



Emotional Intelligence, Physician Leadership, and the Patient Experience – What’s the Impact on Coaching?

Tracy Duberman PhD (tduberman@tldgroupinc.com, 973-722-4480) The Leadership Development Group, Inc.

Leslie Solomon MS (Leslie.Solomon@palomarhealth.org, 619-990-8877) Palomar Health



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. Physician emotional intelligence has been in the spotlight over the last decade given its potential to impact the patient experience and overall quality. Research conducted to date has highlighted the following:

- **Patient Centeredness and Patient Satisfaction:** 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. (Institute of Medicine, 2001)
- **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)

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 with a preliminary look at what impact coaching may have on developing EI.



Background

The Leadership Development Group and Palomar Health co-designed and implemented the Applied Physician Leadership Academy© to enhance physician leadership skills and collaboration with nursing and administrative leaders. A key component of the program is education, assessment, and coaching related to emotional intelligence. All participants took the Mayer-Salovey-Caruso- Emotional Intelligence Test (MSCEIT) to measure 4 key emotional intelligence abilities:

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

All participants were trained on the concepts of EI and trained coaches provided feedback and development action plans to address the MSCEIT results. 77% of those participants who received their MSCEIT feedback also participated in an EI coaching program. This work served as a platform to research the link between Emotional Intelligence (EI) and Patient Experience and Physician Leadership.

Description of Research

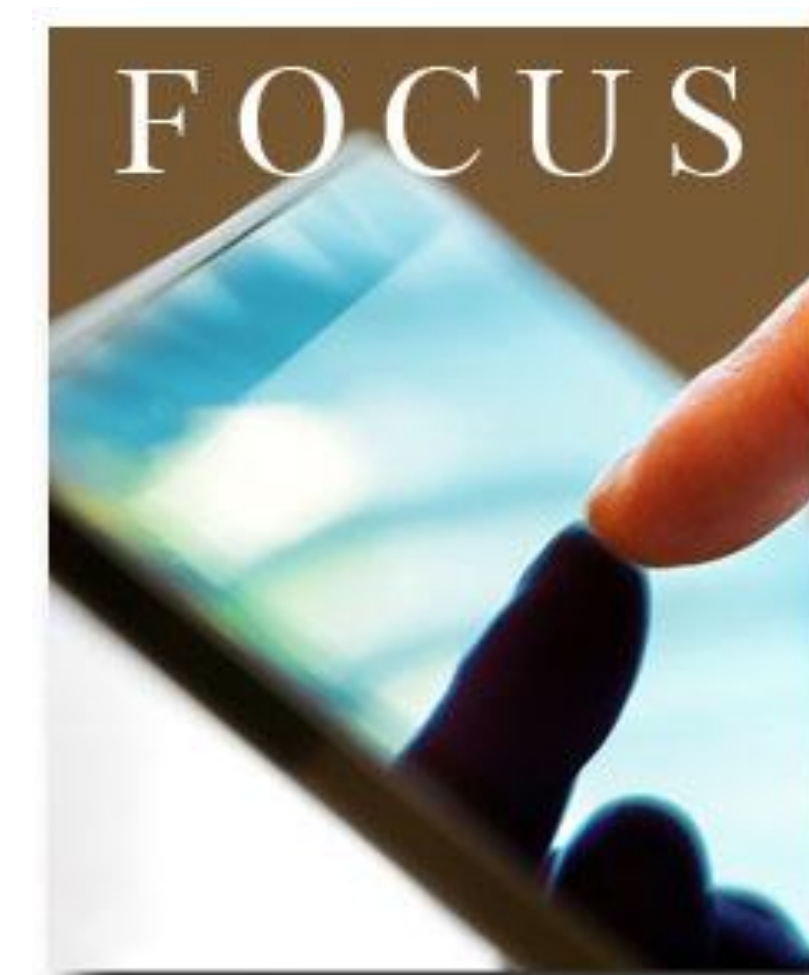
Objectives:

1. Share research on the correlation of EI, as measured by the MSCEIT, on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) and Press Ganey Physician Domain scores
2. Explore strategies for developing EI in physician leaders, through training and coaching
3. Begin to explore the impact of EI on physician leadership and the patient experience

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:

Physician participants were selected from the physician leadership development participant pool (n=75). To be eligible, they needed to have received at least 7 Press Ganey patient feedback forms/month. The number of eligible physicians was 19.

Results

1. The Press Ganey Physician Domain (measuring patient satisfaction with physician behaviors) was positively correlated with the MSCEIT positive/negative bias ($r = .520, p < .05$). Positive bias was demonstrated 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 ($r = -.328, p = .6$)
 - 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.

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, including coaching, can improve EI

Impact of Coaching

1. 77% of the participants that received their MSCEIT results also received coaching (6 sessions over 6 months focused on emotional intelligence)
2. Of those who received coaching, 90% were satisfied with the coaching program. The following were components of the program they valued:
 - Improved communication skills
 - Acted as an information resource
 - Provided support, advice and feedback
 - Encouraged growth and learning
3. Those participants who received MSCEIT feedback and coaching reported the following positive outcomes:
 - Ability to balance personal life and work
 - Ability to manage conflict via communication and professional demeanor
4. Average percentile ratings on the HCAHPS question “Doctors listen carefully to you” increased after emotional intelligence coaching

	Pre-EI coaching (1/2013 – 9/2013)	Post-EI coaching (9/2013 – 12/2013)
Palomar Medical Center	31 st	52 nd
Pomerado Hospital	55 th	88 th

Additional Contributors

Jerry Kolins, MD, Palomar Health
 Alan Conrad, MD, Palomar Health
 Joseph Molinoski, Palomar Health
 Lisa Wright, Palomar Health

Lisa Bloom, MPH, MBA, TLD Group
 Kimberly Rubenstein, TLD Group
 Tee Bahnson, MPH., Biostatistician

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