

# HIGH EQ CAN SAVE YOUR LIFE

Patient safety is a major concern for the medical industry. A study in the *Journal of Patient Safety* found between 210,000 and 440,000 patients each year suffer some type of preventable harm that contributes to their death, and a separate study found that nearly one third of medical injuries were due to error, costing patients and hospitals more than \$1 billion each year.

Although hospitals and medical systems have put in place increasingly advanced systems to monitor and improve patient safety, these numbers have remained stagnant because these systems largely ignore one of the largest drivers of patient safety:

## EMOTIONAL INTELLIGENCE

### EMOTIONAL INTELLIGENCE CAN IMPROVE PATIENT OUTCOMES BY:

1. Improving doctor-patient communication
2. Improving handoffs and transitions
3. Improving office staff and administrators

# WHAT IS EQ?

Emotional intelligence, or EQ, is the ability to identify and manage your own and others' emotions. Hogan measures EQ along six dimensions:

<b>AWARENESS</b>		The degree to which a person seems in touch with his or her own emotions
<b>DETECTION</b>		The degree to which a person seems aware of others' emotions and thoughts
<b>REGULATION</b>		The degree to which a person seems able to maintain positive emotional states
<b>INFLUENCE</b>		The degree to which a person seems able to intentionally affect others' moods, thoughts, and behaviors
<b>EXPRESSION</b>		The degree to which a person seems able to effectively communicate desired emotional states to others
<b>EMPATHY</b>		The degree to which a person seems able to feel what others are feeling

## HIGHER EQ = BETTER COMMUNICATION (AND FEWER LAWSUITS)

Other than better bedside manner, what does EQ have to do with medical care?

According to the *Journal of the American Medical Association*, 40% of patients who unexpectedly returned after an initial primary care visit had been misdiagnosed, and almost 80% of the misdiagnoses were tied to problems in doctor-patient communication.

Considering the typical doctor's office visit involves 15 minutes or less with a physician, it isn't surprising that communication is a problem. Unfortunately, the U.S. faces a growing shortage of primary care physicians, so 15-minute interactions are likely to remain the norm. How can doctors improve patient communication within this limited interaction? By upping their EQ. A study published in *Academic Medicine* showed that as attention to feelings, empathetic concern, and perspective taking – all factors of EQ – increased, so did the quality of doctor-patient communication.

Increased communication can lead to better patient outcomes. In an article, Dr. Terry Stein, director of clinician patient communication at Kaiser Permanente's physician education and development department, said since communication training programs began, member satisfaction scores have been rising steadily, while clinicians appreciate improving their communication skills as they deal with the complexity and constant changes they face in their practice.

In the same article, Dr. Milt Hammerly, former VP of medical affairs for Catholic Health Initiatives Institute for Research and Innovation, who studies emotional intelligence in physicians, said his findings show that higher physician emotional intelligence leads to greater patient satisfaction, better adherence to treatment regimens, fewer medical errors, and better clinical outcomes.

## BETTER DIAGNOSIS AND PATIENT SATISFACTION LEAD TO FEWER MALPRACTICE LAWSUITS. ACCORDING TO DIEDERICH HEALTHCARE'S 2014 MEDICAL MALPRACTICE PAYOUT ANALYSIS, TOTAL MALPRACTICE PAYOUTS totaled \$3.73 BILLION IN 2013.

**33%**  
INCORRECT DIAGNOSIS

**23%**  
SURGERY

**18%**  
TREATMENT

A study published in the *American Journal of Medicine* compared physicians' patient satisfaction survey scores with unsolicited complaints and risk management episodes. It found that, compared to doctors in the highest third of patient satisfaction, doctors in the middle third had 26% higher rates of malpractice lawsuits, and patients in the lowest third had 110% higher rates.

## HIGHER EQ = BETTER HANDOFFS

Handoffs and transitions from one unit to the next are also problematic.

"With so many different provider touch points, it's harder to manage the patient throughout their continuum," said Dr. Christopher Zipp, osteopathic director of medical education for Atlantic Health System. With each transition is an opportunity to win over or lose confidence with patients and their families.

In the Agency for Healthcare Research and Quality's Hospital Survey on Patient Safety Culture 2010, handoffs and transitions across hospital units and during shift changes had the lowest average percent positive response, with only 44% of those surveyed

agreeing that their organization did a good job in this area. "This is all about communication," says Ryan Ross, vice president of Hogan's global alliance team. "After a long shift, do doctors have the empathy to explain to a patient and his or her family that a new physician is taking charge, and to reassure them? Does the oncoming physician have the presence of mind to introduce him or herself, build a rapport with the patient, and address any concerns he or she may have? And, are the nurses communicating with each other, with the physicians, and the patient?"

## HIGHER EQ = BETTER LEADERS

High EQ doesn't just matter for doctors and nurses. It also matters for medical administrators and office staff. In a survey of nearly 2,000 physicians across the U.S., researchers found that, compared to a control group of non-physicians:

**46%**  
WERE BURNED OUT

**38%**  
WERE EMOTIONALLY EXHAUSTED

**38%**  
SHOWED SIGNS OF DEPRESSION

**29%**  
EXPERIENCED HIGH LEVELS OF PATIENT DEPERSONALIZATION

**12%**  
HAD A LOW SENSE OF PERSONAL ACCOMPLISHMENT

A survey of nearly 8,000 surgeons by the American College of Surgeons showed that, as emotional exhaustion, depersonalization, low accomplishment, and depression increased, so did the likelihood that the surgeons surveyed had reported a major medical error in the past three months. Each one point increase in depersonalization (scale range, 0-33) was associated with an 11% increase in the likelihood of reporting an error while each one point increase in emotional exhaustion (scale range, 0-54) was associated with a 5% increase.

But isn't stress simply part of a physician's job? Not necessarily. In his paper, "Organizational Climate, Stress, and Error in Primary Care," Dr.

Mark Lizner, a physician who studies medical practitioner burnout, identified four factors associated with higher levels of burnout: time pressure, degree of control regarding work, work pace and level of chaos, and values alignment between the physician and administration. In other words, it isn't the work itself that is burning out most physicians, it's incompetent clinic management.

"No matter what the profession or organization, managers with low EQ produce dysfunctional offices," said Tomas Chamorro-Premuzic, Ph.D., vice president of research and innovation at Hogan. "In a medical office, that can mean a chaotic atmosphere, as well as poor communication between administration, nurses, and doctors."

## THE BOTTOM LINE

For the healthcare industry, patient safety is the highest concern. Paying attention to nurse, physician, and administrator emotional intelligence is the key to better doctor-patient communication and internal staff communication, better working environments, less burnout, better diagnosis, and fewer mistakes.

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