

**THE ROLE OF SOUTH AFRICAN UNDERGRADUATE MEDICAL  
EDUCATION IN THE DEVELOPMENT OF EMOTIONAL COMPETENCE  
IN JUNIOR DOCTORS:  
A QUALITATIVE STUDY**

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# Background



- Doctors need emotional management skills
  - Reduces burn-out & mental health challenges in doctors
  - Improve patient relationships
  - Improve working environments
  - Improve clinical Care
- HOWEVER - Limited representation & Instruction in Medical Education
  - Challenge around definitions and conceptual frameworks
  - Is it even possible to teach emotional skills? Trait vs skill debate

*Emotional Regulation (ER) as 'efforts to influence which emotions one has ,when one has them, and how one experiences or expresses these emotions' and includes both self-directed and other-directed strategies' (Gross)*

*To what extent does undergraduate medical training prepare interns to manage their emotions and those of others in complex, emotionally charged encounters in resource-restrained hospitals in a rural province in Southern Africa?*

# Methodology

Explorative Qualitative design

# Context of study: Eastern Cape

- During their 2 year internship: Doctors complete 6 months in family medicine
  - 2 months in a rural district hospital setting
  - Relatively unsupported in comparison to regional/ tertiary settings
  - Encounter high stress emotionally laden encounters
- **Target Population:** interns that have completed their 2m district rotation
- Opportunistic sampling of target population during May to August 2025: 24 interns that were eligible were invited to a semi-structured interview
  - 12 interns volunteered
  - 4 women & 8 men
  - 8 universities were represented, including 2 students that was also exposed to the Nelson Mandela Fidel Castro Program

# Data Collection & Analysis

- Semi-structured interviews of between 42 and 72 minutes
- An interview guide was used
  - Interns were asked to identify one challenging encounter they had experienced during their rotation
  - Explored how medical education had prepared them to managed such encounters
- All interviews were recorded and transcribed (Otter.AI)
- Checked within 24 hours.
- Coded & thematic analysis (Braun & Clarke)

# Results



# Themes identified

**Table 1: Summary of themes and sub-themes**

<b>THEMES</b>	<b>SUB-THEMES</b>
Theme 1: Formal Medical Education and Emotional Skills Development	Sub-theme 1.1: Experiential Learning
	Sub-theme 1.2: Observational Learning and Role-modelling
Theme 2: Extramural Influences on Emotional Growth	Sub-theme 2.1: Extra-Curricular Contributions
	Sub-theme 2.2: Life Experiences
	Sub-theme 2.3: External Mentors
Theme 3: Systemic Barriers to Emotional Development in Medical Training	Sub-theme 3.1: Unsupportive Academic Environments
	Sub-theme 3.2: The Culture of Emotional Dismissal in Medicine
	Sub-theme 3.3: The High stakes Clinical Environment
Theme 4: The Imperative of Emotional Competence Training in Medicine	

# Theme 1: Subtheme 1

## The 'Official' Curriculum: Experiential learning

“I can't remember like, a specific ... topic or a subject or like a course that we did. We spoke a lot about grief and aspects like that, like discussing breaking bad news ...

Like there wasn't anything specific on how to communicate. Nothing on self-reflection, personal development stuff.” (I4)

“I think the role-play sessions were useful because you also get feedback from ... the actor [who played the patient]. They tell you how they felt. And then you also get feedback from other people watching the session. ...

It's also good to hear from ... the patient's perspective. How the way you talk to them makes them feel.” (I3)

Few recollections among junior doctors of trainings on managing emotions

Of those that had some formal learning experiences: role play with feedback most useful

# Theme 1: Subtheme 2

## The 'Official' Curriculum: Observational learning

Good role models important

But also poor role-models...  
(I don't want to be like that)

“It was always refreshing to see a senior clinician who, even when he’s teaching at a bedside tut, is always considering the patients; you know, how they feel in the moment, just being respectful, always speaking to them. Soft spoken, just very nice bedside manner. That stuff sticks to you. I want to be like that, not just their skill and academic level. (I5)”

“... even the way sometimes they speak to patients, it almost comes off as condescending. In the way they address patients, or even, like, showing any form of compassion. (I10)”

# Theme 2: Subtheme 1

## Extramural Influences: Extra-curricular Activities

“So, there were lots of extracurricular debate, things that we used to do, especially in our different forums ... I think it is important that we should talk about all that stuff. We did religion ... feminism ...” (I5)

“That [a university society] kind of made me a bit more educated on, like, certain topics and how to approach certain scenarios. So, I think a lot of engagement that I have with patients is, like, indirectly influenced by that.” (I9)

Extra-curricular forms/  
groups / societies had a  
significant impact

- Usually joined  
voluntarily

# Theme 2: Subtheme 2

## Extramural Influences: Life experiences

“So, I think the situation at home made me strong, to be emotionally fit. Like, you see other families, and you wish my mother was like that. (I6)”

Some doctors reported stable, loving families as a key factor

Whilst one intern tells a story of how extraordinary difficult home challenges made him ‘emotionally fit’

# Theme 2: Subtheme 3

## Extramural Influences: External mentors

### Mentors in Life

Parents / Peers / Church –  
outside of university

“So, leadership, I would say, like, my dad ... he's one of those people that always tries to be professional ... I kind of learnt those habits ... from him, and then tried to make my own transformation.” (I12)

“That's when I got to interact with other people, other personalities, and learnt more about myself ..., so that certain things ... it brings them to attention, certain things that you individually have to work on. “(I8)

# Theme 3: Subtheme 1

## Systemic Barriers: Unsupportive academic environments

“It's, [sighs] ... very difficult. I mean, generally, because ... there's a hierarchy that you deal with, that will restrict you, they treat you like a small ... because you're just a student.” (I10)

“There were a few cases in different departments at university where you are kind of too scared to say anything, too scared to do anything.” (I1)

“I think if you're too weak for this profession ... rather go choose another occupation. Don't come and waste my time.” (I1)

### **Barriers:**

Strong Hierarchy  
Fear of mistakes / seeming  
inadequate  
Toxic feedback

# Theme 3: Subtheme 2

## Systemic Barriers: A culture of dismissing emotions

### **Barriers:**

A culture of dismissing emotions

“We need to sort of be able to compartmentalise your interactions with the patient ... if there are negative emotions... to try and push them away, not take them with you. So, you sort of create a box. Everything that is negative that you are noticing during the interaction, you throw it away ... (I10)”

# Theme 3: Subtheme 3

## Systemic Barriers: The High Stakes Clinical environment

“I think it is difficult because it’s a pressured environment. You have a lot of theoretical and practical things to get through. So, the emotional component is kind of, you know, sidelined. (13)”

“So already, subconsciously, there’s that feeling that you are inefficient, and of course, that you have to prove yourself, prove yourself as a female, Black ...” (18)

### **Barriers:**

Too busy  
Too much pressure  
Not seen as important

# Theme 4: The Imperative of EC training

“It [emotional management skills] is **super important**. I would actually say it’s key to a lot of things. It’s key to how you interact with your colleagues. It is key to how you interact and deal with patients, like normal and aggressive patients. Because if you don’t have that, it’s going to be difficult for you to manage that, because now it’s going to be two people with an emotional problem at the same time. So, I would say that it [emotional management skills] ... it is the first step, which needs to be reinforced, from ... first year of studying.” (I7)

“I mean the things ... before you are forced to deal with, **you need to have your own emotions in check to deal with terrible, terrible things. It’s very easy to sort of, like, crumble in the scenarios that we face** ... Like, you could easily spiral ..., go into a depression ... If you are not in the right place. (I10)”

# Discussion / Conclusions

# Key points summarised

- Junior doctors believe that being trained on how to manage difficult emotional interaction is important
- Most did not recall formal training on emotion management
  - Requested practical, case-based trainings using role modelling or case reviews with experienced clinicians
  - From first year of study
  - Available emotional support throughout training

Toufan N, Omid A, Haghani F. The double-edged sword of emotions in medical education: a scoping review. *J Educ Health Promot.* 2023;12:52.  
Sharp G, Bourke L, Rickard M. Review of emotional intelligence in health care: an introduction to emotional intelligence for surgeons. *ANZ J Surg.* 2020;90(4):433-40.

# Key points summarised

- Need a review of **clinical learning environments**
  - The 'hidden curriculum' that tend to dismiss emotions – glorify stoicism
  - An emphasis on knowledge and skills at the expense of emotional skills
  - Hierarchical top-down structures / toxic environments
  - High expectations of performance (low tolerance for ignorance or mistakes)
- Curriculums need to include **specific skill building activities**
  - Managing conflict with patients / family members / colleagues
  - Managing strong / difficult emotions in self and others
- **Trainers of supervisors**
  - To train on emotions, you need to have been trained yourself
  - Role modelling of behaviour in the workplace

Olasoji HO. Broadening conceptions of medical student mistreatment during clinical teaching: message from a study of "toxic" phenomenon during bedside teaching. Adv Med Educ Pract. 2018;9:483-94.

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# Thank you

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