

The Coaching Tool Box

12 Steps to Emotionally Intelligent Healthcare

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Patients' emotions influence their quality and value ratings as well as what they tell their friends. High-emotion healthcare includes services related to major life events, some of which are at the top of the [Holmes and Rahe scale](#) of stressful life events that can contribute to illness. Fine-tuning the way healthcare services are delivered can make a big difference in patients' satisfaction and outcomes.

What are high-emotion services?

Some healthcare events are much more emotionally charged than others. And, some diagnoses, like cancer or Alzheimer's Disease, are more dreaded than others. Similarly, certain treatments are more feared—getting shots as opposed to pills, having surgery as opposed to physical therapy, and so on.

Some of the reasons these intense emotions are evoked include:

1. **Lack of performance control.** What happens if my anesthesiologist (or surgeon, or internist) doesn't know what he's doing? How can I know whether he is competent? And, can I change doctors if I have doubts?

2. **Major consequences if things go wrong.** What if I am left with a serious disability, or terrible pain, as a result of an intervention (or lack of the correct intervention)? What if I should die?
3. **A black box service where the deliverer has the advantage.** I don't understand what is happening to me. My doctor only talks "[medicalese](#)," and can't seem to explain the results of the tests or the types of treatment options.
4. **Long duration across a series of events.** What if I don't get better quickly? Or ever? Illnesses like cancer, heart disease, COPD, stroke can be life-altering. Will I ever be the same again?

The Bellin Health study

In its October 2015 issue, the *Harvard Business Review* published an article "[When the Customer is Stressed](#)," that describes how Bellin Health, a health system located in Green Bay, Wisconsin, learned how to provide more effective high-emotion services for cancer patients.

Dr. Leonard Berry, [senior fellow of the Institute for Healthcare Improvement \(IHI\)](#) and a professor at Texas A&M University's Mays Business School, is studying how best to deliver services patients need and want as they move through their cancer journey from diagnosis to recovery or, in some cases, to end-of-life care. Bellin was one of the sites he visited for his research. "*They do a fantastic job there,*" Dr. Berry told me.

A marketing professor studying service delivery in cancer care—what's up with that? This is an example of an [unusual intersection](#), something I [have written about before](#). It involves the bringing together of individuals from diverse

backgrounds and industries to learn from one another to better solve common problems.

So far, Dr. Berry's research has included interviews with more than 350 cancer patients, nurses, oncologists, surgeons, staffers, and healthcare organization leaders, mostly at 10 highly ranked cancer centers in the U.S.

12 ways to provide emotionally intelligent healthcare

Here are some suggestions to improve delivery of high-emotion healthcare services:

1. Identify emotional triggers

Although the cancer diagnosis is usually the initial emotional trigger, many others will occur during each patient's cancer journey. Bellin used interviews, focus groups, and experience mapping to learn when patients' emotions were most likely to escalate. Then, they used their findings to change their practice.

2. Respond early to intense emotions

Many healthcare organizations have a long waiting list for newly diagnosed cancer patients. They believe that a few weeks delay in initiating treatment will make no difference in the end. It may be true, but this intellectual approach does not serve patients well. Every patient I have cared for with cancer wanted to be seen by the oncologist immediately after his or her diagnosis. They wanted to know what treatments were available and what the side effects were

going to be. The longer they had to wait, the more they worried and the more likely they believed they were incurable.

3. Monitor for events likely to trigger emotional spikes

Side effects, hair loss, worsening finances, or day when the patient learns the cancer hasn't been cured are some of the events that increase emotion. Many of these can be anticipated or asked about on a regular basis.

4. Communicate with care

Body language, word choice, voice tone, and facial expressions are more likely to affect anxious patients. They want compassion and reassurance. Peter Eisenberg, the founder of Marin Cancer Center, suggests saying, "*Let's focus on how well you can live, not how long you will live.*" Identify "*never phrases*" such as "*There is nothing left to do.*"

5. Enhance patients' control

Providing patients with a direct contact helps them feel more in control of their situation. Bellin gives every patient a coach who meets the patient on the first visit with the oncologist, takes notes, sends the patient a summary, and helps the patient prepare for subsequent visits. One of my patients learned her mother had died suddenly. I gave her my telephone number to call if she needed to talk. She never called, but she later told me that just having the option of calling helped her get through the event.

6. Avoid service gaps

Outpatient and palliative care support can reduce emergency department visits and hospital admissions. My experience with hospice care is they are the angels of healthcare, in many ways.

7. Empower customers with mobile technology

Mayo Clinic's myCare program provides iPads to cardiac surgery patients to read their daily plans and educational materials and work through their "to-do" lists. Dashboards alert providers for untoward events.

8. Hire the right people

When hiring new people, hire for values and company fit. Ask questions of your candidates to learn their actions, and include representatives from professions who will be working with the clinicians. Emotional intelligence, resilience, excellent communication skills, and the ability to have difficult conversations—these qualities are essential in clinicians who deliver high-stakes services.

9. Prepare new people for their role

Communicate your organization's values and purpose to new hires. Explain how the values guide care, using specific examples. Don't just mouth the words posted in your facility, make it real by sharing stories about "How Things Are Done Around Here."

10. Teach the why, not just the how

Figure out what the best practices are in your area, in your

organization and provide training—the adult learning version.

Reward the behaviors you want to see. Give your employees ongoing personal development opportunities.

11. Leverage peer-to-peer learning

Bring together a cross-functional group of people to discuss cases and decide on treatment.

12. Turn middle managers into teachers

Employees follow their supervisors' example—words and actions. Coach your middle managers and train them to coach their employees.

Bellin also learned its patients wanted a comprehensive cancer center away from the main hospital. Although we may forget this as healthcare professionals, hospitals are actually scary places for those not from the Republic of Medicine. They're also inconvenient, complicated, and nonintuitive.

The takeaway

We need to understand and be prepared to respond to emotionally charged events in patients' lives because these will affect their satisfaction, well-being, and clinical outcomes. This involves hiring and training the right people, putting the right services into place, and monitoring outcomes, always asking the question, "*Are we meeting your needs?*"