

# Emotional Intelligence: A Critical Tool to Understand and Improve Behaviors That Impact Patient Care

## Abstract

Health care is an extremely complex process. Medical advancements made possible through the introduction of new and innovative treatment and technologies has significantly improved health care outcomes and expectations. At the same time it has changed the way we deliver care. With a growing focus and accountability for patient management across the entire spectrum of care, successful patient outcomes are dependent upon strong multidisciplinary care team involvement. Many providers accustomed to the one time traditional independent authoritative approach now have to learn how to participate as part of a health care team. For many this is a difficult transition. Many organizations have recognized the need for change and have provided education and training courses on a variety of topics designed to improve behaviors that enhance communication and collaboration. But there is still a void. In an effort to improve behaviors it is necessary to understand behaviors. In this regard, many industries have successfully utilized Emotional Intelligence skill training as a tool to enhance behavioral attitudes and reactions. These tools would be extremely beneficial in the health care arena.

## Introduction

In today's complex health care environment it is more important than ever to improve collaboration, communication, coordination, and care relationships between all members of the health care delivery team in an effort to achieve best practice outcomes of care. The growing focus on metric based performance accountability across the entire spectrum of care has put a significant pressure on health care providers to change their delivery model. Health Care Reform initiatives promoting value based care (appropriate, cost-effective, high quality, high satisfaction) and population management have forced providers to look at a more integrated multidisciplinary approach to care management. This is particularly true for physicians who have the primary responsibility for overall patient care and patient disposition. Communication with other physicians, communication with nursing, case management, discharge planning, and other clinical support services, communication with administration, and communication with the patients and their family, is crucial for overall success [1-3].

In response, many organizations have introduced a series of communication skills and team collaboration training programs for clinical staff. Many organizations have also provided specific programs on assertiveness training, diversity management, cultural competency, empathy training, stress management, anger management, conflict management, and other training workshops designed to improve behaviors that support positive work relationships. Many of these programs have provided service specific benefits. But many barriers still remain [4-8].

Some of these problems are related to organizational issues perpetuated by historical patterns of medical hierarchy and discipline specific silo based care accentuated by differing

financial and clinical incentives and priorities. Other barriers are related to behavioral issues that range from non-engagement, to resistance, to poor compliance, and in more extreme cases, disruptive behaviors that can negatively impact work relationships and patient care [9,10]. Recent studies have also suggested a growing amount of stress and burnout in the physician and nursing sectors contributing to negative attitudes and inappropriate behaviors impacting work outlook, work relationships, and clinical performance [11-13].

In an effort to address the issue in a more effective manner organizations need to take a more comprehensive approach to relationship management that focuses on gaining a better understanding of the values, attitudes, incentives, and motivations of all staff members contributing to patient care and provide them with appropriate education and training that will enhance their understanding and behavioral responsiveness in helping the organization achieve its goal in providing best practice care. Rather than providing independent topic specific educational programs and training workshops programs we recommend utilizing the values promoted by gaining a better understanding of the factors contributing to "Emotional Intelligence" in an effort to better to evaluate, motivate, and improve perceptions, attitudes, and behaviors that affect personal relationships. While Emotional Intelligence is a relatively new concept in health care, there are a number of industry examples which can be applied to the health care setting.

## Understanding Emotional Intelligence

Emotional Intelligence is based on a number of contributing factors that include:

- I. Self-awareness of one's own emotional makeup, biases, and sensitivities
- II. Social awareness of another individual's values, perceptions,

Volume 2 Issue 1 - 2015

Opinion

**Alan H Rosenstein\*, Dianna Stark**

*Health care consultant, USA*

**\*Corresponding author:** Alan H Rosenstein, Health care consultant, 139 15th Avenue San Francisco, CA 94118, USA, Tel: 4153707754; Email: ahrosensteinmd@aol.com

**Received:** November 20, 2015 | **Published:** February 05, 2015

and reactions

- III. The ability to consciously self- manage one's emotional reactions
- IV. The ability to successfully manage the interaction and ongoing relationship.

How can you measure Emotional Intelligence? There are many different tools available. One good example is the EQi 2.0 tool created by MHS Inc. The 5 realms or composites of the EQi tool are: self- perception, self- expression, interpersonal, decision making, and stress management. In corporate settings these are the key skills required to effectively manage departments or organizations. After the EQ test is administered follow up coaching is targeted to address specific communication and interpersonal deficits revealed with the testing. The added benefit in using the test vs. coaching alone is the objectivity and reliability of the test itself. The EQi 2.0 is a validated psychometric test. Rather than bringing in a coach to offer an opinion, which can, at times, cause an employee to become defensive, the test offers reliable, scientifically sound results which a person can see in charts and in a formal report. This could be a particularly useful tool when working with medical professionals who are, by nature, fact based and scientific.

### Industry Experience

Assessing and improving Emotional Intelligence in the corporate arena has proven to be of significant benefit [14]. One representative case example from our own experience is an executive referred due to poor communication skills and complaints of disruptive behavior. The client was often fighting with subordinates, yelling, and was accused of being dismissive to his co-workers and exhibiting "bullying" behavior. Overall team morale was low and the client often made employees feel abused and mistreated. Testing revealed a slightly below average overall EQ score with significant deficits in impulse control and empathy. Impulse control and empathy are inherently linked. In the case of this client, his empathy skills were low, even further lowering the threshold for his impulsive and often explosive behavior. A key to working with this gentleman was increasing his empathy, which in turn, increased his impulse control. When working with impulsive behavior, the focus is often on getting the person to wait to respond or act, until the impulse can travel from the lower functioning brain to the higher functioning brain, the cerebral cortex. We used exercises in having the client take time before responding to situations at work that he found agitating. He was told to ask himself, what was motivating the other person's behavior. What was that other person feeling? Could he stop and see their point of view before pursuing his own agenda?

Stress management, one of the 5 realms measured in the EQi test, is often identified as an underlying deficit. In the example above, by increasing this individual's stress management skills and overall EQ, we then further decreased his impulsive and explosive behaviors. Unmanaged stress is often a precursor to explosivity. Generally, the higher the EQ, the better able the individual is to manage stress. By increasing EQ, and recognizing

that emotions are actually valuable tools for effective functioning, we can then increase productivity and decrease behavioral dysfunction in the workforce. Another case example is a client who presents with communication and conflict issues. Testing revealed a low assertiveness score. Lack of assertiveness in emotional intelligence is a significant deficit. This can lead to an inability to get needs met, leading to feelings of suppressed anger which can create passive aggressive behavior. If passive aggressive behavior exists, there is potential for a toxic workplace. Feelings of anger are manifested inappropriately causing distraction, preoccupation and increased conflict. With this client we addressed the assertiveness deficit revealed in the test, while simultaneously increasing her self- expression skills. Conflicts were then addressed in an appropriate and direct way, thereby shortening their duration and reducing agitation in those around her. Applied to healthcare, consider the case where a nurse is bullied by a doctor intimidated to the point where she is unable to communicate or perform her duties, or the example of a nurse being bullied by another nurse (often referred to as horizontal hostility) which can lead to passive- aggressive sabotaging behaviors. Assessing Emotional Intelligence and providing appropriate coaching will help resolve many of these situations.

### Health Care Applications

These types of case examples have direct applicability to the healthcare arena. In a high stress extremely complex environment, with multiple touch points and end points, it is crucial for all individuals involved in the health delivery process to understand their role and responsibility for patient care. Guidelines, policies, processes, and protocols can only go so far, the rest is driven by individual behaviors. When individuals don't understand the consequences of inappropriate behaviors bad things can happen. With the growing focus on patient safety and satisfaction, combined with the need to reduce the incidence and impact of bullying, intimidating, subversive disruptive behaviors, health care institutions are recognizing the need to invest in programs designed to improve behavioral performance. We are beginning to see some movement in this area but progress is slow.

At the baseline level we are seeing a greater focus being paid to studies in humanities and social sciences as an important factor for medical school admission. The MCAT (Medical College Admission Test) now includes questions on the social sciences and admission offices are looking more for well- rounded (not just science) applicants who have studied humanities and sociology. The American Medical Association and several other organizations are offering grants to medical schools to revise the traditional medical school curriculum, one focus being to add programs to develop personal skill training as a way to increase communication efficiency and team collaboration [15]. Some organizations are beginning to evaluate the advantages of using information gained from 360- Degree physician feedback to improve physician emotional intelligence as a way to foster two of the six core competencies (interpersonal and communication skills, professionalism) endorsed by the Accreditation Council

for Graduate Medical Education, the American Board of Medical Specialties, and the Joint Commission [16]. Some more progressive organizations have introduced emotional intelligence training for specialty groups as a way to improve patient satisfaction and clinical outcomes [17]. At Brigham and Woman's Hospital in Boston, they have developed a Division of Medical Communications Department to enhance communication efficiency [18]. While the focus of many of these programs is to enhance personal skill development, communication, and collaboration skills, many of the core concepts derive from teaching emotional intelligence. It's not just for the clinicians. Training in Emotional Intelligence is also a key component of leadership style [19].

The argument exists for applying EQ testing and coaching to the resistant, non-compliant, or disruptive physician. While the job of physician and executive is very different, there are some similarities. Both groups are perfectionistic. Both feel an incredible amount of responsibility to those around them. The executive to his company and all those who he employs, and the physician to his patients and their families. Both groups often have high stress levels and difficulty managing life work balance due to excessive demands. Both groups often move up the ranks because of business intelligence and technical skill without much attention paid to their cognitive or interpersonal skills.

If EQ testing and coaching were extended to the physician community, we could improve relationships on a myriad of levels. Increasing EQ means an increase in communication skills. This means less errors or misunderstandings. Increasing EQ leads to stress reduction and better stress management. Better stress management leads to improved work-life balance. This means better decision making and less impulsivity, which also leads to less complaints and potentially better outcomes. Increasing EQ means better empathy and interpersonal skills, which inevitably leads to better patient care. If a physician can relate to the patient and staff patient in a way that makes each of them feel respected and understood, they will feel more comfortable communicating their needs and concerns and plan of action. Good communication creates reciprocity and broadens the scope of care.

## Conclusion

Understanding and modifying individual behaviors is crucial for best patient care. Values, attitudes, biases, and behaviors are a product of multiple contributing factors including age (generation), gender, culture, ethnicity, spirituality, training, and other life experiences that shape ones personality. While topic specific educational and training programs have shown value, gaining a better understanding of individual perceptions and emotions that influence thoughts and decisions through programs that focus on Emotional Intelligence will enhance understanding and reinforce appropriate reactions that will improve the overall patient and staff experience. Health care organizations need to recognize the contribution of personal behaviors on top of clinical expertise and its place in providing best prac-

tice care. Providers need to recognize the importance of sensitivity, empathy, and understanding and its impact on staff and patient perceptions and relationships and its contribution to best practice care. Providers are a precious resource. Their primary directive is to provide good patient care but often over worked, over stressed, or either they don't have the time or don't understand the importance of emotional contributions to either their work output or themselves. Organizations must recognize that providers will not seek help on their own and they need to take a proactive step in providing support services. Training in Emotional Intelligence is the well rounded gateway to better understanding, motivation, and compliance that benefits all involved in health care delivery process.

## References

1. Rosenstein AH (2012) Physician Communication and Care Management: The Good, the Bad, and the Ugly. *Physician Exec* 38(4): 34-37.
2. Drazen J, Shields H, Loscalzo J (2014) A Division of Medical Communications in an Academic Medical Center's Department of Medicine. *Academic Medicine* 89(12): 1623-1629.
3. Rosenstein A (2014) The Clinical Quality Challenge: The Importance of Physician Communication Health Leaders 8.
4. Haynes J, Strickler J (2014) Team STEPPS Makes Strides for Better Communications. *Nursing* 44(1): 62-63.
5. Compton J, Copeland K, Flanders S, Cassity C, Spelman M, et al. (2012) Implementing SBAR Across a Large Multihospital Health System. *Jt Comm J Qual Patient Saf* 38(6): 261-268.
6. Dreachslin JL (2007) Diversity Management and Cultural Competence: Research, Practice, and the Business Case. *J Healthc Manag* 52(2): 79-86.
7. Rosenstein A, Dinkin S, Munro J (2014) Conflict resolution: Unlocking the key to success. *Nurs Manage* 45(10): 34-39.
8. Riess H, Kraft-Todd G (2014) E.M.A.T.H.Y: A Tool to Enhance Non-verbal Communication between Clinicians and Their Patients. *Acad Med* 89(8): 11108-1112.
9. Rosenstein AH (2013) Bad Medicine: Managing the Risks of Disruptive Behaviors in Health Care Settings. *Risk Management* 60: 38-42.
10. Sanchez L (2014) Disruptive Behaviors Among Physicians. *JAMA* 312(21): 2209-2210.
11. Privatera M, Rosenstein A, Plessow F, LoCastroT (2014) Physician Burnout and Occupational Stress: An Inconvenient Truth with Unintended Consequences. *Journal of Hospital Administration* 4(1): 27-35.
12. Rosenstein AH (2012) Physician Stress and Burnout: What Can We Do? *Physician Exec* 38(6): 22-26, 28,30.
13. Danielson D, Ketterling R, Rosenstein A (2013) Physician Stress and Burnout: Causes, Effects, and Impact on Performance and Behavior. *AMGA Group Practice Journal* 62(3): 38-41.
14. Freedman J (2010) The Business Case for Emotional Intelligence.
15. AMA Awards \$11M to Transform the Way Future Physicians Are Trained. *AMA News Room*.

16. Milton HE, Larry H, Steven DS (2014) Good to Great: Using 360-Degree Feedback to Improve Physician Emotional Intelligence. *Journal of Healthcare Management* 59(5): 354.
17. Dugan J, Weatherly R, Girod D, Marber C, Tsue TA (2014) Longitudinal Study of Emotional Intelligence for Otolaryngology Residents and Faculty. *JAMA Otolaryngol Head Neck Surg* 140(8): 720-726.
18. Drazen J, Shields H, Loscalzo JA (2014) Division of Medical Communications in an Academic Medical Center's Department of Medicine. *Acad Med* 89(12): 1623-1629.
19. Delmatoff J, Lazarus I (2014) The Most Effective Leadership Style for the New Landscape of Healthcare. *J Healthc Manag* 59(4): 245-249.