Emotional Intelligence: A Core Competency for Health Care Administrators

The contemporary concept of emotional intelligence (EI) as a critical set of management skills is traced through time to its current application for health care administration. EI is defined as proficiencies in intrapersonal and interpersonal skills in the areas of self-awareness, self-regulation, self-motivation, social awareness, and social skills. The contributions of EI to effective management are supported by empirical research in the field. The importance of developing these skills in health care organizations is further clarified with examples familiar to health care administrators. Training suggestions and assessment resources are provided. Key words: *emotional intelligence, health care administration, leadership training, management skills*

Brenda Freshman, PhD
Visiting Assistant Professor
School of Public Health
University of California, Los Angeles
Los Angeles, California

Louis Rubino, PhD, FACHE
Assistant Professor of Health Administration
Department of Health Sciences
California State University, Northridge
Northridge, California

EMOTIONAL INTELLIGENCE (EI) is currently a hot topic in management consulting and leadership training circles. As an example, when the *Harvard Business Review* printed an article on EI in 1998, it gained a greater percentage of readers than any previously published article in that journal for the last 40 years.[1] In the early 1990s, science writer for the *New York Times* on brain and behavior, Dan Goleman, began investigating the topic. In 1995, his book, *Emotional Intelligence*, was published and became a widely read and much-cited reference.[2] Since that time, there has been plenty of excitement, confusion, and raised eyebrows with respect to emotional intelligence in general and, more specifically, EI and its value as a corporate training objective.

EI is now considered fundamental for getting along in the workplace and is a primary leadership and managerial competency.[3] Health care lends itself to having leaders with high EI. Some of the most significant problems facing society are health-related. Health administrators must contend with providing quality service to their customers

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during a period of limited fiscal and human resources. How do we give access to our health care delivery system when there is a large percentage of the population with no ability to pay? The bioethical considerations surrounding human genetics, patient protection, and privacy necessitates having health care administrators who can look beyond the immediate need for answers and understand the potential long-term impact on individuals. Having the sensitivity to recognize these very human issues and to act on them in an effective manner requires a leader with high EI.

This article is presented to fulfill three intentions. First is to clear up some of the confusion about EI, what it is, and what it is not. Second, we will discuss why developing EI skills and competencies are applicable in health care leadership. Third, we will review some of the key components of successful EI training policies and how to best implement them, bringing investment benefits all the way to the bottom line.

EMOTIONAL INTELLIGENCE: WHAT IS IT?

Many of the skeptics of the EI trend say, "Oh this is nothing new, just academics and management consultants repackaging old stuff for our consumption." So, is it something new, or just common sense, age-old wisdom, personality theory, and communication skills repackaged as the next training trend? Yes and no is our response. Even though the term *emotional intelligence* was officially coined in 1990 by Salovey and Mayer, philosophical and religious texts have been attempting to focus humanity on the importance of developing awareness and monitoring behavior for centuries. To clarify, interpersonal skills such as compassion, empathy, and trust, and intrapersonal skills such as self-knowledge, observation, and contemplation have been reflected on throughout written history.

As an example, the Hindu text *Bhagavad-Gita*, composed centuries before the common era, makes a good argument for the awareness and management of emotional reactions by stating, "That man is disciplined and happy who can prevail over the turmoil that springs from desire and anger, here on earth …" With the expansion of the field of psychology in the early twentieth century, emotional responses and behavior began to be theoretically and empirically explored. The point to be made here is that the value and importance to human relations of what we are now naming EI competencies or skills is not new. Therefore, working on developing emotional intelligence can bring up feelings of déjà vu in people related to their experiences with similar topics.

However, what is new and promising about the work being done with EI is that now these competencies are being viewed as skills to be developed rather than personality traits that are considered less malleable. Current consultants and academics are drawing from psychological studies throughout the years that in hindsight appear to be aspects of EI.[4] This growing focus on research investigating psychological and emotional skills adds support to the value of EI in work settings. For example, Rosenthal found that people who could better identify the emo-

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tions of others were also more successful at work and in social settings.[5] Bachman's study on leadership in the US Navy found warmth, emotional expression, and sociability to be key factors of effectiveness.[6] A study of retail chain managers revealed that the ability to handle stress predicted net profits and sales per square foot and per employee.[7]

GENESIS OF TODAY'S EI CONSTRUCT

With the dawn of the twentieth century and the development of scientific methodologies, researchers began to focus on investigating the benefits of socio-emotional skills. In 1937, psychological researchers Thorndike and Stein began describing and evaluating *social intelligence*.[8] In the 1940s, David Wechsler wrote about two forms of intelligence, "intellective" and "non-intellective," referring to the traditional intelligence quotient (IQ) set of skills and the social emotional set of skills, respectively.[9] Wechsler described the "non-intellective" skills as "affective and conative abilities"; in other words, psychology skills having to do with attitude, behavior, and change.

In the 1950s, scientists researching effective leadership were finding that human relation skills, such as consideration, trust, respect, and mutual warmth, were important qualities in a successful executive.[10] Empirical research and theoretical development of similar types of skills sets continued through the 1960s, 1970s, and 1980s. Self-development was looked at in the 1960s by Shostrom in terms of "self-actualization."[11] Coleman looked at the corresponding relationships between psychology and behavior.[12] In the 70s researchers such as Steck and Bass looked at "personal adjustment" in students,[13] and Arieti investigated the cognitive components of human conflict and unconscious motivation.[14]

In the 1980s, "self-assessment" was found to be correlated with superior performance among managers in 12 different organizations.[15] Delognis, Folkman, and Lazarus investigated how psychological and social supports can influence the impact of stress on health and mood.[16] Also in the 1980s, Gardner began discussing "multiple intelligences," with "interpersonal" and "intrapersonal" dimensions being as just as important as the intelligence components previously associated with IQ.[17] Gardner's terminology set the stage for viewing the set of emotional skills as intelligence in the decades to follow.

As previously stated, the phrase *emotional intelligence* was formally coined in 1990 by John Mayer and Peter Salovey. Mayer and Salovey discuss four hierarchical abilities that lead to high EI: (1) the accurate perception, appraisal, and expression of emotions; (2) generating feelings on demand when they can facilitate understanding of yourself or another person; (3) understanding emotions and the knowledge that can be derived from them; and (4) the regulation of emotion to promote emotional and intellectual growth.[18] More recently, a report issued by The Consortium for Research on Emotional Intelligence in Organizations describes emotional intelligence as "about two dozen social and emotional abilities that previous research has shown to be linked to successful performance in the workplace. These abilities can be grouped into five core areas: self-awareness, self-regulation, self-motivation, social awareness, and social skills."[4] We feel comfortable with this broad, yet developmentally focused, definition.

During the last decade, researchers have tried linking aspects of EI to business results. David McClelland was one of the first to note that leaders with EI-type competencies were more effective than their peers who lacked these skills. This type of leader assessment of skills continues today with the consulting firm Hay/McBer, who is conducting research on executive leadership styles derived from the components of emotional intelligence and determining their impact on the work atmosphere.[19] It was in 1995, however, when Goleman's *Emotional Intelligence* was released, that EI piqued interests and gained popularity in the personal growth and business press. The current flush of business management applications in research and in the field is giving the semblance of EI being a trend. The argument we make here today is that it is not merely a fad, but rather a useful approach of applying age-old wisdom to personal and organizational development. It is time to apply this wisdom to health care administration.

THE VALUE OF EMOTIONAL INTELLIGENCE SKILLS TO HEALTH CARE PROFESSIONALS TODAY

The growing interest in emotional intelligence in all businesses recognizes the importance of savvy interpersonal skills and the ability to get along with others.[20] In health care, creating virtually integrated networks have become paramount to a successful operation. A hospital administrator no longer ignores his or her local counterpart hoping to fend off any advances through head-to-head competitive measures. Instead, he or she must meet with the competitor and negotiate ways that their entities can both survive in the volatile marketplace. Collaboration through "co-opetition" becomes the vehicle to produce unchallenged services, shared capital, increased economies of scale, and expanded databases and market contacts.[21]

Dye does an excellent job in discussing how a health care leader must recognize his or her key personal values—because they dictate his or her behavior and thought processes.[22] Dye places emphasis on EI, defining it as a combination of emotional maturity and energy. Through a series of self-help tools to put this concept into operation, Dye gives practitioners a practical guide to conduct continual self-evaluation, one of the dimensions of EI.

Maccoby theorizes how leaders working in the high-technology field have a high amount of strategic intelligence (made up of foresight, system thinking, visioning, motivating, and partnering), yet lack EI.[23] He acknowledges how some EI makes all leaders stronger but emphasizes strategic intelligence as being more crucial for the successful technology company leader. Maccoby professes that EI better serves the health professions, yet he focuses on the benefit to clinicians in his statement rather than administrators.

Doctoral researchers have attempted to measure a particular industry's managers' EI quotients. Some of the various industries that tested their personnel for some component of EI were found in global oil,[24] nonprofit foundations,[25] and education.[26,27] The importance of recognizing EI seems to have entered into the health administration field as well. A recent tool was developed for early careerists in health care administration that included, as one of the domains, interpersonal intelligence and EI.[28] Consultants are telling hospitals and health care systems to expand their EI when developing relationships with phy-

sicians to gain support and improve cost-effectiveness.[29] Yet, there is no evidence that this is occurring.

In fact, health care has not embraced EI. Only select progressive health care facilities have recently recognized the value of EI training and have incorporated programs that emphasize its principles.[30] Health care professionals might have a hard time believing that they need to develop their interpersonal skills. Many may have the misconception that the compassion that drew them to the industry will serve them well as they lead their organizations. They might not appreciate being trained in areas in which they already feel competent. Or health care administrators might not realize how many tasks associated with their daily routine use skills derived from the components of EI. A sampling of health care administration's application to EI is provided in Table 1.

This acknowledgment of EI as crucial to health care administration leadership seems to be consistent with several current issues facing the field. A comprehensive survey of graduate program directors' proposed curriculum revisions tended to emphasize practice involvement and human resource management skills rather than the increased quantitative and financial competencies.[31] The most significant new development in years in health administration education is the recent push for competency assessment for newly graduated health care administrators.[32,33] The industry believes that the present managerial performance in health care is inadequate and that substantial improvements are needed to support the nation's health care needs.[34] One of the leaders in this movement, John Griffith, proposes that the field develop criteria for evidence-based health administration education with the goal of providing a systematic, outcomes-oriented, evaluation and improvement of the educational process.[35] This might include measurement of EI pre- and post education if we are serious about the value it brings to health care leaders.

EMOTIONAL INTELLIGENCE ASSESSMENT TOOLS

Several tools measuring EI skills have been developed and are in use today. Bar-On's EQ-I is a self-report instrument of 133 items designed to assess personal qualities correlated to greater well-being.[36] Dr Reuven BarOn based this instrument on more than 19 years of research in occupational settings with more than 33,000 subjects tested worldwide (http://www.equniversity.com/main-index.html).

The codevelopers of EI, John Mayer and Peter Salovey, together with psychologist David Caruso, created the Multifactor Emotional Intelligence Scale (MEIS), in which subjects are rated on their ability to conduct tasks that involve working with emotions in an assessment center format. The MEIS uses the definitions of Mayer and Salovey's model to build an ability test that measuring four branches of EI: (1) identifying emotions, (2) using emotions, (3) understanding emotions, and (4) managing emotions.

A 360-degree instrument called the Emotional Competence Inventory (http://trgmcber.haygroup.com/emotional-intelligence/eiacc.html) was developed by Richard Boyatzis and Daniel Goleman using 20 competencies from Goleman's research. A 360 assessment asks people from different groups, such as supervisors and direct reports, to rate a subject. This particular instrument requires assessment administrators to be accredited.

Table 1. Healthcare Administration Application to Emotional Intelligence

Component	Definition	Examples of application
Self-awareness	Having a deep understanding of one's emotions, strengths, weaknesses, needs, and drives.	1. Confidently making decisions when budgets must be trimmed in medical areas. 2. Knowing that the values of the health care system are not congruent with yours. 3. Recognizing that the late night committee meetings are affecting your family relations.
Self-regulation	A propensity for reflection, ability to adapt to changes, saying no to impulsive urges.	1. Knowing when to step away if having an argument with a provider. 2. Acting to correct medical billing compliance issues rather than ignoring it. 3. Accepting responsibility over additional health care facilities.
Self-motivation	Driven to achieve, being passionate over profession, enjoying challenges.	1. Setting up a senior manager retreat to allow the best environment for planning. 2. Being optimistic even when census is low. 3. Embracing diverse populations of patients and employees.
Social awareness	Thoughtfully considering someone's feelings when acting.	1. Thinking of the family's perspective when involved in bioethical decisions. 2. Being compassionate when dealing with employees and their personal problems affecting their work. 3. Being patient-centered.
Social skills	Moving people in the direction you desire.	1. Being able to negotiate a favorable managed care contract. 2. Having employees satisfied with their performance evaluation. 3. Using good listening skills when talking with governing board members.

CIM Publishers (http://www.cimtp.com/) is distributing four competency assessment instruments designed to measure different facets of personal, management, and emotional competence. The Management Development Questionnaire looks at management development needs and the Personal Competency Inventory measures personal and emotional competencies that are thought to be related to superb performance. CMI Publishers also releases the Work Profile Questionnaire–EI, a questionnaire that looks at seven emotional competencies frequently used by Goleman, and the Work Profile Questionnaire (WPQ),

which measures the Big Five personality factors (neuroticism, extravision, openness, agreeableness, and conscientiousness) as aspects of emotional intelligence.[37]

Additional consideration should be given to using instruments validated to measure specific behavior or skills associated with the EI competencies. For example, coping strategies have been assessed by several researchers[38–40] using a form of Folkman and Lazarus's Ways of Coping Questionnaire.[41] This instrument assesses eight different coping strategies: (1) confrontive responsibility, (2) distancing, (3) self control, (4) seeking social support, (5) accepting responsibility, (6) escape-avoidance, (7) planned problem solving, and (8) positive appraisal.

DEVELOPING EI IN YOUR HEALTH CARE ORGANIZATION

After a health care leader understands the value of EI and how it can be developed within his or her organization, a training program should be started. The Consortium for Research on Emotional Intelligence in Organizations has developed a program called The Optimal Process for Developing Emotional Intelligence in Organizations, which involves four basic phases: (1) preparation, (2) training, (3) transfer and maintenance, and (4) evaluation.

The main goal of the first stage is to increase motivation through assessment and involvement. The following are steps in this stage: assess organizational needs, assess personal strengths and limits, provide feedback, maximize choice, encourage participation, link goals to values, adjust expectations, assess readiness. Phase two is training that involves the following activities: build positive rapport between trainer and participants, maximize self-directed involvement in change, set clear goals, break goals into steps, capitalize on practice opportunities, provide feedback frequently, use experiential methods, build support into your systems, use modeling, facilitate insight, and avoid relapse. Stage three, transfer and maintenance, involves confronting the cures so that old habits do not resurface after employees are back on the job. Recommended activities in this stage are encouraging the use of skills on the job and providing a learning organizational culture. The fourth phase involves conducting continual evolution of the above processes and providing effective feedback. The key here is to create an effective feedback loop in a continuous improvement process. The Consortium for Research on Emotional Intelligence in Organizations estimates that between $5.6 and $16.8 billion of the $50 billion spent each year on training is lost because most of the programs do not follow these guidelines.[4] A health care organization developing an EI training program would be prudent in assuring the four basic phases are all addressed.

TIME FOR REALIGNMENT

Perhaps today, more than ever, the development of emotional management skills is critical. As we write after September 11, 2001, people speak of the "new world we live in"—a world in which the daily fear of events framed as "acts of war" seem to be spouted at us from all directions: multiple media outlets, friends, colleagues, strangers in the supermarkets, even from our own heads when we collect our mail. These bombardments take their toll on our sense of well being. Yet, there has been a unique kind of social benefit for those who focus with an eye toward

learning opportunities. In times of tragedy and strain, realignments occur on individual, family, and social levels.

Victor Frankl, a psychiatrist interned in the concentration camps of World War II, tells compelling stories of how the prisoners who could find a connection to greater purpose or meaning in their lives fared much better under the extreme, inhuman conditions than those who had lost touch with life meaning and succumbed to hopelessness.[42] Emotional awareness has been empirically linked as a significant predictive factor in one's level of experienced life meaningfulness.[43] People who optimize their experience by deftly employing EI skills are sensing a new commitment to their goals.

The media, as well as people on the street, are talking about how recent events have caused a kind of wake-up call and renewed understanding of what is important in our lives. These conversations can lead to positive changes in behavior. On a societal level, it is hard not to be affected by the renewed sense of patriotism and commitment to our national ideas that also resulted from the events of September 11. EI skills of self-awareness, reflection, intuition, and compassion for yourself and others will be of great service toward using energy stirred up by emotional events in productive ways.

People are in need of leaders who have the ability to adapt to the unsteadiness of our new world and to manage under uncertainty. A health care leader with EI will have the confidence to calm and strengthen his or her organization during these difficult times. By developing an EI training program, other managers throughout the organization will also have the skills to lead their employees. Developing RI in your administrative staff is one of the best choices to stabilize a shaken workforce.

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