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Bullying in hospitals

As victims of bullying and proponents of emotional intelligence in the health profession we read with interest the article on workplace bullying.

Kavimaki et al1 did not mention whether the responses were anonymous. Identified responses may underestimate the incidence of bullying in the cohort. Given that previous studies (mentioned by the authors in the discussion) have shown a considerable percentage of victims deciding to resign as a result of bullying, it is a pity that the article by

Kivimaki et al did not contain similar data. The other two issues that should have been included were the duration of the bullying, and how many bullies are actually aware that they are bullies. These can be answered by asking the question: Have you subjected your colleagues to such bullying behaviour?

With doctors and nurses constituting 58% of the victims, we wonder whether the authors could reanalyse their data to see whether there is a higher incidence of bullying in the high stress specialties—such as adult intensive care and neonatal intensive care.2 We would also like to know whether the victims in their study were offered any counselling by their institutions, and if so, the nature and impact of the counselling.

Emotional intelligence is defined by the five emotional quotients of self awareness of feelings, emotional self regulation, self monitoring and goal setting, empathy, social skills, and communication skills.3 According to Goleman, "The rules for work are changing, we're being judged by a new yardstick: not just how smart we are, or our expertise, but also how well we handle ourselves and each other."4 Emotional intelligence is considered

more important than intelligence quotient (IQ) in enabling people to function well in society.5 We suggest that emotional intelligence, which can be taught, can be an important solution in reducing the incidence of bullying in the workplace.

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