



Examining topics affecting the recruitment and retention of physicians and advanced practice professionals

A resource provided by Merritt Hawkins, the nation's leading physician search and consulting firm and a company of AMN Healthcare (NYSE: AMN), the largest healthcare workforce solutions company in the United States.

Corporate Office:

Merritt Hawkins
8840 Cypress Waters
Blvd #300
Dallas, Texas 75019
800-876-0500

Eastern Regional Office:

Merritt Hawkins
100 Mansell Court East
Suite 500
Roswell, GA 30076
800-306-1330

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www.merrithawkins.com



Physician Recruiting and Emotional Intelligence: Going Beyond IQ and “Type A” Personalities

Introduction

Merritt Hawkins, the nation's leading physician search and consulting firm, produces a series of surveys, white papers, speaking presentations and other resources intended to provide insight into physician recruiting, physician supply and demand, physician compensation and a range of related topics.

This white paper examines the increased emphasis being given to emotional intelligence in medical practice and in the vetting and recruitment of physicians.

In the past, the fee-for-service model of medicine tended to reward physicians possessing results-oriented, “Type A” personalities who were driven to generate a high volume of patient encounters and procedures. Drive and the ability to be productive still are important qualities for physicians to possess, but in today's value-driven delivery models, more attention is being paid to a physician's ability to emotionally engage with patients, for both clinical and reimbursement related reasons.

Physicians who are able to achieve emotional engagement with patients often achieve better outcomes (see below) and receive higher patient satisfaction scores, an important component of valued-based payments. What might be called “**Type E**” **physicians (for emotionally intelligent)** can fit well into emerging team-based and value-based delivery systems that represent the future of healthcare. Physicians who demonstrate emotional intelligence in the recruitment process can advance their ability to secure desirable practices.



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Medical College Admission Tests Expand to Include “EQ”

In 2015, the medical college admission test expanded to include questions that focus on the psychological, social, and biological foundations of behavior. The American Association of Medical Colleges (AAMC) believed that the MCAT and students' GPAs were not able to fully predict the success of physicians during their clinical practice years and post-graduation. By adding questions and coursework regarding interpersonal skills, communication skills, empathy, and other non-cognitive characteristics, the AAMC hoped to enhance patient-centered care.

The new area of focus, known as emotional intelligence (EQ), refers to an individual's inter-personal and intrapersonal skills such as communication skills, empathy, and professionalism. It encompasses a host of behavioral competencies that are independent of IQ and other knowledge-based technical skills.

With the drive to provide patient-centered care, new care models are being integrated every day to enhance efficiency and increase patient satisfaction. However, patient-centered care is not just about new care delivery models. It is also about relationships and interactions between providers and patients and among administrators, physicians, nurses, and staff.

With this realization, healthcare facilities have begun to implement new strategies and programs to train and develop physicians, nurse practitioners, physician assistants, nurses, and other health professionals on emotional intelligence.

With the growing emphasis on new delivery models such as population health management, issues of emotional intelligence will become more significant not only for physicians, but also for the patients, hospitals, and health systems they serve.

What is Emotional Intelligence?

Emotional intelligence refers to the ability to monitor one's own and other people's emotions and to use emotional information to guide thinking and behavior. Emotional intelligence also reflects the ability to combine knowledge, empathy, and emotions to enhance thought and understanding of interpersonal dynamics.

The idea of “emotional intelligence” has been around since the 1960s. The term first appeared in a 1964 paper by Michael Beldoch. By the 1980s, research began to show that traditional types of intelligence, such as IQ, failed to fully explain cognitive ability.

Interest in the concept took off when American psychologist Daniel Goleman developed an emotional intelligence framework in his 1995 book *Emotional Intelligence – Why It Can Matter More Than IQ*. The five components of the emotional intelligence framework include:



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- 1) **Self-awareness** – the ability to recognize and understand personal moods, emotions, and drives and their effect on others
- 2) **Self-regulation** – the ability to control or redirect one's disruptive emotions and impulses
- 3) **Motivation** – passion to work for internal reasons, such as an inner vision or curiosity to learn
- 4) **Empathy** – the ability to understand the emotional makeup and perspective of others
- 5) **Social skills** – proficiency in managing relationships and building networks by finding common ground and building rapport

In the 1990s, the term “emotional intelligence” became a hot topic in business circles. An article in the Harvard Business Review on EQ was the most widely read article in its 40-year history (*Harvard Business Review*, January 2017).

While the healthcare industry has been slower to adopt EQ concepts, premed students are filling their schedules with classes in social sciences, psychology, and ethics in preparation for the MCAT. Once in medical school, students are taking courses designed to meet the competencies tested for in the new exam. Even major healthcare facilities have put programs in place to emphasize the importance of EQ to their medical staffs (see below).

While emotional intelligence is a relatively new concept in healthcare, it will become more imperative for healthcare facilities to implement practices and procedures promoting EQ as the health system pivots from volume to value-based incentives and toward patient satisfaction and the patient experience.

Improving the Patient Experience

Practical knowledge and experience will always be vital factors in providing top quality healthcare. However, experts say emotional intelligence is an invaluable social skill successful physicians should possess to effectively deliver quality patient care.

A 2011 *Health Affairs* survey of 800 recently hospitalized patients found that only 53 percent felt that their physicians were compassionate and caring. Likewise, a study published in the *Journal of Clinical Oncology* videotaped doctor-patient encounters and found that doctors often overlooked or dismissed signs of distress communicated by patients, providing empathetic responses only 22 percent of the time.

As a result, healthcare facilities have implemented new programs to train and develop physicians, nurse practitioners, physician assistants, nurses, and other health professionals on emotional intelligence. These new initiatives have resulted in an improved patient experience for hospital patients and patients of other medical facilities. Evidence suggests that the patients of physicians with higher empathy have experienced greater patient satisfaction, better adherence to treatment protocols, and improved clinical outcomes. According to a recent study, patients whose doctors listen to them and demonstrate an understanding of their concerns comply more with those doctors' orders, are more satisfied with their treatment, and enjoy better

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health (*National Center for Biotechnology Information*, December 2011). In addition, patients who rated their surgeons as highly caring during their stay in the hospital were 20 times more likely to rate their surgery outcome as positive (*Patient Education and Counseling*, Volume 95: Issue 1, April 2014).

Likewise, research published in *JAMA Otolaryngology* found that emotional intelligence training positively influences patient satisfaction. Researchers determined that patient satisfaction scores at the University of Kansas Medical Center in Kansas City recorded before EQ training ranged from 85 percent to 90 percent. After training, patient satisfaction scores ranged from 92 percent to 99 percent.

Given the significant consequences of clinician empathy, it is important for clinicians to learn how EQ contributes to the overall care experience of their patients, and use it as another tool to improve their patients' emotional and physical health.

Improving the Physician Experience

Healthcare leaders have recognized that higher physician emotional intelligence is not only crucial to improving the patient experience, but also the physician experience.

The *2016 Survey of America's Physicians: Practice Patterns and Perspectives*, conducted by Merritt Hawkins on behalf of The Physicians Foundation, illustrates the continued poor professional morale of many physicians and their reservations about the medical profession. Indicators of physician dissatisfaction and low morale include:

Morale is negative	54%
Pessimistic about the future	63%
Would not recommend medicine as a career	49%
Often/always feel burned out	49%

Source: *A Survey of America's Physicians. The Physicians Foundation/Merritt Hawkins. September, 2016.*

According to experts, implementing EQ programs and initiatives can help to improve these factors. Higher EQ has resulted in a reduction in physician burnout and stress, staff turnover, and medical errors. Empathy in medicine is challenging because doctors are dealing with very emotionally distressing situations, such as illness, suffering, and dying. Physicians are taught to value detachment in clinical training, reflecting the belief that detachment is seen as a way to maintain distance from patients to preserve objectivity in diagnosis and treatment. However, emotional detachment prevents doctors from understanding their patients and getting important clues about what they need in their care.

A more realistic goal is to equip physicians with the skills to deal with the stress they face in a healthy way. By helping doctors better understand and regulate their emotions, physicians will not only be better prepared



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to respond to the emotional needs of their patients, but to recognize their own emotional responses and help reduce stress, burnout, and low morale.

In a recent study, physicians who showed empathetic concern toward their patients were significantly more likely to report feeling satisfied with their jobs. In addition, physicians who were unable to regulate their emotions toward patients and felt the need to disengage from them were more likely to suffer burnout (*Empathy in Clinical Practice*, PLoS One, August 2013).

While reducing burnout and stress in physicians is a substantial benefit, studies also show that EQ is linked to better diagnoses and a reduction in medical errors. Patients who see their doctors as emotionally engaged and concerned disclose more about themselves. Patients are also shown to be more compliant and active in their treatment, which reduces readmission rates (*World Psychiatry*, October 2014).

Today's physicians face incredible pressures in terms of the number of patients they are expected to see and the documentation requirements for each of those patients. The use of emotional intelligence training allows physician to better understand themselves, reduce stress levels and fatigue, and, in turn, foster a relationship with their patients resulting in better long-term health.

Emotional Intelligence and Physician Leadership

In today's complex health care environment, it is more important than ever to improve collaboration, communication, coordination, and care relationships between all members of the health care delivery team in an effort to achieve best practice outcomes of care.

The population health management model relies on primary care physicians who coordinate patient care by managing a multi-disciplinary team of clinicians. Population health requires close cooperation and communication between various stakeholders, including hospitals, primary care physicians, medical specialists, nurse practitioners, physician assistants, pharmacists, therapists, social workers, labs and others that historically have operated in silos in the U.S. healthcare system.

Physicians are trained to be autonomous and competitive. This clinical training may result in clinically competent physicians, but not necessarily in good physician leaders. Intellect and clinical expertise are certainly helpful, but represent only a small part of the traits needed for successful healthcare leaders. Achieving this level of cooperation will be difficult, but with increased EQ training programs, physicians will be better able to lead this diverse team.

Healthcare leaders must have a solid understanding of how their emotions and actions affect the people around them. The better physicians relate to and work with others, the more adept they will be in connecting with patients to understand their needs and finding long-term solutions. EQ suggests that our emotions can assist in helping to solve team problems. Physician leaders who have the ability to understand the impact of



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their emotions, motivate others, and create a collaborative working environment will have a direct influence on the performance of a team.

In addition to enhancing team performance, EQ has been organizationally linked to enhanced productivity, increased job satisfaction, and reduced turnover (*Emotional Intelligence in Medicine*, Medical Education, 2010). A leader's ability to create an emotionally intelligent culture can help mitigate burnout and stress of team members. A physician leader with active listening skills can provide supportive feedback to others, which serves the best interests of the patient as well as the other member of the multi-disciplinary team.

The success of the population health model will rely on physician leaders who can not only solve medical problems, but also motivate people and involve them in solutions and engage the entire healthcare team toward better patient outcomes. Emotional intelligence allows for this type of self-awareness and an increased understanding of what motivates others.

Staffing an Emotionally Intelligent Workforce

According to a study by Leadership IQ, 46 percent of newly-hired employees will fail within 18 months. The second most likely factor for this failure is low emotional intelligence. Hospital recruiters and practice owners are constantly on the lookout for physicians who can connect with their patients, but it has been a struggle to accurately identify physicians high in emotional intelligence.

Today, many employers have changed the way they conduct interviews. Instead of asking questions about work history and accomplishments, they focus on behavioral questions.

Here are a few examples of questions to measure the EQ of new candidates:

- ❖ What is your favorite hobby outside of work?
- ❖ Describe a time when you were faced with a stressful situation and you demonstrated your coping skills.
- ❖ Give me a specific example of a time when you had to conform to a policy with which you did not agree.
- ❖ What do you do if you disagree with a patient?
- ❖ Tell me about a time you worked with a patient who would not comply with their treatment recommendations.
- ❖ What is your typical way of dealing with conflict? Give me an example.
- ❖ Tell me about a recent situation in which you had to deal with a very upset patient or staff member.
- ❖ Describe a time when you were wrong.
- ❖ Tell me about a time you tried and failed at something.
- ❖ Tell me about a time when you misdiagnosed a case and how you resolved it.
- ❖ Describe a time when you anticipated potential problems and developed preventive measures.



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- ❖ How have you handled a difficult situation with a supervisor?
- ❖ Tell me about a time you got tough feedback from an administrator/superior.
- ❖ Walk me through how you present complicated information or instructions to patients.
- ❖ What books have you read recently that advanced your understanding of human behavior?

Starting off with a question about hobbies or interests demonstrates there is something besides medicine about which they are passionate. It helps determine whether or not the candidate recognizes the importance of having a life outside of work, and if they are actively working toward finding that balance. Physicians work notoriously long hours and many find the work-life balance to be a struggle.

Additionally, asking a candidate about a frustrating or stressful scenario can be very telling. People with high EQ are able to recognize their frustration and stress for what they are. Healthcare professionals care about their patient's outcomes, and naturally most people will feel frustrated in this scenario. It is important to pay attention to how they managed their frustration. Did they understand the patient's motivations? Were they empathetic? Did they strive to understand why the patient was not adhering to the recommendations? Equally important is to indicate how they eased the conflict and worked toward finding a solution.

Similarly, it is important to hear the candidate describe a time they misdiagnosed, made a mistake, or failed. These types of questions gauge a candidate's coping mechanisms when things don't go as planned and reveal whether they are openly accountable for their role in the failure. Candidates with high EQ are able to comfortably and objectively discuss what went wrong, how it happened, and what they learned from it, without deflecting blame or letting themselves get too rattled by the question. Failure to diagnose is one of the most troubling scenarios for both physicians and patients. Strong candidates will know their strengths, but also their limitations. The physicians you want to hire recruit understand that it is acceptable to make mistakes as long as they acknowledge the error, make corrections, help others to avoid making similar errors, and move on. Those with low EQ will not take accountability for their mistakes.

It is also important to listen and observe how candidates respond. Pay close attention to how quickly they respond. Do they rush in with the first thing that comes to mind, or do they take time to answer tough questions?

For these reasons, Merritt Hawkins believes physician interviews should be structured to be 70% social and 30% business. When the interview is set up properly, all the salient details of the practice, including schedules, equipment, referral patterns, productivity expectations and an outline of the contract have been discussed in advance. The interview, therefore, becomes not a venue for exploration or negotiation, but a laboratory for testing how well the candidate meshes on a personal and emotional level with the recruiting parties.

When interviewing candidates, it is important to look at how they interact with patients, peers, and staff. With increased pressure due to the high cost of health professional turnover, identifying candidates with high EQ will be a valuable aspect of the recruitment and retention process.



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EQ Programs in Action

Emotional intelligence is not a fixed trait. Unlike IQ, emotional intelligence can be taught. Even those who have trouble with their emotions can learn to improve their EQ with proper training.

Prioritizing emotional intelligence is one of the traits that is likely to separate successful organizations from less successful ones. Organizations that extend EQ initiatives, training, and other assistance to their physicians have achieved improvements across the board.

In 2016, Cleveland Clinic began a program in which physicians, nurses, and other health professionals shadow patients during their inpatient stay or outpatient visit. Executives with Cleveland Clinic have said the initiative has helped clinicians develop the empathy they need to really understand what patients are going through. The program has opened clearer communication channels and provided patients the opportunity to provide direct feedback. Shadowing and role-playing exercises have allowed for more natural conversations with patients and offered insights into how to provide the best care possible (*HealthLeaders*, January 2016).

Similarly, Morristown Medical Center in New Jersey instituted a program known as "Breaking Bad News" to help residents better display compassion to patients and families during a time of personal crisis. The Breaking Bad News program uses trained actors who engage residents in realistic back-and-forth interaction that can quickly become emotionally-charged. Residents are observed, videotaped, and then evaluated by instructors, a team of medical advisors, the actors, and other residents. The program utilizes over 50 different scenarios, including, sharing news of cancer, stroke, or the death of a child. Residents engage with the actors for 10-12 minutes and then watch their video and participate in the team's evaluation, where they discuss the resident's body language, distance from the patient, use of medical jargon as well as language not to use. The curriculum has also been extended to hospitals in other states (*True Jersey News*, January 2016).

Brigham and Women's Hospital in Boston has used a slightly different approach to help their physicians grow in emotional intelligence. Through a collaboration with the Museum of Fine Arts in Boston, physicians participate in activities to strengthen clinical and interpersonal skills through creative expression. Junior staff members are paired with more senior colleagues to observe, describe, and analyze art in the museum. Activities are designed to enhance team-building, promote problem solving, improve communication, develop outside the box thinking, and increase the ability to appreciate other perspectives (*CBS News*, January 2016).

Healthcare facilities with programs designed to develop and foster healthcare-specific emotional intelligence have demonstrated improvement in both the experience of their patients and physicians.



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About Merritt Hawkins

Established in 1987, Merritt Hawkins is the leading physician search and consulting firm in the United States and is a company of AMN Healthcare (NYSE: AMN), the largest healthcare workforce solutions organization in the nation. Merritt Hawkins' provides physician and advanced practitioner recruiting services to hospitals, medical groups, community health centers, telehealth providers and many other types of entities nationwide.

The thought leader in our industry, Merritt Hawkins produces a series of surveys, white papers, books, and speaking presentations internally and also produces research and thought leadership for third parties. Organizations for which Merritt Hawkins has completed research and analysis projects include **The Physicians Foundation, the Indian Health Service, Trinity University, the American Academy of Physician Assistants, the Association of Academic Surgical Administrators, and the North Texas Regional Extension Center.**

This is one in a series of Merritt Hawkins' white papers examining a variety of topics directly or indirectly affecting the recruitment and retention of physicians and advanced practice professionals, including physician assistants (PAs) and nurse practitioner (NPs).

Additional Merritt Hawkins' white papers include:

- ❖ The Growing Use and Recruitment of Hospitalists
- ❖ Ten Keys to Enhancing Physician/Hospital Relations: A Guide for Hospital Leaders
- ❖ Rural Physician Recruiting Challenges and Solutions
- ❖ Psychiatry: "The Silent Shortage"
- ❖ Nurse Practitioners and Physician Assistants: Supply, Distribution, and Scope of Practice Considerations
- ❖ The Physician Shortage: Data Points and State Rankings
- ❖ Physician Supply Considerations: The Emerging Shortage of Medical Specialists
- ❖ RVU FAQ: Understanding RVU Compensation in Physician Employment Agreements
- ❖ The Economic Impact of Physicians
- ❖ Ten Keys to Physician Retention
- ❖ Trends in Incentive-Based Physician Compensation

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Merritt Hawkins
8840 Cypress Waters Blvd #300
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