GUEST EDITORIAL

The emotional driver

I like cars. And, really, who doesn't? Being behind the wheel of a classic '60s convertible is something that relates to beauty, freedom, and style. The facts that the car is noisy, gets terrible gas mileage, and is questionable safety-wise are minor when weighed against the positives. Driving such a car makes the driver feel as though he owns a small piece of history.

How is my interest in classic cars relevant to dentistry? Imagine a person who, just a minute ago, turned around to get a glance at a classy car and then steps into a dental office and observes a dentist operating a "classic" dental unit: It would not be the worst bet that the patient would indignantly leave the office, never to return.

It seems that the dental profession is unidirectional, ie, the dentist cannot keep anything that is classic or retro, but rather has to constantly adopt new technologies, keep pace with new techniques, and set up an environment that provides a modern feeling. Dentists spend huge amounts of money to adopt technologies sold as practice-builder drivers; sophisticated intraoral cameras, lasers, and CAD machines are but a few worth mentioning. Companies invest millions to develop better dental materials. Experts are ready to provide sophisticated software and marketing methods that are supposed to help increase productivity. The notion of return on investment is part of every sales pitch aimed at convincing dentists to adopt a new technology.

Even if the skilled dentist is conservative in adopting new technologies or methods that may affect already proven clinical results, patients tend to be well-informed and want what they perceive to be the latest, state-of-the-art treatments.

This being the case, apparently, the practice-builder drivers in dentistry can be divided into 2 major categories: The first is technological, while the second is the dentist's constantly updated knowledge base. Part of the first category is obvious when the patient first steps in the office, whereas the second becomes apparent as treatment advances. This is not the end of the story, however: There is a third, more subtle driver that is not easily recognized but is as powerful as the aforementioned factors. This driver is not based on the latest technological developments, nor is it clearly on display when a patient enters the office. Like that vintage convertible, it has been around for a long time and those who use it well are admired; its power is that when it is recognized and used, it is applicable in multiple settings and is reflected not only in financial outcomes but also in the climate of the practice. One can acquire this tool for a negligible price and improve oneself by using it on a daily basis.

This third driver is emotional intelligence (EI). Daniel Goleman, who coined the term,[1] defined the 5 components of emotional intelligence: self-awareness, self-regulation, motivation, empathy, and social skill. His research showed how emotional intelligence is complementary to IQ and technical skill. He later[2] defined EI as a primer for different management styles and demonstrated the impact of each on organizational climate. Although his research focused on executives in large organizations, the principles can be applied to dental practice. Motivating people, being empathetic, and understanding others' needs are prerequisites for any successful business. Although the parameters seem trivial, all clinicians should take the time to evaluate how they can better incorporate them into their practice.

The best part of EI is that, unlike IQ, it is not dictated by genetics. As Goleman states, "It is fortunate . . . that emotional intelligence can be learned. The process is not easy. It takes time and, most of all, commitment. But the benefits that come from having a well-developed emotional intelligence, both for the individual and for the organization, make it worth the effort."

Unlike new technological developments and modern clinical knowledge, EI has long existed, and those who use it distinguish themselves among other skilled practitioners. Our opportunity lies in the fact that EI has been rigorously defined; all we have to do is learn how to implement it. Emotional intelligence should be considered a major practice-building driver. As professionals committed to providing the best standard of care to our patients, educating future colleagues, and being influential in the community, we should aim to use its full power to our greatest advantage.

Sorin Teich, DMD, MBA
Director of Clinical Operations
School of Dental Medicine
Case Western Reserve University
Cleveland, Ohio
sorin.teich@case.edu

REFERENCES

1. Goleman D. What makes a leader? Harvard Business Review November-December 1998:93–102.
2. Goleman D. Leadership that gets results. Harvard Business Review March-April 2000: 78–90.