, overburdened work pressure, insufficient co-operation from team members add fuel to the stress and frustration of the medical students. If not managed properly, the perceived stress may lead to burnout, anxiety and depression, leading a doctor to turn a patient. Therefore, addressing perceived stress is very essential to produce more resilient future health care professionals. The Table below exhibits the perception among medical students on their level of perceived stress.

Table 1.4 Mean and SD of Stress among Medical Students

Particulars	Mean	SD
I find it difficult to manage and maintain a healthy work life balance in the field of medical education	3.645	1.040
High stakes examinations and frequent assessments along with hectic clinical training and practice create pressure and anxiety within myself	3.660	1.116
I find stressful working in real health care setting and interacting with patients and making decisions under the direct supervision of mentors and seniors	3.602	1.110
I feel physically and mentally exhausted during extended study hours coupled with clinical duties and on call responsibilities.	3.719	1.041
The very fear of committing errors in patient care and medical case presentation increases my stress level and self-doubt	3.732	1.023
The competitive nature of overburdened medical education and my desire to excel, makes me stressful	3.808	1.034
I become emotionally stressed while dealing with peers and team mates with contradicting opinion as well the emotionally challenged patients and their relatives	3.757	1.026
I feel dealing with illness, sadness, death and challenging patients as emotionally taxing	3.846	1.046
Insufficient mentorship, partiality, inadequate support from peers and seniors amplifies my stress level	3.906	1.063
Juggling self-management in personal life and relationship management with the demanding nature of medical field is very challenging and makes me to demonstrate visible signs of stress and frustration	3.635	1.044

Source: Primary Data

From the above Table, it is understood that among many stressors, insufficient mentorship and favoritism or unequal treatment by faculty and inadequate support from team members ranks first in the list with maximum mean value of 3.906 (SD = 1.063). When students lack proper guidance, they may feel confused, unsupported and insecure. Unequal treatment may further lower their level of self-confidence and create a feeling of injustice and frustration. It may cause negative impact on their academic and clinical progress. Next in the list is the continuous witnessing of death and illness. Though it is a part and parcel of the medical field, repeated exposure to suffering, terminal conditions and grieving families always lead to emotional exhaustion. At this adolescent age, they may find it difficult and struggle to balance professional detachment with personal empathy, which creates inner conflict and psychological strain. Moreover, overburdened workload, fear of committing errors, extended working hours and sleeplessness also contribute to the increased level of stress among medical students.The following part of the study clearly portrays the association between Relationship Management and perceived stress among the medical students.

Hypothesis 2:

H_0: There is no association between the Level of Relationship Management and Stress among Medical College Students

Table: 1.5 Level of Relationship Management* Level of Stress

Level of Relationship Management	Level of Stress			Total	Chi-square Value	P Value
	Low	Moderate	High			
Low	4 (7.3%) [11.1%]	13 (23.6%) [18.6%]	38 (69.1%) [55.1%]	55 (100.0%) [31.4%]	**69.086**	**<0.001****
Moderate	7 (9.2%) [19.4%]	44 (57.9%) [62.9%]	25 (32.9%) [36.2%]	76 (100.0%) [43.4%]		
High	25 (56.8%) [69.4%]	13 (29.5%) [18.6%]	6 (13.6%) [8.7%]	44 (100.0%) [25.1%]		
Total	36 (20.6%) [100.0%]	70 (40.0%) [100.0%]	69 (39.4%) [100.0%]	175 (100.0%) [100.0%]		

The present survey also brought to light about the significant association between the level of Relationship Management and stress among medical college students. The null hypothesis is rejected at 1% level of significance as the computed P value is (0.001) less than 0.010. The row and column percentage clearly portrays that, the medical students with high Relationship Management have low level of stress and vice versa.

Thus, it is evident that, medical students who develop strong Relationship Management skills, experience less isolation and anxiety, reduced level of Stress and are highly self-motivated and are able to burn out stress that arise out of lack of self-confidence, academic pressure, patient interactions, clinical responsibilities, and social and ethical commitments. It enables them to better equipped to understand and manage their own emotions and that of others.

Implications:

Medical students with stronger social skills

- Understand their own emotions and that of others and regulate their emotional responses effectively.
- Prevent impulsive reactions and maintain composure in stressful clinical situations.
- Cope with academic and clinical stress, by reducing burn out and emotional exhaustion and maintain psychological well-being.
- Face challenges constructively, maintain optimism, and recover quickly from setbacks which are the key signs of emotional balance.

Strategic Suggestions:

- Include structured training on active listening, assertive communication and patient counselling. Can use simulated patient interactions and feedback sessions to develop communication and leadership skills.

- Institutions can organize stress-management workshops, mentoring systems, and peer-support programs.
- Encourage peer group discussions, by pairing junior students with senor mentors and faculty members.
- Incorporate Team-Building Learning (TBL) and group projects.
- Encouraging reflective practice and emotional awareness can enhance resilience and motivation.

Conclusion:

Relationship Management is not a supplementary skill but a core component of medical professionalism. It transforms medical students into companionate clinicians, effective collaborators, ethical pretensioners and visionary leaders. By cultivating social management skills, medical education can produce holistic physicians who balance academic and clinical expertise with humanistic care.

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