



Coaching to Leverage Relational Intelligence®

Invest in Coaching Health Care Leaders to Improve Employee Engagement and Patient Satisfaction

By Richard C. Huseman, Ph.D.

The ability to leverage relationships at work is a vital leadership skill in any industry, but it is especially critical for leaders in the health care industry. Unfortunately, many health care leaders are not giving enough thought as to how the various strategies they implement impact the critical relationships essential to providing quality patient care. Providing strong clinical care is essential for any health care organization. However, without an equally strong relational focus, many health care organizations are finding their clinical abilities under-appreciated, under-valued, and potentially, under-reimbursed. The following article summarizes the tenets of Relational Intelligence® and provides evidence of how a strong relational focus, combined with one-on-one coaching, can enhance both employee engagement and patient satisfaction within health care organizations.



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You know about IQ (how smart you are). You probably have heard of EQ (your emotional/social intelligence). But, have you heard of RQ (Relational Intelligence®)? Relational Intelligence® is the measure of how smart you are in your relationships: at work, at home and everywhere in between.

The Emergence of the Relational Age

Human socio-economic development can be categorized into four broad categories:

- The Hunting & Gathering Age (economy based on self subsistence)
- The Agricultural Age (economy based on agriculture)
- The Industrial Age (economy based on manufacturing and mass production)
- The Information Age (economy based on knowledge and technology)

It is the Information Age that continues to drive our current socio-economic framework. We continue to develop, nurture, reward and celebrate the knowledge worker. The problem, however, is that we are beginning to move out of the Information Age.

While knowledge and technology will continue to be key factors in our success, we can no longer exclusively rely on knowledge and technology as sustainable competitive advantages.

There are several considerations impacting this shift.

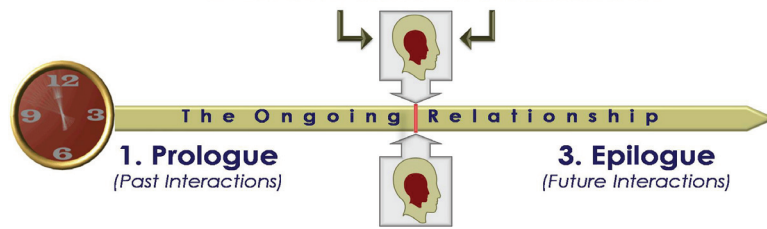
- Recent studies show that IQ accounts for only 4% to 10% of career success.
- Many knowledge jobs that once assured comfortable and secure livelihoods are being outsourced to other countries, most notably India, China and Eastern Europe.
- Technology is significantly impacting the amount and type of knowledge individuals can leverage. Today, anyone with a computer can access information on nearly any topic in mere seconds via the internet.

As the preeminence of the Information Age declines, we are entering the **Relational Age** (economy based on relationships). Unlike the last few decades, which belonged to left-brain dominant minds, the competitive advantage in this new age will be the ability to leverage relationships: personally, professionally, nationally and globally. The business experts of today — MBAs, financial analysts, computer programmers, and others who rely on their “expertise” — will find it increasingly necessary to collaborate with others in order to address larger problems/challenges.

Knowledge and technology will still play a large role, especially within the health care industry. However, in the Relational Age, we will not only need to have a strong IQ, but an ever increasing RQ.

THE ANATOMY OF A RELATIONSHIP

2. Current Relational Interaction



What is Relational Intelligence®?

Each of us are involved in a multitude of relationships:

- Our relationship with ourselves
- Our relationships with spouses, family and friends
- Our relationships with peers, colleagues and direct reports

The level of intelligence we exhibit in all of these varied relationships will be the new measure of how successful we are in our lives.

Relational Intelligence® can be outlined within a relatively simple framework. Every relational interaction we have is actually three-in-one.

1. **The Relational Prologue:** the history of all past interactions that have occurred in a relationship.
2. **The Current Relational Interaction:** the issues and dynamics at play within the context of the interaction at hand.
3. **The Relational Epilogue:** the impact that the current interaction, as well as all past interactions, will have on future interactions in the ongoing relationship.

Relational Intelligence® (RQ) is an individual's ability to accurately perceive and utilize the dynamics of day-to-day interactions within the context of how these interactions impact a relationship over time.

Relational Intelligence® in Health Care

Nowhere is Relational Intelligence® more critical than in health care. Health care today is a diverse realm with many individuals and organizations working together to define the health care experience: government officials, insurance providers, hospital leaders, physicians, medical staff, and, of course, patients.

For most health care organizations, the effectiveness of their internal working relationships are assessed via two measures: employee engagement/retention and patient satisfaction. We will look at the Relational Intelligence® implications for both.

Relational Intelligence® and Employee Engagement

Those in health care today know the stresses and pressures inherent in the day-to-day work environment. The relationships employees have with their leaders either eases or exacerbates this tension. Keeping positive, strong relationships between health care leaders and their teams is essential to maintaining and/or enhancing performance.

There are two major areas where health care organizations struggle in their relationships with their employees: initiative overload and accountability.

Initiative Overload: For health care leaders, there is ever increasing pressure to do more and more with less and less. They must:

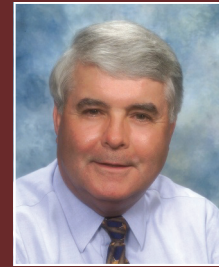
- Keep up with the latest technology
- Provide cutting-edge clinical treatments
- Care for larger numbers of patients, who, as a whole, are "sicker" than they were just five years ago
- Keep up on the latest government regulations and industry standards for care

The list goes on and on. However, health care leaders must make all of these things happen within the framework of shrinking reimbursements and tighter budgets.

A Culture of Initiatives

From this struggle are birthed numerous initiatives, which health care leaders hope will keep their organizations functioning, productive and solvent. However, rarely in the deliberations over the value of a particular initiative, do these leaders consider the "relational costs" that might be incurred. Every initiative that is implemented places added work and pressure on already stressed employees.

We have seen it time and time again as leaders launch initiatives for the betterment of the organization and only end up damaging their relationship with their employees and others. First, senior leadership puts pressure on mid-level leaders to implement new initiatives. Then, as these new initiatives are communicated down



Relational Intelligence® & Physician Coaching

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As a physician, my understanding of the value of Relational Intelligence® has evolved over time. Like so many of my peers and colleagues, I was trained to be a strong clinician: solid in my knowledge and ability to evaluate, diagnose and treat the patients who were under my care. As a physician, I also thrived on the autonomous nature of my role. My perspective was truth; my view point non-negotiable. Even when drawing other physicians in to work with one of my patients, it was always according to my own game plan.

However, my approach began manifesting its limitations as I became increasingly frustrated with my work. Lawmakers, insurance providers, hospital administrators, colleagues, medical staff and even patients all seemed to want a "say" in how I operated as a physician. In my mind, I was the expert. I did not appreciate that others felt they had the right to interfere with how I cared for my patients.

My frustration turned rapidly to anger. I began to exhibit "stereotypical" physician behavior. Too often, I was arrogant, rude, abrupt in my communication, and was quick to criticize others for their short-comings. More importantly, I came to realize that not only was I making those around me miserable, I was miserable, too.

The moment of truth in my story came when my mentor and highly respected colleague took me to task for my behavior. He came to me one day and stated simply, "Craig, you are too good for this." He confronted me with the fact that I had actually become feared by other medical staff and that my behavior was detrimental not only to my working relationships, but also to my relationships with patients, family and friends.

Thus began a long process of self-awareness of how any single

interaction with someone influenced my entire relationship with them. I began to understand how a person can become their own worst enemy. I had created so much turmoil in my professional life that it was impeding my ability to do my job. I was no longer effective in helping the people I dedicated my life to care for.

It came slowly but I learned the importance of initiating and maintaining strong relationships with my patients, medical staff, colleagues, hospital leadership, and my community. As I enhanced my level of Relational Intelligence®, I was able to gather new and valuable perspectives from others on how I could be more effective. With new self-awareness, I could adjust my perspectives and behavior during interactions to make my many professional (and personal) relationships more fruitful. Proof of the success of my relational focus came when I was offered the role of Chief Medical Officer for Baptist Health Care in Pensacola, Florida.

By the time I met Dick Huseman about four years ago, I was already a believer in the importance of maintaining strong, long-term relationships. When Dick introduced me to his approach to coaching for Relational Intelligence®, I was on board immediately. His “evidence-based coaching” approach allows the hospital leaders to enhance their self-awareness and Relational Intelligence® quickly and become much more effective in their roles as health care leaders.

During my discussions with Dick, I discovered a new path for myself as a physician coach. Together we authored the book, **The Physician As Coach: The Awakening**, which serves as the foundation for our approach to coaching physicians.

In addition to the book, Dick’s surveys, the **Job Relations Inventory (JRI)** and the **Physician Leadership & Influence Audit (LIA)** allow us to gather concrete data on behalf of those we coach in order to help them understand how others perceive their working relationships. These surveys provide the data for an “evidence-based coaching” approach for physicians. As a physician coach, I am now in a position to help other physicians enhance their Relational Intelligence®. I had to learn the hard way. Now, I am dedicated to coaching my colleagues to enhance their professional and personal lives in a much more effective and concise manner. ✨

the line, the pressure becomes amplified until it reaches a fever pitch at the lower levels. And, it is the people at these lower levels who are responsible for providing bedside care. The juggling act of caring for patients with one hand and trying to implement “management’s latest pet initiative” becomes more and more difficult... and balls do get dropped. The consequences of this phenomenon are that few, if any initiatives, ever meet their intended goals and employee engagement (and patient care) suffers for it.

Many health care leaders suffer from a condition that popular literature calls, “Initiative Fatigue.” Initiative Fatigue is indeed a concern for leaders in one of the hospital systems we have worked with. At one point, they counted 53 different initiatives at varying levels of implementation that they were keeping track of in their hospitals. However, while the leaders felt fatigue, we observed that those lower in the organization were suffering from a much more severe mutation of the disease.

They had Post Initiative Stress Disorder (PISD). Indeed, they were pissed.

Without increasing the level of Relational Intelligence® exhibited by many senior health care leaders today — especially in regards to how the strategies and initiatives they put in place affect the employees who actually implement them — the strain on the leader/employee relationship will continue to affect employee engagement and retention.

Accountability: A second major area of concern in the leader/employee relationship within health care is accountability, or more specifically, the lack thereof. Given the shortages in nursing and other medical staff — plus the more nurturing culture of most health care organizations — health care leaders are often reluctant to hold people accountable for their performance. Poor performance is often far more tolerated than it should be. The performance in this case isn’t limited to clinical performance (which, if it endangers patients, is usually dealt with relative effectiveness). More importantly, it relates to decent “clinical” performers who exhibit negative behaviors when working with patients and fellow staff members.

Not holding poor performers accountable sends a message to other employees that there are no consequences for undesirable behavior. More importantly, high performance employees can become demoralized when they see their less effective teammates receiving the same benefits, rewards and pay for less effort. This lowers employee engagement across the board

and makes it more difficult to retain good employees.

In terms of the leader/employee relationship, it is imperative that everyone be held equally accountable for their performance. If not, leaders will find their employees less engaged, less productive, less effective and, in many cases, walking out on their current relationship to go to a competitor next door.

Relational Intelligence® and Patient Satisfaction

A major conflict exists between health care organizations/professionals and their patients. It stems from a question of perception. Health care organizations/professionals are focused on providing excellent clinical care to their patients... and rightly so.

The difficulty is that patients, for the most part, are unable to assess the level of clinical care they receive except on the most fundamental level. They can assess if their pain stops or if they feel better, but the quality, frequency, and/or accuracy of their clinical care goes largely unrecognized or acknowledged.

THE HOSPITAL/PATIENT DILEMMA

Hospitals focus on the quality of
clinical care

Patients focus on the quality of
relational care

What patients can and do assess is how well they are cared for as individuals within their relationship with a health care organization and/or professional. People have plenty of experience measuring the level of relational care they receive. They do it all the time. People frequent restaurants, grocery stores, car repair shops, dry cleaners, etc. all based on how positive their relationships are with those organizations and their personnel. This does not change when people become “patients.” They expect to be treated well by those in health care, even more so given their illness/injury and the cost associated with health care services. While health care professionals may rightfully perceive that the clinical knowledge and treatment they provide should be held as the highest standard in their relationship with patients, this is not the case. Patients want their treatment to be not only focused on the physical, but the relational, as well.

For patients, it is vital that their health care experience is seamless. If a patient enters a hospital — how quickly they were seen by a physician, how empathetic they perceived the nurses to be, how quickly lab results were returned, how well their treatment was

explained, how smoothly the insurance and financial process went, and even how friendly the transport staff were when wheeling them from department to department – all of it matters. With so many different people interacting with a patient, it only takes one or two negative interactions to cause the whole patient relationship to deteriorate.

With the advent of HCAHPS and the new Medicare/Medicaid focus on reimbursement based, in part, on patient satisfaction, the patient relationship will only increase in importance. It is vital that those working in health care enhance their Relational Intelligence® and be consciously aware of how their interactions either enhance or detract from the relationships they have with their patients.

Coaching for Relational Intelligence®

In our coaching work within health care organizations, we use an evidence-based approach to enhance the Relational Intelligence® of those we work with. Using online survey instruments, we work with hospital, nurse, and physician leaders to first understand their working relationships. This data is then translated into an awareness of the relational prologue these leaders have with those they work with on a daily basis.

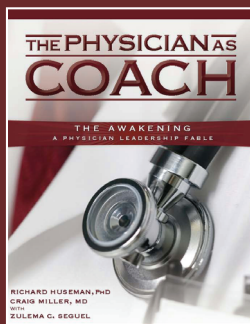
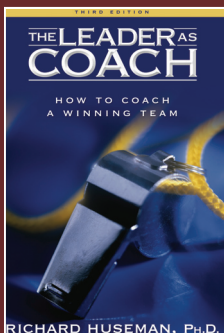
Coaching for Health Care Leaders

For more information about the books, training and coaching programs we offer, please contact us at:

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With this awareness, a customized Coaching Action Plan (CAP) is developed in conjunction with an individual leader to determine what behaviors they plan to engage in to enhance their work relationships over time. In other words, we coach leaders to take a more relational approach in their interactions thereby helping them attain their goals for their team and their organization — be it enhanced employee engagement/retention, patient satisfaction or some other important measure.

One Client's Story

For example, one of our clients (a 372-bed facility in upstate New York) contacted us shortly after receiving the results from a very disappointing employee satisfaction survey. They decided to offer coaching to a large number of their hospital and nurse leaders to address the issues revealed by the survey results.

Our coaching work centered around having these leaders hold their teams accountable for performance (including having select poor performers exited from the organization). We also coached their leaders to enhance the level of Relational Intelligence® when working with their teams.

At the end of the coaching period, the hospital's Vice President of Human Resources shared the results from their subsequent employee engagement survey. He wrote to us and shared the following:

"I am pleased to report that your [coaching] work paid off. Just before the formal coaching program ended, we conducted another employee engagement survey. The results are in and of the leaders you worked with:

- 47% moved up one entire quartile in their employee engagement scores
- 10% moved up two quartiles in their engagement scores
- 10% maintained well above average engagement scores
- 33% maintained their average or somewhat below average scores

I wanted to share this good news with you. Thank you for being our partner on this journey."

A Second Client's Story

In March 2007, we began working with 40 hospital and nurse leaders in an acute care center in Florida. They shared the following data regarding their employee retention and

patient satisfaction scores.

- The overall separation rate for the hospital went from 26.0% in March of 2007 to 16.8% in March 2008.
- There was a steady decline in the nurse separation rate from 27.5% to 13.1% over the same one year period.
- The emergency department nurse separation rate fell from an astronomical 53.8% to 9.1% during that same one year period.

Also during our coaching work with the leaders in this hospital, we kept track of in-patient satisfaction. The results are as follows:

| In-Patient Satisfaction Ranking | |
|--|-----------------------------|
| Quarter 2 (2007) <i>(coaching begins)</i> | 40 th percentile |
| Quarter 4 (2007) | 93 rd percentile |
| Quarter 1 (2008) | 94 th percentile |
| Quarter 2 (2008) | 93 rd percentile |

While our coaching efforts were by no means the only factor impacting the improvements to this hospital's retention and patient satisfaction scores, the hospital administrator does give major credit to the coaching for helping to align and focus senior leadership improvement efforts. In addition, the development of leaders who are more "relationally aware" helped keep employees engaged during the changes that were put in place.

Conclusion

Relational Intelligence® both as a concept and approach — combined with one-to-one coaching — has proven a valuable strategy for enhancing relationships within health care organizations. Be it employee engagement or patient satisfaction, health care leaders need to focus on building, maintaining and strengthening their relationships with employees, physicians, patients, and the community.

It is only by understanding how even the smallest individual interaction can affect relationships that health care can overcome its challenges and compete successfully in the Relational Age.✂



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