The Importance of Social Networks in Healthcare Today

In today’s healthcare industry, the importance of social networking cannot be stressed enough. Arguments have been made that social networks function as social capital (Coleman 1988). Whether the manager or leader is forming relations internally or externally, cooperative associations are key to the success of the individual as well as the organization. Henry Mintzberg’s (1973) seminal study on managerial work revealed that managers spend much of their time in a liaison role. The managers stressed the importance of disseminating and monitoring information among co-workers. In addition, whereas managers viewed their behaviors as planned, rational, and controlled, Mintzberg found reactive oral communication and disconnected interactions to be more the order of the day. However, these daily interactions are the conduits through which social networks are formed; social networks are either strengthened or weakened by the quality of these communications.

Collaborative relationships are more likely than antagonistic ones to produce better services, shared capital, increased economies of scale, and expanded databases. All of these are elements that are viewed as essential in a competitive environment (Coile 1998). Furthermore, for a health center of any type

Emotional Intelligence Skills for Maintaining Social Networks in Healthcare Organizations

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Abstract. For healthcare organizations to survive in these increasingly challenging times, leadership and management must face mounting interpersonal concerns. The authors present the boundaries of internal and external social networks with respect to leadership and managerial functions: Social networks within the organization are stretched by reductions in available resources and structural ambiguity, whereas external social networks are stressed by interorganizational competitive pressures. The authors present the development of emotional intelligence skills in employees as a strategic training objective that can strengthen the internal and external social networks of healthcare organizations. The authors delineate the unique functions of leadership and management with respect to the application of emotional intelligence skills and discuss training and future research implications for emotional intelligence skill sets and social networks.

Key words: emotional intelligence, social networks, interpersonal skills, management, leadership

We present concepts to inform and motivate healthcare professionals to develop emotional intelligence (EI) skills to strengthen their social networks. In this article, we provide an introduction to social networks in healthcare as well as definitions of EI. We underscore the application of EI skills to enhance and manage social networks of healthcare throughout the article, and we describe differences and similarities with respect to management versus leadership functions. We also review implications for training and leadership development.

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to be successful, it must reach out to the community. Large external networks are at times considered difficult to manage, but the goodwill, the political will, and the resources they bring to the organization make the benefits far outweigh the costs (Weil, Bogue, and Morton 2001).

What comprises a social network? Specific boundaries vary in the literature and research. Carroll and Teo (1996) looked at two types of social networks while investigating differences between managers and nonmanagers: (a) organizational member networks and (b) core discussion networks. In their study, organizational member networks included only formal ties to the organization and based membership on job position and function. Core discussion networks consisted of the individuals with whom a person discussed vital and sensitive matters. This research indicated that the social networks of managers and nonmanagers do differ. In organizational membership networks, managers showed broader scope and were more likely to belong to social, professional, and service clubs. Furthermore, the core discussion groups of managers were larger and contained more intimate ties when compared with those of nonmanagers. Carroll and Teo concluded that managers’ work is essentially interactive.

Other social network assessments in research include collecting data by means of listing organization members and asking each employee to keep track of frequency of conversation and depth of relationship (Labianca, Brass, and Gray 1998). Money (1998) suggests that one use variables of clique formation and centrality when looking at multilateral negotiations in social networks. Clique formation can be used to measure strength of ties between subgroup members within a larger organizational context. Centrality looks at the strategic place of an individual within a network. One can measure this in three different ways: (a) degree (the number of ties in the network between individuals), (b) closeness (the sum of the fewest number of contacts between an individual and each person), and (c) betweenness (the frequency with which an individual acts as an intermediary between pairs of others in the network).

When one is developing a social network analysis for a specific organization, one must give consideration to multiple ingroup and outgroup memberships as well as logistical practicalities of data collection and validity. Figure 1 depicts a stakeholder model to provide clarity on the demarcations of the internal and external social networks.

**FIGURE 1.** Boundary delineations of internal and external networks with leadership and management focus (double arrows represent continual interactions between all elements of the model).
in healthcare organizations. The internal social network is composed of all the people who are formally employed by the organization. This includes professional staff (e.g., nurses, doctors, and clinicians), operational staff (e.g., housekeeping, building maintenance, cooks, and food servers) and administrative staff (e.g., managers, directors, and administrators). The external social network is composed of all the members of the organization who have direct contact with people not employed by the organization as a central part of their job and those people with whom the employees are interacting.

Note the distinction of internal and external networks and the differences in leadership and management focus. These specific differences are discussed later in the article. The point to be made here is that members who hold different functions within organizations will also hold different functions in the network, although not always related to formal position. For instance, employees with high charisma and low authority may be central to key networks.

**Application to Healthcare**

Healthcare executives need to form good relationships within the organization to stay better informed and to bring a depth and richness to their careers (Ross, Wenzel, and Midlyng 2002).

Personal and interpersonal skills need developing to allow the individual to comfortably create these relationships. These skills are recognized nationally as the most important competencies needed by graduates of healthcare administration programs to be effective managers (Davidson et al. 2000). Longest (1998) states that interpersonal competence for senior managers is the knowledge and ability to articulate their visions and preferences, to motivate people to communicate ideas, to handle negotiations, and to manage conflicts. EI can provide the framework to create such competencies and thus aid in the forming and strengthening of internal and external social networks. In turn, stimulating the growth of EI skills can strengthen a healthcare organization’s internal and external social networks.

**The Evolution of Emotional Intelligence: A Brief History**

It is not hard to imagine that as long as human beings have been conscious, we have been trying to figure out how to feel better and get along with each other. Written history has documented words of wisdom on these topics through time. The disciplines of philosophy (such as that espoused by Aristotle, Sir Thomas More, and William James), religion, science, fiction, and nonfiction are examples of humanity’s continued attempts to improve upon civilization. Thus, the basic societal drive toward understanding the intelligence of our emotions can be traced back a long way.

With the birth of the field of psychology and the later expansion of scientific methodologies, researchers could begin to focus more formally on interpersonal skills. In 1937, psychological researchers Thorndike and Stein began to describe and evaluate “social intelligence.” In the 1940s, David Wechsler (1940) wrote about “intellective” and “non-intellective” intelligence, referring to the traditional IQ set of skills and the social emotional set of skills, respectively. The nonintellective skills were described by Wechsler as psychological skills having to do with attitude, behavior, and change. Throughout the decades, issues such as trust, respect, and warmth (Hemphill 1959), as well as self-actualization (Shostrum 1965), personal adjustment (Steck and Bass 1973), and self-assessment (Boyatzis 1982), to name only a few, have been investigated as personal and managerial competencies. In 1983, Gardner introduced the idea of “multiple intelligences” with “interpersonal” and “intrapersonal” components.

Salovey and Mayer (1990) later began specifically discussing EI as four hierarchical abilities: (a) the accurate perceiving, appraising, and expressing of emotions; (b) the generating of feelings on demand when they can facilitate an understanding of oneself or another person; (c) the understanding of emotions and the knowledge that can be derived from them; and (d) the regulating of emotion to promote emotional and intellectual growth. A more recent report issued by The Consortium for Research on Emotional Intelligence in Organizations represented emotional intelligence as “about two dozen social and emotional abilities that previous research has shown to be linked to successful performance in the workplace. These abilities are grouped into five core areas: self-awareness, self-regulations, self-motivation, social awareness, and social skills” (Cherniss 1998). For the purposes of this article, the five EI skill categories are delineated as (a) self-awareness, (b) self-regulation, (c) motivation, (d) empathy, and (e) social skills. Healthcare requires administrators
with high EI. Many of the daily duties performed by the healthcare manager or leader can be classified under the five EI skill categories (See Table 1). How the manager completes those tasks will be shaped by the person’s EI abilities.

Differences Between Management and Leadership Functions

The EI skills described here are beneficial for both healthcare managers and leaders. There has been much discussion on the differences between managers and leaders (Kerfoot 1998). It seems widely accepted now that there are distinct differences in the roles played by managers versus leaders in any business. Some managers lead; some do not. Some leaders manage; some do not. It is a matter of which behaviors are exhibited to fulfill the job requirements at the time. Leadership and management are two distinct yet complementary systems of action. According to Kotter (1990), management is about coping with complexity. Leadership, by contrast, is about coping with change.

TABLE 1. Administrative Activities in Healthcare as Classified in the Five Emotional Intelligence (EI) Skill Categories

<table>
<thead>
<tr>
<th>EI skills set</th>
<th>Definition</th>
<th>Examples of healthcare administration application</th>
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</table>
| **Self-awareness** | A deep understanding of one’s emotions and drives | • Decisiveness  
• Issues about control  
• Personal assessment  
• Burnout/workaholism  
• Personal value/self-worth |
| **Self-regulation** | Adaptability to changes and control over impulses | • Ethical behavior  
• Temper/patience  
• Favoritism/nepotism  
• Multi-tasking/time management  
• Objectiveness |
| **Motivation** | Ability to enjoy challenges and to be passionate toward work | • Being positive  
• Counter downsizing/cutbacks  
• Organizational culture concerns  
• Emphasizing cost controls  
• Employee/physician meetings |
| **Empathy** | Social awareness skill: the ability to put oneself in another’s shoes | • Bioethical issues  
• Patient centeredness  
• Patient/family interventions  
• Employee problems  
• Employee Assistance Programs |
| **Social Skills** | Supportive communication skills: abilities to influence and inspire | • Negotiation techniques  
• Being attentive  
• Personal evaluation  
• Figurehead role  
• Governing board/committee relations |

Zimmerman (2001) makes some distinctions between the two roles as well. Leaders are visionaries (set future direction), collaborators (develop corporate culture by working with people inside and outside the organization), salespeople (motivate to obtain employee buy-in), and negotiators (make the tough decisions while balancing conflicting priorities). Managers are more like captains (ensure the team is operating efficiently), analysts (gather information to make educated decisions), conductors (balance individual, departmental, and organizational goals), and controllers (monitor results, trends, and resources). Zaleznik (1977) writes of a “managerial mystique” that perpetuates the development of people who rely on and strive to maintain orderly and stable work patterns. People yearn for leaders who can demonstrate some risk-taking behavior and take charge at critical moments. When all things are considered, though, both leadership and management require one to interact with people; thus the importance of personal and interpersonal skills is apparent for each.
Managers typically focus more on relationships in the internal network between employees. Leadership responsibilities tend to deal more with the external boundaries of the organization, and therefore the social relationship networks formed outside the organization become more critical to leaders. Thus, although managers often lead and leaders often manage, for the purposes of EI training in the healthcare organization, we look at leadership and management as distinct functional roles. It is likely that both these functions will be practiced at some time by all employees.

When people are learning and applying any new skill, their motivation and success increase with relevance. Hence, we have to take into consideration the employee’s organizational context (including but not limited to formal and informal roles and relationships, organization climate, and industry norms). Therefore, although the skill set applies to both leaders and managers, Table 2 displays distinctive examples that can lend clarity and relevance to the concepts.

**Development and Training Implications**

On the basis of the premise that an effective training program must involve a match between employee function and the skills to be learned, training developers could benefit from an expanded vision by using employee-relevant examples. By using stakeholder models that include a social network component, developers can better target training needs and design better methods of delivery. For example, using a leadership frame to look at how EI skills are applied in external social networks and using a management frame for examples of EI in internal social networks will customize the learning experience for organization employees. Table 3 illustrates how each of the five EI categories can be applied in managerial and leadership social networks.

Figure 1 and Table 3 are presented as examples of places to begin a social network audit. Mapping out an analysis of internal and external network relationships for each managerial and leadership role will be a sizable task, but one that could greatly expand the understanding of the flows of social energy in your organization. Facilitators of EI training programs will be able to use their enhanced perspective in several ways.

First, when selecting case examples, developers can make choices that fulfill the needs of their specific audiences. For instance, if the training is conducted in a hospital, one could train the various first-line supervisors as a cohort. By using real examples of daily interdepartmental interferences, one can help meaningful problem solving to take place, thus providing the opportunity for a double benefit—teaching by practical example and solving workplace challenges. As a case in point, an admitting manager and the surgical supervisor could both relate to a case example that is brought up involving surgery start time.

### TABLE 2. Examples of Emotional Intelligence (EI) and Its Application to Healthcare Managerial and Leadership Functions

<table>
<thead>
<tr>
<th>EI skills set</th>
<th>Managerial applications in healthcare</th>
<th>Leadership applications in healthcare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-awareness—a deep understanding of one’s emotions and drives</td>
<td>Having confidence in making decisions about operations</td>
<td>Having confidence when speaking in public</td>
</tr>
<tr>
<td>Self-regulation—adaptability to changes and control over impulses</td>
<td>Considering ethics of pay raises for favorite employees</td>
<td>Considering ethics of disguising payments for referrals</td>
</tr>
<tr>
<td>Motivation—ability to enjoy challenges and to be passionate toward work</td>
<td>Driven by being a pragmatic manager</td>
<td>Driven by having people look up to you</td>
</tr>
<tr>
<td>Empathy—social awareness skill, the ability to put oneself in another’s shoes</td>
<td>Getting involved in patient bioethical issues</td>
<td>Setting a patient-centered vision for the organization</td>
</tr>
<tr>
<td>Social skills—supportive communication skills, abilities to influence and inspire</td>
<td>Good listening skills during employee discipline meetings</td>
<td>Having an excellent rapport with governing board members</td>
</tr>
</tbody>
</table>
Second, when reviewing specific skills such as self-reflection, the instructor can apply the skill at the appropriate level of intervention in a suitable context. In this case, managers might be asked to reflect on a recent confrontation with an employee that caused an increase of tension in the work environment. With the use of an internal social network analysis, the effects of this interaction can be viewed at multiple levels within the work group (i.e., intrapersonal, interpersonal, group, department, etc.). Another example would be how different management levels react to a downsizing mandate. When facilitating leadership, one might present skill learning in terms of reflecting on the leaders’ internal sources of vision and motivation throughout their external social network. Perhaps various external stakeholders could be imagined and a leader would be asked to reflect on how each stakeholder might accept a particular community benefit project. Regardless of the particular scenario, solutions at each level (intrapersonal, interpersonal, group, organization, and community) can be greatly assisted by a network analysis.

When facilitating leadership, one might present skill learning in terms of reflecting on the leaders’ internal sources of vision and motivation throughout their external social network. Perhaps various external stakeholders could be imagined and a leader would be asked to reflect on how each stakeholder might accept a particular community benefit project. Regardless of the particular scenario, solutions at each level (intrapersonal, interpersonal, group, organization, and community) can be greatly assisted by a network analysis.

The third, perhaps most evident, benefit of conducting a social network analysis is the subsequent clarity one gains by analyzing a situation from multiple perspectives. Similar to the continuous quality improvement programs that have blossomed in healthcare organizations over the past 20 years, success will come to those programs that include the input of all parties involved in the process being examined.

**Managers’ Implications**

Today, managers and leaders must develop a social network to be successful. Reichheld (2003) reports that superior leaders create networks of mutually beneficial trust-inspiring partnerships. Maintaining and growing those networks can be crucial to an organization’s and an individual’s success. Stanley Bing lightheartedly wrote in a recent *Fortune* article that “the new CEO will understand that the basis of all good business is making and keeping friends, and will therefore be a pleasure to meet, greet, and go to the bathroom next to” (Bing 2002).

Astute healthcare executives recognize the need to focus on a skill set such as EI to build strong social networks. Three ways to demonstrate this EI ability are (a) through developing a strong internal network and using it to gather information from people in the know; (b) by developing internal relationships that are broad based and with one’s peers, senior leadership, board, and staff; and (c) by building external friendships that are long lasting and based on respect and shared success. Developing strong social networks adds value to an organization.

### TABLE 3. Emotional Intelligence (EI) Skills and Managerial Applications in Internal Networks and Leadership Applications in External Networks

<table>
<thead>
<tr>
<th>EI skills set</th>
<th>Managerial applications internal network focus</th>
<th>Leadership applications external network focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-awareness—a deep understanding of one’s emotions and drives</td>
<td>Ability to recognize personal emotional triggers in self and others</td>
<td>Confidence in decision making, awareness of value differences and similarities between self, health system, and other entities</td>
</tr>
<tr>
<td>Self-regulation—adaptability to changes and control over impulses</td>
<td>Remaining calm and focused when confronted with anxiety and upsets in direct reports</td>
<td>Confidence and poise in negotiations with vendors</td>
</tr>
<tr>
<td>Motivation—ability to enjoy challenges and to be passionate toward work</td>
<td>Acknowledging what brings you to work each day, how you, your job, and your employees function in the bigger picture</td>
<td>Keeping in touch with an inspiring vision that is communicated to all organization stakeholders</td>
</tr>
<tr>
<td>Empathy—social awareness skill, the ability to put oneself in another’s shoes</td>
<td>Building trust and understanding within a department or functional domain</td>
<td>Understanding the larger effect top management decisions can have on all social networks in involving the organization</td>
</tr>
<tr>
<td>Social skills—supportive communication skills, abilities to influence and inspire</td>
<td>Employees who are satisfied with feedback and understand and act to complete organizational objectives</td>
<td>Building and strengthening key relationships with external power resources</td>
</tr>
</tbody>
</table>
and helps executives secure their position during these times of increasing competition and performance requirements (Broscio and Scherer 2003). Emphasis is placed today on healthcare managers’ having more control over their own careers (Patterson 1998). With so many changes taking place, many executives have been displaced. Having a well-developed social network could not only help people find their next position but also might be beneficial to a new organization and therefore provide an incentive to being hired. Building effective EI skills allows managers and leaders to continually maintain their social networks. Masterful practice will allow the administrator to greet new challenges with a more relaxed presence and confidence (Sperry 2003).

**Future Empirical and Strategic Implications**

We present this article as a starting point for further discussion, research, and application on the development of EI skills and their influence on social networks. Topics of much needed empirical study are ubiquitous with respect to EI skills generally, and specifically concerning their use and effectiveness in healthcare systems. Investigations using both quantitative and qualitative techniques are encouraged to allow for a more comprehensive view of the data. Studies such as those looking at the effects of an EI training program on validated measures such as organization culture, customer service, and employee satisfaction would further the knowledge base in the application of EI skills on the job in the healthcare environment.

We present the use of stakeholder models as a basis for social network audits as a tool for preparing for EI training efforts. We encourage consultants and practitioners to modify and extend the tools provided here to best fit their situational needs. Employees at all levels could benefit by mapping out the internal and external social networks associated with their job functions. This type of exercise would provide information on which individuals could reflect with regard to the effects of their behaviors and moods on their social networks.

**Summary**

Healthcare organizations would be wise to incorporate an EI training program for their managers and leaders. Equally important is for the developers of those programs to take into account the specific needs of the different members of their training audience. The example we worked through here was between managers and leaders, yet a social network analysis could be drawn for any functional member of an organizational unit. Beyond the scope of this article, yet critical to mention, is that the tailoring of any EI development program should directly involve employee participation. Comprehensive and appropriate needs assessment techniques should be used.

A few select healthcare facilities have incorporated programs that emphasize the EI skills set (Grossman 2000), but these are not commonplace. Nevertheless, healthcare entities are concerned with the skills being taught to the prospective healthcare leaders and managers and are pushing for some type of competency assessment for all new graduates (Association of University Programs in Health Administration 2001). The competencies stressed through EI should be taught not only to our current healthcare executives but also to our future healthcare administrators. A recent review by graduate directors of such programs showed that there was a clear need to have students develop improved human relations skills (Anderson et al. 2000). Competency assessments are being discussed at the level of the National Health Administration Education Association (Hudak, Brooke, and Finstuen 2000; Wright et al. 2000), and therefore the timing is good to bring EI training to both the classroom and the workplace.

Once the value of EI is understood and applied, the competencies developed are sure to benefit both internal and external social networks. These networks will play a part in having a favorable effect on such external dealings as accreditation, managed care contracting, and collaboration between one-time competitors. Internally, having managers and leaders with good EI skills will boost team productivity (Barth 2001) and increase organizational effectiveness (Goleman 2000)—two conditions that are desperately needed in healthcare today. In any case, managers or leaders who allow themselves to become more emotionally intelligent, and thus enhance their social networks, will improve not only their own personal qualities but also those of their organization.

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