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Healthcare Emotional Intelligence: Its Role in Patient Outcomes and Organizational Success

By Bryan Warren, Manager, Healthcare Solutions, Select International

There is a growing interest in healthcare, in the role of Emotional Intelligence — a set of behavioral competencies, which impact performance. There is also a growing body of evidence that individual behaviors, including EQ, influence patient outcomes and organizational success. What is EQ? How does it apply to healthcare? How do we use it to improve performance?

Everyone is striving to provide patient-centered care, and to increase quality while reducing costs. Operational strategies like Lean and Six Sigma are helping to design more effective and efficient care models. Information systems make clinical and financial data more useful and enhance efficiency. While these strategies and technologies are widely available, not every organization is successful.

For instance after intense focus on patient safety over the past few years, a recent report by the Leapfrog Group revealed that most hospitals showed no improvement in safety scores and some even declined. Patient safety, and patient-centered care are, to a large degree, about individual behaviors and interactions between providers and patients and among administrators, physicians, nurses and staff. Ted Kinney, PhD, head of research and development at Select International, summed it up: "At its very core, the patient experience is an evaluative attitude about the level of care that people provided during the treatment cycle. Revisions to process and new technology can provide efficiencies, but, in the end, a patient's attitude depends on [his or her] interactions with people. Those high in EQ are able to navigate those interactions in a way the leaves a positive impression."

Emotional intelligence – What is it?

In the 1930s psychological research had identified "social intelligence" skills, distinct from traditional intelligence, that impact work performance. By the 1980s research showed that overall performance was often the result of interpersonal, more than technical, skills. By the 1990s, the term "emotional intelligence" was widely discussed in business circles. Definitions typically include about two dozen social and emotional abilities that are often grouped into five core areas:

- Self awareness
- Self regulation
- Self motivation
- Social awareness
- Social skills

Interest in the concept took off in the 1990s and it continues to have widespread support in the business world, but healthcare has been slow to apply EQ concepts.

Behaviors and outcomes

Efforts to improve quality will always begin with research and training on new diagnostic and treatment approaches. There is a growing body of evidence, however, that individual behaviors significantly influence outcomes.

For instance, relatively simple protocols have been shown to virtually eliminate certain hospital-acquired infections. Some hospitals adopt these protocols but don't reduce infection rates. Why? John Santa, MD, MPH, director of the Consumer Reports Health Ratings Center, commented on the dilemma: "For the process to work, each individual has to make a commitment to perform each step each time, and have the courage to correct their colleague when they see an error has been made."[1] Success requires staff members who see the value of new procedures and a culture of communication, collaboration and adaptability.

We are learning that behaviors like empathy and compassion not only make for a better patient experience, they actually impact patient outcomes. For instance, provider empathy improves patient satisfaction and adherence to treatment and correlates with fewer medical errors. Empathetic doctors are better at managing chronic conditions like diabetes. Inappropriate behaviors by nurses and physicians are not only disruptive to the work environment but, more importantly, those behaviors can harm patients. EQ might be offered as an explanation for why some practitioners and organizations are better at delivering patient-centered care.[2]

There is also evidence that EQ can be improved with training. If providers have a better understanding of their behavioral propensities, they can adopt specific behaviors that will improve interactions with patients and colleagues.

Healthcare emotional intelligence

Working with a group of physician leaders at a progressive healthcare system, we heard the following: "We appreciate the connection between EQ and patient care and physician career success, but when we took an EQ assessment, we found the results to be interesting, but weren't sure what to do with the information." Traditional EQ measurement tools do not provide practical recommendations for physicians and nurses.

"Part of the problem is that the concept of EQ — how it is defined, measured and used, has not been looked at within the unique

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healthcare context. Healthcare job performance is different than most jobs in the labor market. Physicians, for instance, may score high on traditional measures of EQ, but other behavioral traits can prevent them from displaying the highly collaborative or patient-centered behaviors we'd expect," says Dr. Kinney.

From our years of working with healthcare organizations, we've developed an innovative behavioral construct to patient-centered care that incorporates the concept of "healthcare emotional intelligence." Where a physician or nurse scores on the continuum for these areas is less important than their ability to understand their behavioral make-up and adapt accordingly.

Compassion. How compassion is measured and how the results presented, are important. For compassion to be useful, it must result in positive action. Providers who are exceptionally high in compassion may struggle separating their feelings from the decision-making process. Even highly factual (vs. feeling) individuals can connect with patients and co-workers if they are aware and able to convey that they are trying to understand the other's emotional state.

Awareness. The ability to understand a situation and either focus on the details or the big picture, as appropriate, is invaluable to creating a patient-centric culture and to successfully collaborating and working in teams.

Regulation. The ability to moderate emotions allows individuals to problem solve under stress, and to maintain productive, professional relationships. Those who are highly excitable may be at a greater risk for impulsive negative remarks or actions (think about disruptive behavior). Those who are hyper-controlled, however, are often perceived as distant and uncaring.

Emotional intelligence. Your level of "social focus." Are you so focused on the task at hand that you fail to read the needs of patients and colleagues, or are you easily able to read others' emotions and use that information to achieve a positive outcome?

Training implications

Traditionally, patient-centered care has involved service excellence programs like those adapted to healthcare from Disney or the Ritz Carlton. These have their limitations.

Imagine a patient with bad reaction to anesthesia. It's fairly routine but still uncomfortable and unnerving for the patient and the family. One nurse may be highly conscientious and clinically competent and quickly work through the right protocol. The symptoms will resolve, but she doesn't pick up on the patient's anxiety or address it. Another nurse may not be quite as conscientious or detail oriented, but she is more comforting; she knows to put a hand on the patient's shoulder and to assure the family that this is normal. The two patient and family experiences will be very different.

If each of these nurses can learn about their natural behavioral propensities, they can develop behaviors and practices to improve their patients' experiences. The first can learn to take a minute to read the anxiety level of her patients. The second can learn to be more diligent in administering treatments.

One CEO told us, "We check all the boxes on our service excellence program and pat ourselves on the back, but our patient satisfaction scores have not improved." The specific, individual behaviors and interactions of every physician, nurse and staff member are what drive patient-centered care. More importantly, people must understand something about their own behavioral make-up so they can learn to modify their behaviors, accordingly.

Dr. Kinney relates his experience: "The key to developing in this behavioral style is self-awareness. If an EQ assessment pinpoints profiles that do not lead to a positive patient experience, then the participant can learn to modify behavior in future situations to be more in tune with the needs of the patient. People learn that by forcing themselves to attend to how they are being perceived, they are able to impact positive outcomes. The most successful patient-centered care training programs will combine service excellence principles with behavioral assessments that provide staff with useful insight into their own behavioral make-up — including healthcare-specific emotional intelligence. It is not possible to train patient satisfaction through a 'one-size fits all' training paradigm. Rather, different people have different development needs when it comes to the way they interact with others. Starting a patient satisfaction development program should always be preceded by 'taking the temperature' with a well developed EQ measure to understand the participant's unique challenges in connecting with others." ■

Endnotes:

i http://news.consumerreports.org/health/2011/06/teaching-hospitals-not-always-best-for-patient-safety.html.

ii See:

- (Emotional intelligence in medicine: A systematic review through the context of the ACGME competencies. Arora, S., Ashrafian, H., Davis, R., Athanasiou, T., Darzi, A., & Sevdalis, N. (2010). Medical Education, 44(8), 749-764)
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