Activities on EI as welfare development measures for Doctors of IMA - Tamil Nadu State Branch

D. Balaji *, Dr. P. Karthikeyan

Department of Management Studies,
Velalar College of Engineering and Technology, Thindal, Erode – 638012, Tamil Nadu, India
*Corresponding Author: balablooms@gmail.com

Abstract: The only representative for the Doctors of Modern Scientific System of Medicine is Indian Medical Association (IMA), a national voluntary organization to have high concern and interest on welfare of doctors and hence to the well being of the society, spread across every state of India, at large. Precisely, focusing on the state branch of Tamil Nadu, it formulates unique schemes of the association, namely PPLSSS and FSS with a number of welfare activities, which are scheduled focusing the well being of the doctors with various specializations. The ability to recognize, evaluate, and organize the emotions of oneself, of others, and of groups is Emotional Intelligence (EI), which becomes mandatory for a Doctor to sustain, for the wellness of the self, patients and also for the co-workers, in the employed atmosphere. Thus, this article emphasis the philosophy of EI, which are mandatory for contemporary Doctors and thus recommends IMA – TNSB to integrate various Emotional Quotient development activities in their yearly agenda, as welfare development measures of Doctors of Tamil Nadu.

[D. Balaji, P. Karthikeyan. Activities on EI as welfare development measures for Doctors of IMA – Tamil Nadu State Branch. *Life Sci J* 2013;10(5s):178-183] (ISSN:1097-8135). http://www.lifesciencesite.com. 32

Key Words: Doctors, Indian Medical Association, Emotional Intelligence.

1. INTRODUCTION:

The lifestyle of Doctors is of high concern across the globe in recent times. Invariably the Doctors are in the state of relationship engaged with people all round the clock, and rightly they are termed as emotional labors. Every individual sustaining abnormality with physical or mental concern is towards Doctor for remedies, by and large. If a Doctor is accumulating all the problems of others, the patients particularly, becomes the sediments settled in the minds of the Doctors, unconsciously, which definitely has an effect in their personal as well as in the professional life. Hence, it becomes the mandatory for the Doctors to enhance a measure to manage their lifestyle and this article proposes Emotional Intelligence (EI) as a remedy for them, on this perspective. Globally, there are many missions and associations framed for the above and thus Indian Medical Association (IMA), is the one which engages profoundly with activities for the welfare of Doctors of India. The association has made distinctive efforts for the remedial measures of its members, who are the Doctors of India, by large. IMA has created awareness among Doctors across the nation, on their dire need for a common body to care on their welfare.

2. INDIAN MEDICAL ASSOCIATION (IMA):

Indian Medical Association (IMA) is a national voluntary organization of Doctors of Modern Scientific System of Medicine, which takes care on welfare of doctors along their well being of the community, by and large. This is the only

representative organization for Doctors having branches across the nation, with unique schemes and activities for their welfare. From the year 1928, the need for the national organization for the welfare of medical profession was recognized, as the English doctors were associated with, British Medical Association, and a body was formed for the same. Indian Medical Association in the year 1946 helped in organization of the World body, namely, World Medical Association, and thus became its founder member. IMA is continuously playing a vital role in deliberations, alike it hosted in the III World conference, concerning Medical Education jointly along with WMA and IMA, in New Delhi by 1996. Today, IMA has 1800 branches all over India with membership more than 2,00,000. IMA has objectives, firstly, to promote and advance the medical and allied sciences in all their branches, secondly, to improve the public health and medical education in India, thirdly, to maintain the honor and dignity of the medical profession, by large. The general control management and direction of the policy of the Association is pivoted to the 'Central Council' to which local branches send representatives and which meets once a year to lay down policies. It delegates its powers to 'Working Committee' (A representative body of all state territory branches) implementation of programs and activities, without powers to change the rules. The various required activities for the welfare of the members and the people concerning healthcare issues are executed three times a year by the committee. The members of the Association can participate in various programs

organized by the Association and its Branches to which they belong. Members have the right to attend and participate in all discussions concerning general topics, clinical meetings, lectures, demonstrations; refresher coursed etc. which are organized for continuing medical education by the Association. Members have the right to be present at medical conferences structured by the Association or any of its branches on such terms as laid down in the byelaws. Necessary action in matters affecting the medical profession by the Central Council and the Working Committee of the Association can be taken by any member. For the professional interactions the members can join study tours organized nationally as well as internationally. Journal of the Indian Medical Association is a scientific publication issues free of cost to all its members, which is of high academic level, with international reputation. The Headquarters publishes "IMA NEWS" a monthly publication issued to all its members about the activities of the Association and other news from the medial world, which is also available for the yearly subscription to its members. Members are stimulated to do research in various aspects of the field of medicine through its academic wings. Members are eligible to compete for various awards instituted by IMA to stimulate original thinking amongst its members, particularly voung doctors and students. IMA Guest House is available for its members and also for their families, when in Delhi on payment of nominal subsidized charges. This advantage is also accessible in cities where various branches are having accommodation in buildings of their own. Social Security Schemes for the welfare of members are being floated at State lever with the objective of providing assistance to family of members in the event of their death. Postgraduate members of IMA can avail of the special laparoscopic training program & become eligible for purchase of laparoscopes at heavily subsidized rates. Members are eligible to procure vaccines for immunization of their patients. They can also avail of contraceptive pills and IUDS etc. through the good offices of the IMA. IMA Benevolent Fund established to help dependants. Members are even entitled to also secure loans from Benevolent Fund to meet some unpredictable exigencies. IMA members through special arrangements with General Insurance Companies get special insurance covers to protect members against possible medico legal eventuality during discharge of the their normal professional work.

3. IMA – Tamil Nadu State Branch:

The Indian Medical Association – Tamil Nadu State Branch (IMA – TNSB) is a voluntary organization, representing the entire spectrum of the

modern allopathic medicine and its specialties in our State, associated to the IMA head quarters, New Delhi. In 1940, the organization was started, by a crew of devoted doctors who ever deeply dedicated in upholding the decorum and dignity of the medical profession and invariably to improve the quality of the medical service to the people of Tamilnadu, especially to the poor. The doctors hailing from the city of Chennai and from the rural districts of Tiruchirappalli, Coimbatore, Vellore, Salem and Tirunelveli, took an active part in building up the IMA - TNSB. Several State Presidents and Secretaries of IMA – TNSB belonged to the above mentioned districts. By the increase of membership and expansion of services to them, today IMA -TNSB has branches in all towns of Tamil Nadu and it has a vast membership representing all he specialties of modern medicine.

3.1 Objectives of IMA – TNSB:

The main objectives of Indian Medical Association – Tamil Nadu State Branch are:

- > To serve the patients in a better manner
- > To maintain a robust professional standards in the practice of medicine
- > To sustain and protect the dignity of the medical profession
- To render community service co-operating with the government in the implementation of its health programs
- > To offer professional protection to the members through various schemes
- > To conduct CME programs to medicine practitioners
- > To have family get together and to promote fellowship among its members

3.2 Membership Growth of IMA – TNSB:

The membership of IMA – TNSB has a steady progress, by increasing its membership every year. It was with 8925 members in the year 1995, but IMA – TNSB has proved its excellence by increasing it to 22500 members spread across the state, in 140 centers, divided into four zones (North, East, West, and South). More than 99% of the members have acquired life time account registration and thus IMA – TNSB is aiming to bring all the allopathic doctors under its fold through vigorous campaign.

3.3 Various Wings of IMA – TNSB:

IMA – TNSB has various wings and each wing is assigned with specific responsibilities and functions which are focusing on different domains, which are as follows:

> Nursing Home Board

- Professional Protection Linked Social Security Scheme of IMA – TNSB (PPLSSS)
- ➤ Hospital Protection Scheme of PPLSSS (HPS)
- Family Benefit Scheme of PPLSSS (FBS)
- ➤ Family Security Scheme of IMA TNSB (FSS)
- Medical Ethics Committee
- Private Medical Practitioner Wing
- Service Doctors Wing
- Quackery Eradication Committee
- > Para Medical Course Wing
- ➤ IMA College of General Practitioner
- > IMA Academy of Medical Specialties
- ➤ Women Doctors Wing
- ➤ Research Wing of IMA TNSB
- ➤ Legal Advisory Committee
- ➤ Finance Standing Committee
- Building Committee
- > IMA Guest House at Chennai
- Several 'ad hoc' committee such as Construction Amendment Committee
- ➤ IMA Election Commission Committee
- ➤ IMA Projects Committee
- ➤ IMA Research, Organ and Blood Donation Committee
- > IMA Sports Committee
- > IMA Fine Arts Committee

3.4 Activities of IMA – TNSB:

The different wings of IMA - TNSB are functioning effectively to the satisfaction of the members. The branch members of IMA are always in the forefront, in serving the public of Tamil Nadu in various ways. They are accomplishing community service in the course of free general health Diabetic detection camps, Blood donation camps, Eye Camps, etc., on a regular basis in rural and semi-urban areas. IMA is also helping the Tamil Nadu government in the implementation of their health programs. The IMA – TNSB has won the positive reception recently from World Health Organization (WHO) for the aid given for the accomplishment of the Revised National Tuberculosis Control Program (RNTCP). IMA - TNSB is also taking part actively in the National AIDS Control, Filaria Control and other health programs actively.

3.5 Challenges of IMA – TNSB:

IMA – TNSB is facing a number challenges and problems. The members of IMA – TNSB are facing many risks and hazards every day, due to various reasons, including physical attacks on doctors, in different places, lack of employment opportunity to the newly passed out MBBS graduates, which is causing, high anxiety to the medical professionals. The nursing homes are also facing several problems such as shortage of qualified nurses, high electricity

tariffs, etc. IMA – TNSB is discharging its duties with high sincerity and devotion to its members, also acting as a watchdog on behalf of the society for the moral and ethical practice of medicine.

4. SCHEMES OF IMA – TNSB: 4.1 PPLSSS

Professional Protection Linked Social Security Scheme of IMA - TNSB, is shortly called as PPLSSS, is a effective scheme which intensively takes care on its members both as an individual and for the Hospitals which are its members. This scheme emphasis all the doctors of the enrolled Hospitals to get membership with IMA - TNSB, in this scheme also. There a various advantages for a doctor in being its member. This scheme helps the enrolled doctors to counter Consumer Protection Act (CPA) and makes them to shed defensive practice. It has gained the best defense in the offensive society and events. It has a comprehensive coverage from the day of enrollment and has clear guidance & safe guarding from day one of receiving notice. It enables compensation upto Rs. 5/- Lakhs for 5 years and also facilitates immediate financial grant Rs. 20,000/- in case of demise of a member (5 yrs membership) and Rs. 10,000/- for membership below 5 yrs. Free Janatha Personal Accident (Group) Policy for Rs. 1 Lakh, is also made tangible for the members of this scheme.

4.2 HPS

Hospital Protection Scheme (HPS) of IMA Tamil Nadu, will take up notices / cases against the hospitals enrolled and pay the compensation awarded against hospitals but not against the individual doctors. The hospitals are requested to ensure that all the consultants and duty doctors are enrolled as members of PPLSS Scheme so that entire notice / case can be taken and fought collectively, provided the Hospitals should be the members of IMA Nursing Home Board.

4.3 FBS

Family Benefit Scheme of IMA Tamil Nadu shall reimburse Rs. 1 lakh for the hospitalization expenses incurred in that year for the member, spouse or children below 21 years and not exceeding Rs. 50,000/- per hospitalization for the members or their nominee. The member has to inform the scheme office about the hospital of his / her choice for elective surgery before admission. Member has to inform the scheme office within 24 hours of admission in emergency cases. Claims of hospitals must be made within 60 days after the discharge. Original bills and discharge summary are to be produced along with the claim form. It is eligible to claim reimbursement for treatment had within

Tamilnadu. The interval between two claims to another is structured as 120 days. The renewal of subscription without break is essential.

4.4 FSS

Family Security Scheme (FSS) of IMA – TNSB, is operatable after six months of becoming the member of the Scheme i.e. then only the death amount will be paid to the family. The member die earlier i.e. within six months after joining the Scheme no amount will be given to the family. Amount of Rs. 190/- has to be paid by each member for every death of a member. As per the decision taken in the GBM of the FSS, held at Nagercoil on 27.01.2008, maximum target fixed is Rs. 15 Lakhs to be given to the families of the deceased members, according to the number of enrolled members in the Scheme at the time of death of a member Rs. 190 x Number of members in this Scheme at the time of the death of a member will be paid to the family. This Scheme will be run by a Separate Wing of IMA TNSB, managed by Chairman, Vice Chairman, Secretary, Treasurer, Joint Secretary and Management Committee Members. FSS applications must be send through the IMA Local Branch Secretary. Please send the Photos of the Applicant and Nominees and their specimen signatures along with the application. Please come and join this Scheme and help the Doctors family.

5. CONCEPT OF EMOTIONAL INTELLIGENCE (EI):

The ability of a person to know one's own emotion and of the others, to formulate a better relationship and accomplish the needful job is Emotional Intelligence (EI), which is profoundly termed as people skills. EI have become the core component of an organization across globe, more valuable than technical skills, and thus it is the hot topic of contemporary management, focused by a number of researchers recently. The behavioral pattern with respect to their emotions and the environment of work is studied to calculate the outcome of emotions, organizational citizenship, employee's performance, organizational effectiveness and commitment for effective leadership. Meyer & Salovey by the year 1990, has conceived the theory for EI, and stated that it is the subset of social intelligence, which prominence the ability of a person to manage the emotions of his own, and also the emotions of others feelings, regulating them with discrimination, accomplishing the selected aims. They planned a model which consisted of four components of abilities chiefly, a) to perceive accurately, appraise and express emotion; b) to access and or generate feeling when they facilitate thought; c) to appreciate emotion and concern emotional knowledge; and d) to regulate emotions, to support emotions and intellectual augmentation. But, Daniel Goleman, in the year 1995, proposed an EI model, with two components namely, personal competence and social competence. Self – awareness, Self – regulation and Motivation comprise the personal component and the social component includes empathy and social skills. Self-awareness is the capability to distinguish and recognize one's own status of moods, emotions, drives and their effects on others. Self-confidence, pragmatic self-assessment and often a self-deprecating intellect of humor are among characteristics of self-awareness.

5.1 Self – Awareness:

Self – awareness is an ability to accurately recognize one's own feelings to enhance self – assessment managing them for self – confidence. Goleman in 1995, found that sustaining self – awareness, sustaining high self – confidence and to asses one's strength and weakness are the characteristics of effective leaders. Precisely, high level of self-awareness that is associated with EI tend to encourage leaders to demonstrate self-confidence, earn respect and trust from followers, thus self-awareness is the greatest predictor of success in every job people get associated.

5.2 Self – Regulation:

Self – regulation is the capability to control emotions, to remain calm, encounter problem and resistance, manage stress skillfully, finding ways to handle fears, anxieties, anger and sadness and to stay focused on the tasks performed. Individuals with self - regulation are able to handle change and being comfortable with ambiguity. In the course of selfregulation, leaders can impartially regard as the requirements of others despite their own immediate feelings. Goleman in 1998 highlighted that qualities of self-regulations are like trustworthiness, integrity, conscientiousness, self-control, adaptability, innovativeness and taking responsibility for one's own actions. A leader with good score of EI is anticipated to be able to keep disrupting emotions and inclinations (self-control); sustain standards of honesty and reliability (trustworthiness); take accountability for one's performance (conscientiousness); hold change (adaptability) and be contented with original ideas and approaches (innovation). A leader with EI would be optimistic and show happiness regardless of obstacles, setbacks and disappointment. As stated by Sheperd, the effective leaders doesn't let go the negative emotions such as be concerned, anxiety, fear and anger;

obstruct to get the things done efficiently and effectively.

5.3 Motivation:

Motivation relates to expanding energy in a specific direction for a specific purpose. It submits to the emotional tendency directing or facilitating the accomplishment of goals. It includes accomplishment drive by meeting a standard excellence; commitment which is the alignment of one's goals along with the group and organization; initiative, which is the event of acting on opportunities and optimism, the determination in reaching goals regardless of setbacks. Good emotion will persuade and support leaders to be more motivated in the responsibilities executed. Motivation also engages confidence, zeal, enthusiasm and passion to work not because of money or status but to attain goals with energy and perseverance. Passion is the first step towards accomplishment that enhances willpower; passion transforms character and allocates individual to develop into a more committed and productive person was the statement ascertained by Maxwell in the year 1999. He also recommended that a leader with great passion and few skills always outperforms a leader with great skills and no passion. In the interim, motivated leaders will have a high aspiration to accomplish and are persistently optimistic in any situations while unmotivated leaders will be inclined to be pessimistic and may give up earlier. Highly self-motivated individuals and leaders consequence oriented who have a high drive to meet their objectives and standards. Leaders who have the ability to maintain balance will always keep themselves motivated, optimistic and hopeful to be a role model and inspire others.

5.4 Social skills:

Social skills also profoundly termed as interpersonal skills submits to a person's ability and proficiency in managing relationship with others and building effective networks. It engages the capability of gathering each other's needs; linking to each other over time and exchanging information about one's feelings, thoughts and ideas. Being effective in leading changes, coining teams, persuading others and leading them with objectives to accomplish, are the chief qualities of social skills. As an elementary to EI, social skills communicate to leaders who have the capability to influence others, inducing desirable responses in others through effective diplomacy to react; to communicate and listen openly and send convincing messages; to lead by inducing inspiration and guide both individual and groups; to build bonds to sustain nurture influential relationships, to cooperate with each other work towards a shared goal and to cooperate, creating group synergy in the pursuit of achieving goals. The capability of leaders to handle interpersonal skills will be inclined to motivate and inspire the peers and subordinates. Effective leaders are competent with a variety of people including personalities that are not emotionally stable, able to develop networks and play organizational politics.

5.5 Empathy:

Empathy is a person's capability in sensing the emotional composition of other's sensitivity and perception and taking dynamic attention in their apprehension and setbacks. Consequently, empathic people will indulgence others as per to their emotional needs. Empathic leaders are those who are specialist in constructing and maintaining talent; susceptible with varieties; appreciative and approving various perceptions and viewpoints to avoid needless conflicts. Leaders who are greatly empathic are also capable in managing other's setbacks. They are proficient to appreciate others by being conscious of requirements, feelings, perspectives, apprehension and sensing the developmental requirements of others. EI helps leaders to distinguish and value subordinates with ideas, opinion, feelings, unique needs and abilities. Consequently, empathic leaders help supporters to cultivate and widen; to improve their self-images and sense of self worth; and to accomplish their needs and goals in the course of social skills.

6. CONCLUSION:

Thus, this attitude of self - awareness is indispensable for any doctor to ascertain one's condition when he is in inter-personal relationship. Further, this is more valued when he is in contact to people who are with mental or physical abnormality, as patients and also with other employees working in the same environment, as peers or sub ordinates, incurring the philosophy of emotional intelligence for them. The activities for developing the EI of doctors are mandatory for ascertaining high productivity, for satisfaction by and large. IMA has to include a number of activities that really enhance the doctors to give an insight to evaluate themselves and their relationship status to enhance a continuous development in inter-personal relationship. Awareness programs have to be arranged for the doctors and create awareness on the activities for the doctors' wellness internationally. Since, Doctors are prone to human interactions extensively, with tensioned atmosphere they need time to relax their mind and body through yoga camps and programs. There can also be a number of clubs with shall focus on various fields, to invoke participations of doctors

to their expectations and interests, to get indulged, ascertaining the right balance of personal life and professional life. By this article it is very clear that IMA needs to deploy a number of emotional intelligence activities for the doctors of Tamilnadu, as effective welfare measures for them, which hence will have positive influence on the Doctors' wellbeing and for patience by large.

Corresponding Author: Balaji. D

Full Time PhD Research Scholar
Department of Management Studies
Velalar College of Engineering and Technology
Thindal, Erode - 638012, Tamil Nadu, India
Email: balablooms@gmail.com

References:

- Batalden, P.B. and Stoltz, P.K. (1993), "A framework for the continual improvement of health care: building and applying professional and improvement knowledge to test changes in daily work", The Joint Commission Journal on Quality Improvement, Vol. 19, pp. 424-47.
- Bergman, D., Arnetz, B., Wahlstrom, R. and Sandahl, C. (2007), "Effects of dialogue groups on physicians' work environment", Journal of Health Organization and Management, Vol. 21, pp. 27-38.
- 3. Bergman, D., Savage, C., Wahlstrom, R. and Sandahl, C. (2008), "Teaching group dynamics do we know what we are doing? An approach to evaluation", Medical Teacher, Vol. 30, pp. 55-61.
- 4. Collins, D. and Holton, E. (2004), "The effectiveness of managerial leadership

- development programs: a meta-analysis of studies from 1982 to 2001", Human Resource Development Quarterly, Vol. 15, pp. 217-48.
- 5. Goleman, D. (1995), Emotional Intelligence, Bantam Books, New York, NY.
- 6. Isaacs, W. (1999), Dialogue and the Art of Thinking Together: A Pioneering Approach to Communicating in Business and in Life, Currency, New York, NY.
- 7. Jackson, B. and Parry, K.W. (2008), A Very Short, Fairly Interesting and Reasonably Cheap Book about Studying Leadership, Sage, Los Angeles, CA.
- Kolb, D.A. (1984), Experiential Learning: Experience as the Source of Learning and Development, Prentice - Hall, Englewood Cliffs, NJ
- 9. Krueger, R.A. and Casey, M.A. (2000), Focus Groups: A Practical Guide for Applied Research, Sage Publications, Thousand Oaks, CA.
- 10. Ollila, S. (2008), "Strategic support for managers by management supervision", Leadership in Health Services, Vol. 21, pp. 16-27.
- 11. Sandahl, C. and Edenius, J. (2004), "Group supervision for managers", in Linden, I.J., Edlund, C. and Larsson, M. (Eds.), Supervision Creation with Variations, Studentlitteratur, Lund, pp. 157-78.
- 12. Sandberg, J. (2000), "Understanding human competence at work: an interpretative approach", Academy of Management Journal, Vol. 43, pp. 9-25.

3/5/2013