Two days after Erica and Jason’s first baby was born, the pediatrician sauntered into their hospital room with his head buried in a file folder. “I’m Doctor Hanson,” he said, without looking up. “How’s he doing?” he asked, approaching the new addition to Erica and Jason’s family with his face still obscured by the folder. He then proceeded to unwrap the tiny little newborn from his swaddling, much like you might yank a loaf of bread from a grocery bag—careful not to mash it, but not careful enough to handle it delicately. Dr. Hanson gave the baby a thorough once-over. Then, while jotting down some notes, he asked, “Any questions?” After a few seconds of silence, he flashed a tight-lipped smile and exited the room as quickly as he entered.

Technically, Dr. Hanson did everything correctly: he introduced himself; his experienced eyes closely examined the tiny patient; he solicited questions from the parents; and he even threw them a smile. What he failed to do, however, was capitalize on the chance to make a positive emotional connection—otherwise known as a good impression—with his “customers.” And it cost him. When Jason and Erica returned to their home, they hopped online between feedings and diaper changes and found a new pediatrician.

Feeling The Connection

For a salesperson or a customer service manager, the chance to be part of a customer’s positive emotional experience is a godsend. It’s the kind of moment that the folks in marketing salivate over—a surefire way to forever link the brand with tidings of comfort and great joy. That’s why brands like Pepsi® spend so much time and money connecting their image to positive emotional experiences, such as their recent “Hope” and “Change” ads. It’s why Coca-Cola turned the tables on the wildly popular (and extremely violent) video game Grand Theft Auto and featured ads with the game’s main character uncharacteristically paying for a Coke instead of stealing it, and then doling out a bevy of good deeds all across the mean streets of Los Angeles. Making people feel good when they see their soft drinks makes Pepsi® and Coke® a lot of money. Both companies know the value of their product has as much to do with customers’ emotional experience with it, as it does the quality of the actual product.

Any salesperson worth his or her salt would have jumped right in and fed off Erica and Jason’s nervous excitement for their little bundle of joy. Making lifelong customers out of these proud parents should have been a slam dunk. So, why is projecting feelings of comfort and warmth so often difficult for intelligent, well-educated professionals like Dr. Hanson?

People like Dr. Hanson either:

• Fail to distinguish between intelligence (IQ)—problem-solving abilities and the rate at which one acquires and retains information—and emotional intelligence (EQ), which is the ability to identify, understand, and respond productively to emotions.  
• Underestimate the importance of emotional intelligence to their customers and, more often than not, their coworkers. You’d be surprised at just how many managers and executives we encounter—with healthcare providers being no exception—who simply do not believe they work in a consumer-driven business. A fair number are even offended by the mere suggestion that their job bears any resemblance
to that of a salesperson. In the case of doctors and nurses, some see their professional duty as delivering care to the physiological needs of their patients, period. They pay no consideration to the fact that the ability to recognize and manage the emotions of a patient greatly reduces the probability of litigation, or that emotional well-being is inextricably linked to physical health.

- Understand the importance of emotional intelligence, but lack the necessary skills because they’ve received inadequate EQ training or—as is more often the case—no EQ training at all.

Whatever is behind the inadequate EQ skills we see in some healthcare providers, hospitals and clinics face the same stark reality as their counterparts in other sectors: customer turnover kills the bottom line. Physicians and nurses who underestimate the impact of good bedside manner threaten the livelihood of the entire organization.

Dr. Judy’s sincere and sympathetic smile was both comforting and a boon to their confidence in their ability as parents. In the same amount of time that Dr. Hanson had used to unconsciously sour Erica and Jason, Dr. Judy made lifetime patients out of them. Whether or not Dr. Judy and her colleagues acknowledge it, her high EQ skills are every bit as valuable to the practice as all those years spent in medical school and residency. She earned Erica and Jason’s business, as well as that of their friends who wanted appointments after hearing their rave reviews of Dr. Judy.

Whether it’s a gravely ill family member, a newborn baby, or just an adult with a scratchy throat, every patient visit is an opportunity for emotional connection or separation. The difference between satisfaction and attrition is whether the patient leaves feeling confident and well-taken-care-of or uncomfortable and let down.

Doctors and nurses need to try their hand at just three simple strategies to up the quality of their bedside manner and begin a journey on the road to a higher EQ:

1. **When you care, show it.** A good deal of your motivation for entering the healthcare profession was a genuine concern for patients’ well-being, right? Daily distractions might pull your focus in other directions, but it’s critical that you don’t let stress, fatigue, or the 17 other things for which you are responsible in any given moment keep you from showing your patients that you care. Your genuine concern builds patients’ confidence, as it reminds them that you are highly motivated to do everything in your power to help them.

2. **Small talk, big results.** Small talk in this case doesn’t mean digressing into lengthy discussions...
When Your Bottom Line Is Bedside Manner

that have little or nothing to do with the task at hand. Rather, it’s resisting the urge to motor through providing your service so that you can move on to the next task. Remember, you have a human being in front of you, and taking a little time to ease into the conversation by asking a thoughtful question or two is what he or she needs to get comfortable. This comfort opens the lines of communication, thereby decreasing the likelihood that your patient will withhold pertinent information.

3. **Balance the conversation.** Quality conversation is a two-way street. Are you the one doing all the talking when you meet with patients? Track this over the next few days and see if you can find some room for improvement. You need to make sure your patients have time to think and ask questions. People often have a host of questions and concerns that surface in the weeks, days, and even hours leading up to an appointment. It’s often difficult for people to recall all of these questions on the spot and, if they feel rushed or distracted during the conversation, they are bound to leave your office dissatisfied.

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