

The
EQ
Prescription

Put Yourself First to Thrive in Health Care

Mickey Lebowitz, MD



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Chapter 1

What Is “The Zone”?

*Watch your thoughts, they become your words;
watch your words, they become your actions;
watch your actions, they become your habits;
watch your habits, they become your character;
watch your character, for it becomes your destiny.*

—LAO TZU

A common refrain from athletes who are making all their shots playing basketball, hitting home runs in succession playing baseball, or completing every pass playing football, is that they were in their zone. During those exceptional moments, they were at their absolute best and just couldn't miss. The fans, in appreciation and awe, go wild watching them. However, athletes don't stay in that rarefied space indefinitely. They inevitably go back to “being human,” making some shots and missing others, hitting home runs and then striking out, and

connecting on some passes while not completing others. It's part of the game: sometimes you win and sometimes you lose.

Unfortunately, we in health care don't have that luxury. We aren't playing in a game. We need to be in our zones as often as humanly possible, even if there aren't people in the stands cheering us on. When we miss, the stakes and consequences are much higher than missing a shot, striking out, throwing an incomplete pass, or losing a competition. Being in our zone and functioning at our best needs to be our standard, not our exception.

You may appropriately ask, what is the zone, and what does it mean for us in health care to be in the zone?

Elaine Miller-Karas is an internationally known trauma therapist and key developer of the Trauma Resiliency Model and Community Resiliency Model. She, along with Peter Levine, Diane Heller, and Genie Everett, designed a visual to represent the Resilient Zone, also referred to as "The Zone" (see Figure 1.1).¹

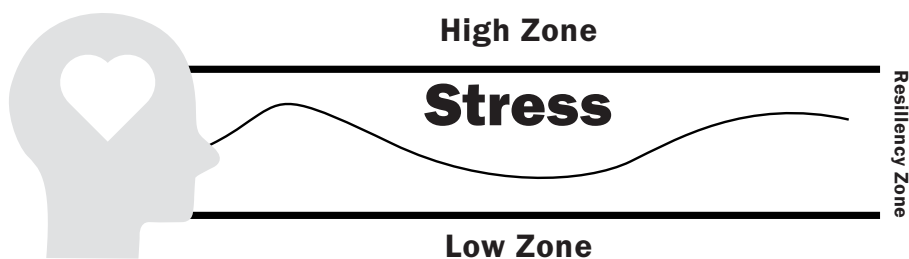


Figure 1.1. The Zone. (Adapted by Elaine Miller-Karas from an original graphic by Peter Levine and Diane Heller, original slide design by Genie Everett. Permission given by Elaine Miller-Karas)

The Zone is a simple structure, a mental picture of two horizontal lines. The width between the two lines is determined by how you are thinking and feeling, physically and emotionally, at any moment during your day. Typically, when you are between those two horizontal lines

and in the zone, you are at your best, happiest, most content self, able to manage stress, make your best decisions, and navigate health care’s pain points. Explained another way by Mihaly Csikszentmihalyi, you are in your “flow.” He wrote in his book *Flow* that those who can manage their inner experiences are better able to determine the quality of their lives as measured by a feeling of happiness, satisfaction, and a sense of achievement.²

If you’re having a good day and many, if not most, things are going your way, your zone will likely be wider. The wider your zone, the less likely you will get bumped out. On the other hand, if you are thinking and feeling negative, those two lines will likely be closer together, making your zone narrower. The narrower your zone is, the more likely you may find yourself outside of those lines, either above or below. Given the intrinsic challenges and complexities of health care (and the patients we serve), the width of those lines can change quickly during the roller coaster of a day, based upon your internal thoughts or the day’s events and your response to them.

What is it like for people to be in their zone/flow? Here are some descriptions.

1. Feeling calm, patient, focused, innovative, creative, able to think most clearly and be most content. Their bodies might feel light, shoulders down, face relaxed. Time doesn’t exist.
2. Being an active, generous, engaged, undistracted listener, and picking up clues from body language and facial expressions. Able to focus solely on what is being said as opposed to just waiting for a turn to speak. Listening with curiosity and avoiding judgment. Listening for the speaker’s content, intent, and emotions, based upon the spoken words and the tone, volume, and pitch of their voice.³ As described by Stephen Covey, “Seeking first to understand, and then to be understood.”⁴

3. When it's time to speak, choosing and adjusting words based upon the person they are speaking with, avoiding competing with someone else's story, remaining curious and empathetic in their responses. Saying the right things at the right times in the right place to the right person. Being careful with written words in text messages, tweets, and emails, visualizing how a person receiving these written words might interpret them.
4. When making decisions, using both logic and emotions in balancing the benefits and costs of their choice. Their decisions are heavily grounded and in alignment with what they truly want in life, giving them meaning and purpose each day and with each interaction.

Being in the zone/flow reminds me of a simple saying about the power of the brain: "People are about as happy as they make up their minds to be." For instance, surgeons might be in their zone/flow when they are in the operating room, undistracted, uninterrupted, fully present, concentrating and focusing, or performing surgeries they enjoy and that are going well. Nurses might be in their zone/flow feeling valued, fully engaged with their patients, and performing what they were trained to do, caring for patients who are grateful for their care and getting better. Students might be in their zone/flow when they are relaxed, concentrating, and enjoying the information being taught, grasping the utility of the knowledge, and passing their exams.

In summary, people who are in their zone are more likely to be *intentional* with their words and actions, keeping in mind what they want and what they don't want to communicate with each individual interaction. As Susan Scott said in her book *Fierce Conversations*, "the conversation is the relationship," and good relationships help to keep you (and your relationships) within your zone(s).⁵

Triggered: Not If, When

At some time, we all get triggered. It's not if, it's when. Examples of health care–related triggers may include a computer working slowly, especially when you are short on time; additional clicks in the EMR; being disrespected by a colleague or patient; being unfairly judged; saying something we shouldn't have, or not saying something we should have; making a mistake of omission or commission; having to be patient while waiting for a lab test or an imaging result to come back, especially when the patient keeps asking for the result; being asked to wait on the phone when calling a clinician's office or pharmacy; managing a patient who is non-adherent with their medical routine; working with a family with inordinate expectations about their loved one's future health outcomes; or, in general, doing anything that takes us away from what we really want, which is to take care of our patients without distractions or interruptions. Different people have different triggers, and you can probably list your own, though the result is usually the same: We are bumped out of our zones.

We can be bumped out of our zones low or high (see Figure 1.2). When we are in the “high zone” we are usually short, abrupt, and curt with people, even those we deeply care about. This can make it difficult to focus and listen to others, or we may say and do things we might regret, requiring additional energy to repair the damage. Actions associated with being bumped out of our zones may negatively impact patient care and relationships.

We can also be bumped down into our “low zone,” resulting in us becoming withdrawn, isolated, sad, and depressed. Others might interpret this as being aloof, distant, uncaring, and unapproachable. This too could put patient care at risk.

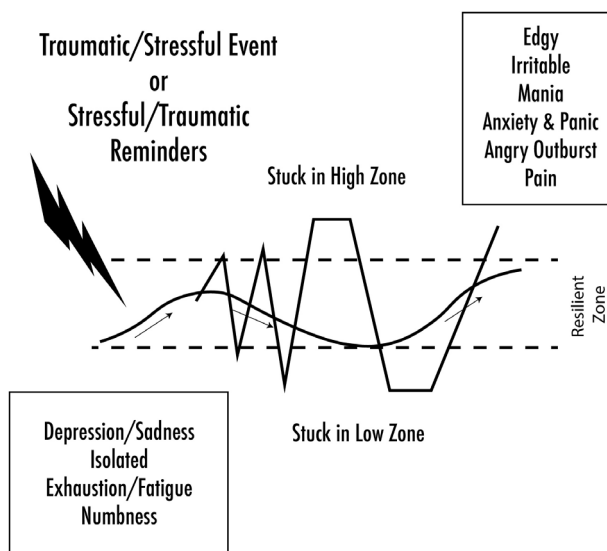


Figure 1.2. Traumatic/stressful event or reminders. (Adapted by Elaine Miller-Karas from an original graphic by Peter Levine and Diane Heller, original slide design by Genie Everett. Permission given by Elaine Miller-Karas.)

Being frequently and chronically bumped out of our zone can lead to burnout, which is at epidemic proportions these days among clinicians and nurses.⁶ Christina Maslach, a social psychologist known for her research on occupational burnout, defines burnout as threefold: emotional exhaustion, depersonalization (treating people like objects), and not finding in work a sense of personal accomplishment, satisfaction, value, meaning, or purpose.⁷

I met two of Christina Maslach's definitions when I was leaving practice in 2007: exhaustion and loss of meaning and purpose. Sometimes I was feeling so emotionally and physically exhausted by the end of the week after seeing patients all day, every day, working late each night doing my charting, lab and mail reviews, and completing my documentations that by Friday afternoon, I felt so tired that I didn't think I could drive myself home, and I lived only eight minutes away. I also suffered from loss of meaning and purpose. Driving home at the

end of long days, I would feel defeated after putting in maximal energy and effort and still having a patient’s blood sugars, blood pressure, and lipids be high; or their thyroid blood tests did not fall into place because they couldn’t follow or afford their treatment plans; or the insurance companies wouldn’t pay for meds or tests. “What am I doing?” I used to ask myself, questioning my personal accomplishments. The one thing that kept me going was the humanity of practicing medicine and treating patients as people without any erosion of empathy. Maybe I had just enough empathy for myself to leave practice before my empathy was completely eroded. If I had known about and practiced the EQ Zone then, maybe I could have remained in private practice and would not have needed to make that change.

In life, there are events that widen our zone and events that narrow our zone. A wide zone may occur when you make a good diagnosis, when you’re recognized and complimented by others, or when you figure out a complicated problem. And don’t forget about events in your personal life that can spill over into your work life, such as taking a vacation, or being around people you like, or doing things that bring you joy.

For clinicians, some of the causes of a narrow zone are having too much to do and not enough time to do it; running out of energy and being exhausted; seeing patients all day, every day, and winding up with still more patients to see, more operations to do, more charts to complete and more forms to sign. Or maybe you made an error in judgment that injured a patient. Or maybe you are sleep-deprived from being on call the night before, or “hangry” from missing meals during the day to keep your patient schedule running on time.

If you are a nurse, your zone might narrow if a clinician or supervisor admonished you for missing an order, or for not calling them if a patient’s status worsened, or for calling them with a “false alarm,” or for caring for more patients in the hospital than you believe to be safe, or you are responsible for patients though unfamiliar with their medical

conditions. If you are a student, your zone might narrow if you have more to study and learn than time or energy allows, or you did poorly on an exam, or your professor/preceptor embarrassed you in front of the class or on rounds.

Staying in the zone can be hard, no matter how hard we try. The fact of the matter is that we are all, at one time or another, going to be triggered and bumped out of our zones. It's not if, it's when, and sometimes when we least expect it.

Consider this common example that many clinicians in private practice experience. A longtime patient of mine called on a Saturday afternoon and apologetically asked me to call in a prescription to the pharmacy for them, embarrassed that they didn't contact the office during usual business hours. I was in my zone at the time and therefore was happy to do it. I went through the telephone prompts on the automated answering machine, a potential trigger in itself, and chose the one to speak with a pharmacist, since I had a couple of questions before re-prescribing the medication. I was hoping they would pick up immediately, since I tend to be impatient when it comes to waiting. I was put on hold. Then, every thirty seconds, I would get a voice message: "We apologize for your wait; your call is important to us; please hold on; we will be with you shortly." For the first five or ten minutes, I was able to stay in my zone. Then, as the message played continuously and incessantly, I kept reminding myself to stay in the zone and not become agitated, though admittedly it was getting harder to do with each repeating voice message.

After thirty-five minutes, a pharmacy technician picked up the phone. I was still in my zone, though narrower, and explained to him that I had been on hold a long time. He said he would have to transfer me to the pharmacist. I asked him to be careful not to lose me in the system. He said, "Don't worry." That's when I usually worry. Then, just like that, click. I was cut off.

My zone was narrowed further. I called back, waited another twenty-five minutes, and again, a technician answered the call. I pleaded with her, “Please don’t transfer me, just hand the phone to the pharmacist.” Click. I was cut off again.

I got an immediate call back from the pharmacist, but by then it was too late. Try as I might, I had been bumped out of my zone and went down the slippery slope where I stopped doing my best thinking and behaving. I let the pharmacist know about my travails and she countered by patiently explaining she was alone in the pharmacy with lots to do and not enough people to do it. I suspected her zone was narrow as well. Hearing that, I somehow was able to regroup, get back in my zone, recover my empathy, and apologize, as did she. Our zones widened, the questions were answered, and the transaction was made.

Being Human Is Hard

I wish I could say that I was always at my best self, saying and doing the right thing. Of course, I’d be lying. I’m in the same boat as my clinician and nurse colleagues, exposed to the same demands and pain points, and sometimes succumbing to these pressures. I basically relied on wit and instinct to carry me through when my zone was narrowed or I was bumped out, though there were certainly times that I was not my best self and, afterward, not proud of how I acted. For example, if a patient called the office late on a Friday afternoon, when I was exhausted and crawling to the finish line, and the patient was telling my staff that they’d been sick all week and needed to be seen before the weekend, I’d take care of their medical condition, though with a little less empathy than usual suffering from a bit of compassion fatigue.

I also had Jekyll-and-Hyde moments when I had to go to the hospital in the middle of the night to admit someone from the emergency department (in the days before hospitalists). My wife would hear me blurt a

multitude of expletives, followed by tires screeching in the driveway as I drove away from the house. I certainly could have been nicer to the patients at that time, though I was irritable from being sleep-deprived and overworked and consequently out of my zone. An apology the next morning was a usual occurrence.

Shirzad Chamine wrote about the impact of our thoughts on our well-being and life success in his book, *Positive Intelligence*.⁸ He describes how our mind can be our best friend by using our “Sage brain,” which emphasizes empathy, exploration, innovation, and the ability to navigate and activate. Our mind can also be our worst enemy by succumbing to the “Saboteur brain,” which, along with the “Judge brain,” can inflict self-doubt, loss of confidence, and negativity—causing stress, anxiety, and frustration that sabotages our performance, well-being, and relationships. Your mind can sometimes be your best friend and other times your worst enemy. The hope is that by using the EQ Zone you can more frequently have your mind be your best friend.

Putting EQ into Action

Read the following scenarios and ask yourself these questions: *What do I imagine my zone to be initially in this scenario? Wide? Narrow? How did the change in the scenario impact the width of my zone? How might the change in the scenario have triggered me and bumped me out of my zone?*

1. You are a clinician in the flow of your day, though running about thirty minutes behind in your schedule. Your waiting room is filled with patients who are getting antsy, according to your nurses and reception staff. It's also getting close to lunch time, and you can feel yourself getting “hangry.” You are finishing up in the exam room with your current patient when they

begin to tell you a story about a significant loss they recently experienced. They begin to cry uncontrollably.

2. You're a nurse in a hospital or office setting with a patient who is telling you a recent tragedy in their life. It is grabbing at your heartstrings. While empathetically listening to the story, you are hearing another patient who is loudly and wildly yelling, “Nurse, nurse!”
3. You're a student in a health-care education program studying hard for your upcoming exams when your friends, who are not in school, are calling and texting you, with laughing in the background and fun emojis, to come out and party with them.

Chapter Takeaways

1. The zone is a simple structure, a visual of two horizontal lines. When we are between those lines, we are our best selves, in our flow, and others see us as our best selves.
2. Life's events and our interpretation of them can narrow or widen our zones.
3. Our own thoughts can widen or narrow our zones.
4. When we are triggered, we are more apt to get bumped out of our zone, high or low, especially when our zone is narrow to start. It's good to know your triggers so you can avoid them or be ready to manage them when they do occur.

Chapter 2

What Is Emotional Intelligence (EQ)?

*The emotionally intelligent person is skilled in four areas:
identifying emotions, using emotions, understanding emotions,
and regulating emotions.*

—JOHN MAYER AND PETER SALOVEY

After learning about the zone that I described in the last chapter, I found myself assessing the width of my zone regularly throughout my day. Am I in it or out? Is it wide or is it narrow? In one moment, I would feel my zone widen after making a challenging diagnosis, having a good medical outcome, or receiving a compliment. Then something untoward would happen, like my nurse had to leave the office unexpectedly for personal reasons or the lab test I ordered couldn't be done because of an insufficient sample, and my zone would narrow. Sometimes I would be completely bumped out of my zone from an

insurance company refusing my request for an MRI scan or approval of a medication, or being far behind schedule seeing patients and knowing that the waiting patients would be upset when I eventually saw them. All this begged the following questions: How did I know if I was in my zone, if it was wide or narrow, or if I was bumped out? How did I know if the person I was interacting with was in their zone or not? How do I make decisions that are intentional to help keep me in my zone? How do I develop and maintain relationships that keep me in my zone and help the other person do the same? How do I know if I am making decisions that are in alignment with what I want and want to avoid?

The answer to all these questions is: emotional intelligence.

Emotions vs. Feelings vs. Moods. What's the Diff?

Before we get into the details of emotional intelligence, let's establish some foundational knowledge about emotions, feelings, and moods. Attendees in my workshops always ask me the difference between these, since the terms may sometimes be confusing and even used interchangeably.

Michael Vallejo, in his article "Emotions vs. Feelings vs. Moods: Key Differences," says that *emotions* are intense, quick reactions to internal or external stimuli.¹ Examples would be the sensation of being ecstatic after achieving something difficult, or terrified watching a scary movie. There has been significant debate as to what is the neural basis of emotions and whether they are associated with neural structures or are neuromodulators such as dopamine (DA), serotonin (5-HT), and norepinephrine (NE).² A *feeling* is your subjective interpretation of that emotion, typically influenced by your own experiences and beliefs. Examples could be the feeling of love while being around someone who gives you the sensation of joy and happiness, or hating someone who gives you the sensation of shame or anger. *Moods* are emotional states that

are less intense than emotions but longer lasting; they can influence and impact our outlook and behavior. Examples include being in an upbeat mood because there's optimism and hope in our lives, or feeling low and melancholic because we lost our direction, meaning, and purpose.

The value of being aware of our emotions, feelings, and moods, which are influenced by our genetics, culture, lifestyle, hormones, personal growth, and existing mental health conditions, is that they impact our behavior, perception of the world, and how we interact with others. Okay, now we're ready for the main event.

What Is Emotional Intelligence?

At one of my EQ Zone workshops, I asked three physician assistant (PA) students to give me their elevator pitch answering the question "What is EQ?" They gave three different answers and, like the clergy hearing different sides of an argument from different congregants, I responded, "You're right, you're right, and you're right."

All three students were at least partially correct. One spoke about being more aware of how they are thinking and feeling, then making decisions based on those thoughts and feelings. Another spoke about EQ helping us better respond versus react to stressful situations, especially those situations that are out of our control. The third described how recognizing our emotions and the emotions of others enables us to develop and maintain relationships, helping us to be more successful in our personal and professional life. In the practice of medicine and nursing, it's the soft skills, the bedside manner.

EQ is about all of these concepts, and they all start with this basic tenet: Emotional intelligence is the connection between head and heart, logic and emotion. It's **the ability to be smarter with our emotions**, managing them to stay in our zones, through the seemingly infinite vagaries of life that come our way all day, every day. Said another way

by Peter Salovey and John Meyer, the originators of the term “emotional intelligence” in 1990, EQ is “the ability to monitor one’s own and others’ feelings, to discriminate among them, and to use this information to guide one’s thinking and action.”³ We humans, at our core, are emotional beings. Susan Scott, in her book *Fierce Conversations*, quoted Daniel Kahneman, a psychologist who won the Nobel prize in economics: “We behave emotionally first, logically second. No matter how logical we claim to be, our emotions are the most powerful factor in how we respond and interact with each other. It’s not a gender thing or a cultural thing. It’s the human condition and costly if we don’t get it right.”⁴ The intent of this book is to help you get it right, and getting emotions right didn’t start just now.

Awareness and rudimentary commentary about human emotions began over two thousand years ago when Plato (ca. 438–348 BCE) was credited with writing that “all learning has an emotional base.”⁵ One of Plato’s most famous students, Aristotle (384–322 BCE), then went on to describe anger in terms of being strategic or intentional: “Anybody can become angry, that is easy; but to be angry with the right person, and to the right degree, and at the right time, and for the right purpose, and in the right way, that is not within everybody’s power and is not easy.”⁶

Approaching the modern era, David Hume (1711–1776) wrote that “the minds of men are mirrors to one another,” since in encountering other persons, humans can resonate with and recreate that person’s thoughts and emotions on different dimensions of cognitive complexity.⁷ In 1909, the psychologist Edward Titchener (1867–1927) introduced the term “empathy” into the English language as the translation of the German term *Einfühlung* (or “feeling into”).⁸ As early as the 1930s, the American psychologist Edward Thorndike (1874–1949) described the concept of “social intelligence” as the ability to get along with other people.

The modern story of emotional intelligence began with two research professors in the United States, Peter Salovey and John Mayer, who

coined the term “emotional intelligence” in an article published in the journal *Imagination, Cognition and Personality* in 1990. This article has become the basis for most EQ models. The authors define emotional intelligence with a model that emphasizes “four domains of related skills: (a) the ability to perceive emotions accurately; (b) the ability to use emotions to facilitate thinking and reasoning; (c) the ability to understand emotions, especially the language of emotions; and (d) the ability to manage emotions both in oneself and in others.”⁹

Based largely on Salovey and Mayer’s research, in 1995 Daniel Goleman wrote his best-selling book *Emotional Intelligence: Why It Can Matter More than IQ*. In it, he described five elements of EQ: self-awareness, social skills, self-regulation, motivation, and empathy.¹⁰ Several additional EQ models have been introduced since then with tweaks to Goleman’s original paradigm. Though they may use different words, in essence, they are all describing similar if not the same competencies. Consider the following examples from companies committed to teaching emotional intelligence.

BlueEQ is a US company focusing on teaching EQ and psychological safety. Their model includes five skills: self-regard, self-awareness, self-control, social perception, and social effectiveness. Each skill has five additional domains or behaviors. In self-regard, there is optimism, self-respect, self-confidence, motivation, independence; in self-awareness, there is openness, self-knowledge, integrity, monitoring, introspection; in self-control, there is impulse control, stress tolerance, emotional stability, resilience, delayed gratification; in social perception, there is empathy, observation, anticipation, interpretation, mindfulness; and finally in social effectiveness, there is influence, conflict management, relationship management, accountability, and ego management.¹¹

In their book *Emotional Intelligence 2.0*, Travis Bradberry and Jean Greaves condense the EQ model into four components: self-awareness, social awareness, self-management, and relationship management.¹²

Six Seconds uses its KCG model to both expand and apply EQ.¹³ The *K* stands for “know yourself,” also known as self-awareness. At its core, self-awareness is the ability to identify, recognize, and understand your emotions, thoughts, patterns, and actions (internal self-awareness) and the ability to recognize others’ thoughts and perceptions about you (external self-awareness).

The *C* stands for “choose yourself,” also known as self-management. Once you know how you think and feel, then you can make the best, most intentional decisions for yourself. According to Six Seconds, to be intentional and make the best decisions, one needs to apply the following competencies:

1. The ability to activate consequential thinking, which is assessing the pros and cons of your decisions. It’s logical thinking, which needs to be combined with emotions. In Jonah Lehrer’s book *How We Decide*, we learn that the wise person uses both logic and emotions in their decision-making.¹⁴
2. The ability to navigate your emotions and use those emotions for energy. As an example, you’re angry because you are blocked from getting what you want. You can either linger in that anger, suppress it, or blame others. Or you can use that anger to energize you to continue looking around and beyond what is blocking you, not giving up getting what you want.
3. Exercising intrinsic motivation, recognizing what truly drives you, what you really value and are committed to, versus extrinsic motivators such as fame, fortune, power, money, or fear of punishment.
4. Engaging optimism, recognizing that if your decision doesn’t work out, you will persevere to find another way to get what you desire. It’s reminiscent of the proverbial saying, “You get knocked down, but you get up again.” It’s that half-full versus half-empty mindset people often talk about.

The *G* stands for “give yourself.” Once you know how you think and feel and are ready to be intentional with your decision, you then ask yourself, “Is this decision in alignment with what gives me meaning and purpose in life, each day and with each interaction?” In other words, what do you really *want* to have happen, how might this impact you or the other person or persons (think of the pebble in the pond analogy and the ripple effect), and what do you *not want* to have happen? And maybe even more important: Why do you want these things to happen or not happen?

In the KCG model, empathy is also listed under “give yourself,” also known as self-direction. A plausible reason for doing so is that for individuals to achieve their meaning and purpose, they often require the support of others. It’s hard to get through life alone. Most, if not all, of us need others to help us through the difficult times. We need to be connected with others. To that end, empathy is a very powerful connector of people.

After studying these individual paradigms, the one I’d like to offer you, since it makes the most sense to me and is hopefully the easiest for you to gain understanding and competency, combines the Six Seconds KCG elements and the Travis Bradberry/Jean Greaves model (i.e., self- and social awareness and self- and relationship management). Combining these two models provides us with this new paradigm: self- and social awareness, self- and relationship management, and self-direction. To help you better visualize these competencies in real time I added “The Zone” concept as described in Chapter 1, to form the “EQ Zone,” which I believe gives additional meaning, value, and a visualized structure on how to apply emotional intelligence every day and with every interaction, when life is stress-free and stressful. The result is a model of emotional intelligence (Figure 2.1) that I believe is practical and easy to learn and use throughout the day.

	SELF	SOCIAL
Awareness	The ability to know our desires, motivations, wants and to recognize, identify, and understand our thoughts and feelings, specifically our emotions and patterns (internal self-awareness) and whether we are in our zone or not. Additionally, it's the ability to recognize how we are perceived by others in various contexts and situations (external self-awareness).	The ability to identify, recognize, and understand the emotions in other people and to know what they are thinking and feeling.
Management	The ability to make intentional decisions using logic, emotions, intrinsic motivation, and optimism and based upon available choices and one's self-awareness.	The ability to develop and maintain relationships in one's personal and professional lives.
Direction	Knowing what gives you meaning and purpose and why. Making decisions in alignment with that. Knowing what you want each day for yourself and what you want to avoid	Knowing what you want with each interaction with another person or group. Recognizing your emotional wake.

Figure 2.1. Core components of emotional intelligence

I also want to address the so-called elephant in the room, which is a common question I get from attendees in my workshops: What is the difference between personality and emotional intelligence? My initial response to this question, especially since I have been discussing the EQ paradigm, is to briefly review a couple of common personality paradigms. I mention the Myers-Briggs Type Indicator (MBTI), which categorizes people, not on a continuum but rather into one of sixteen personality types, based on their preferences for extraversion versus introversion, sensing/intuition, thinking/feeling, and judging/perceiving.¹⁵ I then review the “Big 5” dimensions, also known by the acronym OCEAN or CANOE:¹⁶ **Conscientiousness**—disciplined, careful versus impulsive,

disorganized; **Agreeableness**—trusting, helpful versus suspicious, uncooperative; **Neuroticism**—anxious, pessimistic versus calm, confident; **Openness to Experience**—creativity and intrigue versus routine and stability; **Extraversion**—sociable, fun-loving versus reserved, thoughtful. Some add a sixth trait: Honesty-Humility, which is the extent to which one places others' interests above their own. Each of these personality traits exists on a continuum, and a person can fall anywhere on that continuum. Once that foundation is laid down, I then go back and answer their question and give an example.

Personality is who we are at your core, our baseline characteristics and traits, while EQ is the ability to manage ourselves and our relationships above and beyond our personality. Said another way, EQ is different from personality in that EQ predicts how well a person is able to use their personality characteristics and traits when handling the emotions of themselves and/or others.¹⁷

To put more meaning to the explanation, I use the following example. Consider a person whose personality type is disciplined and careful, trusting and helpful, calm and confident, creative and innovative, sociable and fun loving. I must admit, that's a nice set of characteristics and traits to have. This person might come across as being very nice, pleasant, and fun. However, when it comes to their EQ, they might not have it. Say you were telling them a story about some tragedy you experienced. They may be unable to recognize what they are feeling as you tell them your story (lack of self-awareness) and unable to pick up your verbal and nonverbal cues of fear, anger, and sadness (lack of social awareness). Because they lack those awarenesses, their verbal and nonverbal response back to you is awkward, confusing, and maybe even inappropriate, like giggling, showing a flat affect, or even making a comment that has no connection to your story at all (poor self-management), making your relationship with them strained (poor relationship management). They also can't pick up on what you might need and want in this situation,

since they might not even know what they would want (lack of self-direction). Maybe you know people like this? I know, as an example, that I have encountered applicants to a job or our college's PA program who are very nice and pleasant, though after listening to some answers to my questions, it's clear they lack the EQ depth that I am looking for to earn the job or the seat in our program. But wait, there's more about the difference between personality and EQ.

Personality traits are thought to be relatively stable throughout a person's life, while EQ, which is a competency, is something that we can get better at with desire and effort. However, in slight contradiction to this theory, a study by Soto and John found that overall, agreeableness and conscientiousness increased with age.¹⁸ There was no significant upward trend for extroversion overall, although gregariousness decreased, and assertiveness increased.

One may naturally ask if there are certain personality types that might predict a higher emotional intelligence. A study published in 2020 assessing 210 medical students in India found that students who were more extroverted, agreeable, emotionally stable, open, and conscientious had higher EQ scores.¹⁹ Additionally, most of the students who had higher EQs were happiest with their career choice and scored the highest on their final test. This later finding is similar to what we found in our PA students—that is, those students who had higher EQ scores had higher grades at the end of their first year.

Now that you have a big-picture understanding of what emotional intelligence is and how it interplays with personality, let's see what EQ looks like in action.

EQ in Action (or Not)

I suspect many who are reading this book can identify people whom they know, personally and professionally, who just “get it,” and those who

don't. What I mean by "getting it" is they function well, using emotional intelligence to manage themselves and others when the waters are calm, the skies are blue, and the stress levels are under control. However, they also function well using their emotional intelligence when the waters are rough, the skies are stormy, and the stress levels are high. Here are examples (that you may be familiar with) of people who don't "get it" and some who do. Let's begin with the former.

A surgeon who blows up *again*, reacting at the operating room (OR) scheduler because they can't get the OR times they desire. The ER doc who tells an upset patient who didn't receive something they requested, "Sorry you feel that way," only to have the comment gaslight the patient further. The primary practitioner who receives an email from an administrator informing them they won't be getting a bonus since they haven't met their patient quotas, and react immediately in disagreement with a hostile email back to the administrator.

How about a nurse who, seeing another nurse near the end of their twelve-hour shift and struggling to complete their assignments, says to the other nurses on the unit, "See, they shouldn't be working twelves," making sure the nurse hears their comment, then continues to let them struggle. Or a nurse who observes another nurse being yelled at by a patient's family, and who joins in the argument, escalating the situation. Or finally, a nurse notices one of her colleagues about to give medicine to the wrong patient, a near miss, and yells at her, "Geez, what the heck are you doing? You could have killed that person!"

And what about students in health-care education programs? Let's say you're a student who witnesses another student being embarrassed on rounds by the attending physician. Then after rounds you go over to the embarrassed student, smiling, mocking them how it feels to have "a new one ripped." Or you're a student who does poorly on an exam then goes around bad-mouthing the professor and blaming them for lousy questions and poor teaching. Or a student you are working with

on a team project is not holding up their responsibilities and you berate them by saying, “Buck up or we’re kicking you off the team,” then you walk away.

Compare those scenarios with the surgeon who identifies and understands their own annoyance because they can’t get their OR times, recalling that what they tried in the past to get those times didn’t work. What if the surgeon pauses, and this time calmly, thoughtfully responds, letting the scheduler know that they understand the challenges of meeting all the surgeons’ time requests and then asks the scheduler to help them understand where the barriers are for them to get the times they desire, ending with “if things change and I can have those times, I’d appreciate it.” Or what if the ER doc recognizes that the patient is upset based upon their verbal and nonverbal cues, apologizes to the patient for not doing what was intended, and, with empathy and in collaboration with the patient, determines how they can make things better going forward. Lastly, what if the primary practitioner sits with the administrator’s email for a period of time before thoughtfully responding, organizing their comments based upon what they want and don’t want going forward, making their point without making the other person feel defensive and upset.

Compare these scenarios with the nurse who, observing their peer struggling, says to their peer that “twelves are long and hard, and we’re a team,” and offers a hand to complete the peer’s assignments. Or the nurse who observes their colleague being dressed down by an abusive family, goes over to that nurse, puts their arm around them, and calmly removes them from the situation, telling the family that a time out is needed. Or the nurse who, noting a medication being given to the wrong patient, says to the offending nurse, “That’s scary. Glad we caught that. We have to look out for each other. Let’s review what happened so it doesn’t happen again.”

Compare the student scenarios with the following alternatives. Instead of snickering and being offensive, you say to your peer with genuine and sincere concern, “That must be so embarrassing. How are you holding up?” Then listen patiently, empathically, for their response without necessarily trying to fix anything. Or instead of disparaging and vilifying the professor, you meet with them and learn more about the reasons why you missed answering the questions correctly and how you can study more effectively. And instead of threatening your teammate with removal from the team, you seek to understand what it is that is preventing them from finishing their assignments on time, and whether they are able to overcome those barriers, possibly with assistance from you or the team.

I suspect that you can come up with other real-life clinician, nurse, and student scenarios exhibiting examples of high and low emotional intelligence. Let’s dissect one of the scenarios above, examining the lower EQ responses and the higher EQ responses using the self- and social awareness, self- and relationship management, and self-direction paradigm described above. Here, we’ll do some “EQ in Action” analysis.

The surgeon “who blew up *again*” may not be adequately self-aware and emotionally literate enough to identify and recognize their level of anger, especially when it might be of a lower intensity (irritated, annoyed, pissed), when they still might have time to avoid going down the slippery slope of no return when they become livid and enraged. Nor were they able to recognize if their zone is narrow or if they are even bumped out of their zone. They could have used those feelings instead as energy to respond more effectively (self-management/navigate their emotions). They also may not have recalled that they have been in this situation before (recognizing their patterns), and their past and current reaction (lack of self-management) didn’t get them what they truly wanted and wanted to avoid then or now (self-direction). In their

reacting, they did not stop and pause to recognize what the scheduler's demands and challenges were, nor consider that the scheduler possibly had a narrow zone or was being bumped out of their zone (lack of social awareness, empathy). Nor was the surgeon's response going to enhance their relationship or reputation with the scheduler (lack of relationship management), potentially making it even less likely in the future that they would get the OR times that they desired.

On the flip side, the higher EQ surgeon recognized they were upset, annoyed, and irritated (self-awareness/emotional literacy) before they hit the slope of no return because they were being blocked from something they wanted, and that strategies used in the past didn't work (self-awareness/recognize patterns). They then paused, allowing their emotional brain to connect to their logical brain, able to remain in their zone, and calmly, with empathy, responded versus reacted (self-management), while taking into account the scheduler's situation (social awareness), seeking to understand the barriers to getting the desired OR times, and working with the scheduler to solve the issue. Doing so likely helped both the surgeon and the scheduler to stay in their zone and develop/maintain their relationship and the surgeon's reputation (relationship management), potentially increasing the chance of the surgeon getting what they want and want to avoid in the future (self-direction).

In a more general analysis of these scenarios, it might be safe to say that the clinicians, nurses, and students who had lower EQ responses did not take a moment to check in with themselves and assess how they were thinking and feeling in those stressful moments (self-awareness). Had they done so, they might have been able to name their emotions (emotional literacy), which would have given them better insight into how they would like to *navigate their emotion* and respond positively using *logic*, *intrinsic motivation*, and *optimism* in a more productive way, including avoiding counterproductive phrases such as, "I'm sorry you feel that way." That phrase may be offensive and can be interpreted

as a criticism of the person receiving that comment by implying that they did not correctly understand whatever was originally being told or done to them. This further gaslights the situation and often makes the apologist look even worse. By pausing (self-management), they could have *recognized patterns* from their past and recall responses that worked and didn't work to get them what they want and want to avoid (self-direction, pursuing noble goals). Pausing likely would have given them all the opportunity to seek to understand the other person's point of view (social awareness) and, where appropriate, respond with *empathy*, a powerful connector of people. In the end they would have more likely strengthened their relationship with the other person, short term and/or long term (relationship management), stayed in their zones, and helped the person they were interacting with stay in their zone, all while enhancing their own reputations.

In the scenarios in which the clinicians, nurses, and students had higher emotional intelligence responses, the components of EQ were used more favorably. It's safe to say that all were upset at having their buttons pushed (self-awareness, emotional literacy), likely recognizing that they had been in similar situations in the past (recognizing patterns), recalling what worked and didn't work. With this, they saw the situation from the other person's point of view (social awareness). Then, rather than reacting, they paused, *navigated their own emotions*, and used those emotions for energy to get what they wanted and wanted to avoid (self-direction, pursue noble goals). After pausing, they responded verbally with *logic*, *intrinsic motivation*, *optimism*, and *empathy*, to maintain the relationship (self- and relationship management).

As an example, instead of saying, "I am sorry you feel that way," they could have used a phrase that emphasizes understanding, such as, "What you said really helps me understand the situation better. Thank you." Phrases like that often help defuse a conflict situation. The primary practitioner also used high EQ competencies, though the

communication was in writing. They first paused to recognize how they felt and to understand where the other person might be coming from (self- and social awareness, empathy). They were then intentional with their response (self-management) in hopes of maintaining their relationship with the writer of the email (relationship management), which is what they desired long term (pursue noble goals). By being more emotionally intelligent with each interaction, they likely stayed in their zone while keeping it wide and less likely to get bumped out, increased the likelihood of the other person staying in their zone, and enhanced their reputation.

If you are a clinician, nurse, or student and you see yourself in some capacity in the lower EQ portion of the scenarios, don't despair. EQ is a competency that is learnable, and with interest, desire, and using the strategies that are offered in the third section of this book, you will improve. Even if you see yourself in the higher EQ portion of those scenarios, there are still ways to get even better. We all can. As you practice EQ skills, you will likely feel more emotionally confident and act more emotionally competent, even in very stressful situations. Additionally, your brain will go through neuroplastic changes (see Chapter 4) to help you become and sustain being more emotionally intelligent. EQ begets EQ. Over the years, I have witnessed that health-care professionals are very driven, highly motivated, goal-oriented people. If we strive to achieve something, we usually do.

If you are looking to take your understanding of your own emotional intelligence to the next level, to develop a feel for your EQ strengths and opportunities, you can quantify your EQ with one of several organizational emotional intelligence assessments. If you have interest in learning more about these assessments and the value they can bring to you, the next chapter takes a deeper dive into emotional intelligence, using EQ surveys to make the points.

An EQ Nuance

Up until this point I have described how EQ can be used for good to manage yourself and your relationships, such that both parties are able to stay in their zones, each leaving the interaction better than when it started. However, some might use their EQ skills in manipulative ways to get what's best for them, leaving you devoid of what is best for you.

Consider this discussion (argument?) that I had with a psychologist friend of mine. Their contention was that people who are narcissistic and sociopathic, toxically manipulative, malicious, and deceitful can, and often do, have high emotional intelligence, using it to achieve their nefarious goals regardless of the consequences to the people they are coercing. My initial thought was that manipulative people can't have high EQ and, in a relatively low EQ way, I argued back that since they typically aren't empathic and don't use their influence for a positive impact, they are more likely to have low emotional intelligence. If I had been on my EQ game that evening I would have listened to my friend's assertions, sought to understand, paused, and countered with, "This really helps me understand how you are thinking" and "I would like to study the topic more and carry on the discussion with you in the future," rather than taking the bait and engaging in an argument, leaving us both frazzled and in a narrow zone.

After the discussion went back and forth, I investigated the topic the next day—and indeed, I was wrong. Here is what I found. EQ, like many skills in life, can be used by family, friends, colleagues, salespeople, politicians, and frankly anyone in both good and evil, ethical and unethical, ways, against others. As described in an article by Justin Bariso, manipulators can be expert at sharpening their self- and social awareness skills and can manage themselves as they manipulate you (self- and relationship management) to get you to do what they want (self-direction).²⁰ Read these three examples (check out the article for the remaining seven) and reflect on a recent or past personal interaction.

1. Manipulators play on fear, exaggerating and overemphasizing certain facts, with the aim of scaring you into action that benefits them, not you.
2. They deceive by hiding the truth or refraining from showing you all sides of the story, such as an employee who spreads rumors with the goal of gaining a strategic advantage.
3. Manipulators will try to take advantage when you're happy. When we're in a good mood, it's easy to say yes to something or embrace an opportunity that might look good without really thinking it through before acting.

On the other hand, high EQ can protect you against being manipulated and deceived, a virtual shield. In a 2023 article entitled "The Dark Side of Emotional Intelligence: Are You Being Manipulated?" which was featured on the website medium.com, self-reflection and social awareness may lead us to feel more in control of our own thoughts and feelings. This in turn shapes our interactions and empowers us to make autonomous choices, free from manipulative influences.²¹ To benefit from this shield, it helps to be in your zone.

Putting EQ into Action

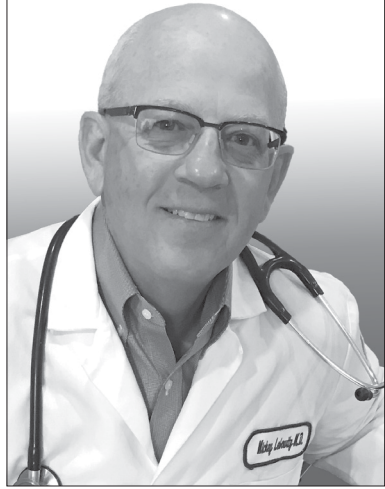
Read the following scenarios and ask yourself these questions: *What might I be thinking and feeling (self-awareness)? What may the other person involved be thinking and feeling (social awareness)? What choices do I have to respond to these situations (self-management)? How do my responses impact my relationship (relationship management)? What do I want to have happen and what would I like to avoid as outcomes to these situations (self-direction)?*

1. You're a clinician, and a patient comes to your office upset. A cancer screening test that they thought was supposed to be done in the past never was, and now, years later, they have the cancer. They accuse you for not ordering the test. They are furious and demand an explanation.
2. You're a nurse in the hospital and gave a patient an insulin injection instead of the intended heparin, causing hypoglycemia. Or you're an office-based nurse who called in a prescription for hydroxyzine, a sedative, instead of hydralazine, an anti-hypertensive causing somnolence instead of lowering the blood pressure. Your patient requests an explanation.
3. You're a student who spread a false rumor about one of your peers who now confronts you with this situation and wants to know why you did this.

Chapter Takeaways

1. *Emotions* are intense, quick reactions to internal or external stimuli. *Feelings* are your subjective interpretation of that emotion. *Moods* are emotional states that are less intense than emotions but longer lasting.
2. There are several different paradigms for emotional intelligence, though in the end they are all about a person being able to recognize, identify, and understand their emotions and the emotions of others (self- and social awareness), manage themselves and their relationships (self- and relationship management), and know what they want and want to avoid (self-direction).

3. Many of us can use our natural emotional intelligence skills when the stress levels are under control. What really tests our emotional intelligence is how we think and feel, what we do and say, and what we want and don't want when the stress levels are high.
4. If you see yourself in the lower EQ scenarios, or even in the higher EQ but wanting to improve, don't despair. EQ is a competency that is learnable with interest, desire, and practice. Part III of this book will show you how to do it.
5. Personality and EQ are different. Personality is who you are at your core, based upon the Big 5 traits (CANOE—Conscientiousness, Agreeableness, Neuroticism, Openness to Experience, Extraversion). EQ is how you handle your emotions and the emotions of others to form relationships. Additionally, personality traits tend to be fixed, while EQ is a competency that you can get better at.
6. Highly emotionally intelligent people can use their skill to manipulate others for their own benefit. People high in EQ can protect themselves against these nefarious people.



About the Author

Mickey Lebowitz, originally from Brooklyn, New York, is a graduate of Upstate Medical University (AOA, cum laude) and a board-certified endocrinologist/diabetologist (Fellow, American College of Endocrinology). He has worked in a physician-owned practice, as an employed physician, in the VA system, and currently as an endocrine hospitalist. He spent seven years as a hospital-based senior medical quality director and is currently a chief medical officer at a health-care transportation company. He's an educator, serving as the medical director of a physician assistant program in upstate New York, and an author, whose first book, *Losing My Patience*, was published in 2010. Through Six Seconds, he is a certified assessor, practitioner, facilitator, and coach in emotional intelligence (EQ), coaching clinicians, nurses, and health-care students on leadership, professionalism, and interpersonal relationships. He has given countless presentations and workshops on

EQ locally and nationally and is in the process of publishing his research on the impact of EQ on his PA programs' students. He has been on the list of Best Doctors in America, and has received awards for resident teaching, community service for educating health care professionals on wellness and burnout, dedication and loyalty to the medical profession, and excellence in health-care education, as well as the NYSSPA Physician Advocate of the Year award.

Dr. Mickey is most proud of being married to his wonderful wife since 1982, having two fabulous children with awesome spouses and three precious granddaughters, whom he is in love with, head over heels. For fun he likes to exercise walking, biking, hiking, swimming, and kayaking. He loves traveling, writing songs, rapping (yes, rapping!), and volunteers heavily in his faith and secular community, and he is a FANatic rooting for his favorite teams.