

Emotional Intelligence, Physician Leadership, and the Patient Experience – What’s the Correlation?

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Introduction

The healthcare industry is undergoing a seismic shift toward value-based care delivery. To lead today, healthcare organizations require a fundamentally different approach to care giving, one that is patient centric with a strong focus on the patient experience, quality and safety, clinical integration, care coordination and waste reduction. This transformative effort will require strong physician leadership and the ability to deliver an exemplary patient experience and clinical outcomes. We believe emotional intelligence is at the heart of both.

Physician emotional intelligence has been in the spotlight over the last decade given its potential to impact the patient experience and overall quality. The Institute of Medicine's 2001 report "Crossing the Quality Chasm: A New Health System for the 21st Century" stated that the absence of patient-centeredness in the physician-patient relationship is associated with lower patient satisfaction, poorer adherence to medical recommendations, less well-controlled blood pressure, and greater propensity to sue for medical malpractice in the face of an adverse event. Research conducted to date has highlighted the following:

- **El link to Patient Experience:** Physicians who are more emotionally expressive in their nonverbal behavior are viewed more favorably by patients (Roter et al., 2006)
- **Link between EI and Physician Leadership:** "As the expectations and competencies of leaders continue to shift alongside market changes, generational differences, and increased communication, globalization, and the speed of business, methods of developing effective leaders are also transitioning. In the midst of this, organizations and leaders need to reevaluate the role Emotional Intelligence plays in leadership development—and prioritize its implementation to impact business results." (Wiete, Human Capital Institute, 2013)

- Further research is required to:
- Examine the effect of EI on patient care and organizational management
 - Assess link between EI and physician leadership
 - Determine whether training can improve EI

Given the increasing importance of strong physician leadership and patient experience measures by Press Ganey and HCAHPS scores, we set out to examine if there is a correlation between EI and the patient experience.

Background

The Leadership Development Group has been working with Palomar Health to design and implement the Applied Physician Leadership Academy© over the last 18 months. A key component of the program is education, assessment, and coaching related to emotional intelligence. All participants took the MSCEIT (Mayer-Salovey-Caruso-Emotional Intelligence Test) to measure 4 key emotional intelligence abilities:

- Perceiving emotions
- Using emotions to facilitate thought
- Understanding emotions
- Managing emotions

Coaches provided feedback and facilitated the development of action plans to address the MSCEIT results.

This work served as a platform to research the link between EI and Patient Experience and Physician Leadership.

Description of Research

- Objectives:**
- Share research on the impact of emotional intelligence (EI) on physician leadership and the patient experience, and the correlation of EI on HCAHPS and Press Ganey Physician Domain scores
 - Provide strategies for developing EI in physician leaders

- Hypotheses:**
- Based on previous research we formulated four hypotheses:
1. Physician MSCEIT scores on "perceiving emotions" will be positively associated with
 - a. Physician Domain scores from HCAHPS survey
 - b. Physician Domain scores from Press Ganey survey
 2. Physician scores on "using emotions" will be positively associated with
 - a. Physician Domain scores from HCAHPS survey
 - b. Physician Domain scores from Press Ganey survey
 3. There will be an interaction between physician MSCEIT scores on "perceiving emotions" and "using emotions" such that high scores on both dimensions will be associated with better patient ratings of "being understood and attended to."
 4. Physician MSCEIT scores on the strategic "managing themselves" dimension will be positively associated with
 - a. Patient ratings of care-taking
 - b. Physician leadership

Methodology

Conducted Pearson's correlation analysis to assess the link between EI (based on MSCEIT scores) and scores on HCAHPS and Press Ganey Surveys.

- Measures used:**
- EI was measured based on MSCEIT demonstrating
 - Physician's ability to perceive, understand, manage and use emotions
 - Positive/negative bias (which indicates the individual's tendency to respond by positive relative to negative emotions)
 - Patient Experience and Physician Leadership Performance were measured based on:
 - HCAHPS questions in the Communication with Doctors Domain:
 - During this hospital stay, how often did doctors treat you with courtesy and respect?
 - During this hospital stay, how often did doctors listen carefully to you?
 - During this hospital stay, how often did doctors explain things in a way you could understand?
 - Press Ganey questions in the Physicians Domain:
 - Time physician spent with you
 - Physician's concern for your questions and worries
 - How well physician kept you informed
 - Friendliness/courtesy of physician
 - Skill of physician

Research Participants:

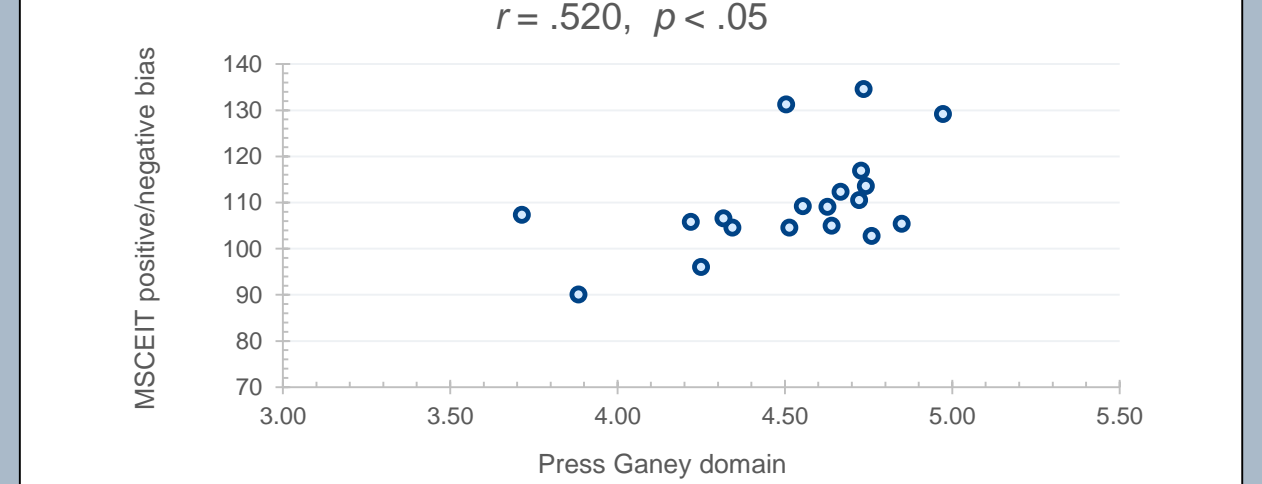
Participants were self-selected from the physician leadership development participant pool and to be eligible, they needed to have received at least 7 Press Ganey patient feedback forms/month to be included in the analysis.

Given the 40 participants were physician leaders with a smaller patient load, the number of eligible physicians was reduced to 19.



Results

1. The Press Ganey Physician Domain (measuring patient satisfaction with physician behaviors) was positively correlated with the MSCEIT positive/negative bias ($r = .520, p < .05$).
 - MSCEIT demonstrated positive bias for those who see a larger percentage of patients and have better patient satisfaction scores.
 - Could be a result of self-selection; those who are positively biased may be more likely to participate in this research.
 - Could also indicate that leaders tend to be more positively biased in general; i.e. those who are positively biased tend to become leaders.
 - Positive bias may translate to patient interaction.



2. Press Ganey Physician Domain and HCAHPS Communications with Doctors domain were positively correlated ($r = .857, p < .01$).
3. HCAHPS Communications with Doctors domain was moderately correlated with MSCEIT positive/negative bias ($r = .389$). However, with a sample size of 19, this test was under-powered (p -value = 0.1).
4. A negative correlation was found between physicians' internal management of emotions and patients' responses to questions related to rapport, friendliness, courtesy.
 - This suggests a physician who is too internally focused (i.e. too controlled in emotional management) may be perceived by patients as aloof or self-absorbed.

Next Steps

1. Larger n to further test initial results
2. Assess physician engagement vs. staff engagement and impact on patient experience

Additional Contributors

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