

Supporting the 'Tall Poppy': Can role-specific emotional intelligence mediate or moderate the demands of being 'high-achiever' on professionals' wellbeing?

Research area: HRM

The study focuses on intrapersonal factors and non-technical competencies as antecedents of wellbeing (physical and mental-health) at work in high-achieving professionals, and a pathway whereby wellbeing and work motivation might be enhanced to achieve downstream improvements in performance, including reducing employee turnover intention.

Selection of candidates for professional-healthcare undergraduate courses, e.g., physician/surgeon ('medic'), veterinary surgeon ('vet'), targets 'high-achiever', academically gifted individuals¹. While this is criticised as potentially unsafe, it is unlikely to change in the UK due to ethical concerns about selection utilising psychometric testing^{2,3}. This results in both student and professional populations with skewed proportions of high-achievers¹.

There is disagreement about the effects of being high-achiever/academically gifted on wellbeing, with some studies demonstrating benefits⁴, and others detriments (e.g., poor mental-health, emotional instability). Lee and Olszewski-Kubilius, (2006)⁵ demonstrated academically gifted students were more morally sensitive and exhibited limitations in managing stress compared to average students; females demonstrated lower than average emotional intelligence ('EI'), supporting the notion that academic-giftedness may develop at the cost of EI. Maladaptive perfectionism is a disposition associated with high-achievers, and the consequent poor mental health is problematic in healthcare-professionals^{6,7,19}. However, a comparative study demonstrated law students scored significantly higher for depression, psychological distress, maladaptive perfectionism and lower for wellbeing than healthcare-professional students⁸. Opposing this, Holden (2020)⁶ argues that years at university spent in a 'melting pot' of highly similar colleagues cultivates perfectionism and spills into working environments.

Nevertheless, qualified healthcare-professionals exhibit elevated levels of indicators which suggest poor wellbeing, notably higher suicide levels vs. population averages¹⁰ and low retention in the healthcare professions (longstanding residents on UK shortage occupation list⁹). Reduced wellbeing when first entering the working environment is common, however, in some professions does not improve with time, e.g., Bartram *et al.*, (2009)¹⁰ reported that increasing age has no effect on depression in vets, which remains higher than the general population, and no age decline was detected in the incidence of suicidal thoughts (5.5 times higher vs. general population). Thus, mental health and wellbeing studies must consider working professionals rather than students.

Within the job-demands job-resources framework ('JD-R')¹¹, personality traits have been considered as both 'personal demands-PDs' and 'personal resources-PRs', e.g., aspects of perfectionism serve as both PR and PD¹². However, there is little research which considers aspects of 'high-achiever' within the JD-R framework. EI is a potential PR, has been shown to have association with positive leadership behaviour (essential in professional healthcare roles)¹⁴, and to predict work engagement ('WE') in vets in one study¹⁷. EI (non-specific) is listed as a key skill and prerequisite to many essential non-technical competences for healthcare-professionals, (e.g., communication, empathy), despite the paucity of research to support these professional governing body recommendations¹⁵. However, EI is not comprehensively positive, with globally high-EI individuals prone to negatively manipulate

others to benefit themselves and narcissism¹⁴. All-encompassing high EI is neither necessary, nor beneficial, suggesting that there are optimal levels of EI and there may be role-specific EI profiles which allow professionals to flourish at work¹⁴.

The veterinary profession is smaller than other healthcare professions (~25,000 vs. ~35,000 GP/medics, UK) but has significant and far-reaching impact on the entire UK population, not least in providing care for 34 million UK pets. Competition for places and the standards set for entry to veterinary medicine are perceived to be the highest of any healthcare-professional degree⁷, resulting in a high-achiever/academically gifted dense population¹, an ideal setting for the study.

Indicators of poor wellbeing in the veterinary profession are;

i) Suicide rates ~4x national average, twice that of any other healthcare profession¹⁰. UK GPs exhibit higher levels of positive mental health than vets¹⁶.

ii) A 2021 workforce summit identified a workforce crisis as a result of significant decreases in UK registrations to practice, marked increases in the numbers leaving the profession and an increasing trend towards part-time working¹⁸. A statistically significant, positive, and proportional (linear) relationship between retention (turnover intention) and WE ('work-wellbeing') was demonstrated in a study of UK-practicing vets¹⁷.

Research Questions

RQ1: Where do personality traits found in high-achievers have effect within the JD-R framework, (PR/PD or both)? Is there significant demonstration of perfectionism in the study participants?

RQ2: Does EI mediate/moderate work-wellbeing, -motivation or -stress? Is there an optimal trait-EI profile which predicts wellbeing/WE/work motivation in healthcare-professionals?

RQ3: Does targeted EI training (based on optimal EI profile) improve wellbeing/motivation (or decrease work stress) in study participants? How does this compare to the repeated measure in non-trained group? Causal relationships?

Methodology

The study sample will be derived from UK-practising vets. Due to the broad nature of veterinary practice, the sample will be stratified by work-sector (small animal-, farm-, equine-, mixed- practice, etc.). Working in small animal practice (largest sector - 56.4%) has been shown to be a risk factor for increased anxiety, depression, and suicidal thoughts¹⁰.

Peer-reviewed, comprehensively validated measurement instruments will be utilised to construct an online questionnaire to measure the key variables and collect primary quantitative data for analysis. (Measurements are 'Likert scale' format, but this ordinal data is recalculated as a 'score', transforming it into interval numerical data suitable for statistical analysis.)

Construct	Preferred	Alternatives		
Wellbeing	The Warwick-Edinburgh mental well-being scale (WEMWBS)	(UWES = 'Wellbeing at work')		
Work Engagement	Utrecht Work Engagement Scale	UWES-9/ UWES-6/ UWES-3		Scale of Work Engagement and Burnout (SWEBO)
Work Stress	The Maslach Burnout Inventory (MBI)	The Burnout Measure	Job Stress Survey (JSS)	
Trait Emotional intelligence	The Emotional Intelligence Questionnaire (TEIQue)	The Bar-On Emotional Quotient Inventory		
Personality	the HEXACO Personality Inventory (HEXACO-PI-R)	NEO Five-Factor Inventory (NEO-FFI)		
Perfectionism	Multidimensional Perfectionism Scale (FMPS)	Perfectionism Cognitions Inventory (PCI)	Almost Perfect Scale—Revised (APS-R)	

Structural equation modelling will be employed with the aim of understanding the correlation and covariance among the specified variables and to attempt to explain as much of their variance as possible within the JD-R model.

Based on initial results, if a specific trait-EI profile is shown to enhance or mediate WE/wellbeing in the study group, then targeted training to enhance EI will be offered to a random subsample of participants.

Most studies in these areas are cross-sectional, bringing difficulty in understanding the direction of relationships and causality. Therefore, this study also proposes longitudinal research (necessary to understand causality), with the measures being repeated downstream, to test the lagged effects of PD/PR on wellbeing.

Potential contribution - The antecedents of wellbeing at work in healthcare-professionals, and particularly the veterinary profession, remain understudied. Research has tended to focus on the pathology of stress and burn-out, rather than professional non-technical competences which might improve wellbeing and motivation at work in healthcare-professionals. The insight and impact that this research can provide into influences on, and potential improvement interventions for, wellbeing in high-achieving professionals has potential to be highly valuable across all industries.

Key words; high-achiever, emotional intelligence, personal resources, work engagement, work-wellbeing

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