

Recruitment and development with emotional intelligence measurement



By Kathy Jordan

The push for enhanced patient-centered care in the U.S. healthcare system has led to demand for the core skills that make up emotional intelligence (EQ): self-awareness, self-management, social awareness and relationship management.¹ Acknowledging these behaviors can make the healthcare industry smarter and recruiting efforts more strategic.

EQ's connection to healthcare

Although the term EQ has existed since 1930, emotional intelligence practices are just now finding their way into healthcare recruitment. The recent focus on this type of intelligence corresponds with the push for enhanced patient-centered care. EQ leads to higher patient satisfaction and improved clinical performance.² After all, healthcare can involve highly emotional moments.

EQ is especially relevant when identifying strong physician leadership, which is critical for organizations in today's healthcare environment. According to the American Board of Physician Specialties, "All doctors are intelligent, but it takes more than an impressive IQ to be a good leader. Emotional IQ, empathy, and the ability to build consensus are highly valued traits that can reveal someone's leadership potential."³

Measuring EQ in healthcare

Recruitment is the best time to introduce EQ measurement, and one of the primary tools to help identify EQ is personality testing. Personality testing in healthcare is highly debated due to the long-held belief that physicians require a broader,

knowledge-based set of skills more than certain personality traits. But with healthcare organizations facing increased hiring pressure due to physician shortages, the high cost of turnover and the focus on population health, more organizations are examining the value of integrating personality assessments into the recruitment process.

The key questions organizations are asking:

- Is there a measurable benefit to personality testing in physician recruitment and development?
- If so, how can organizations successfully leverage the available resources and implement personality testing processes into their organization to reduce turnover costs and more strategically plan for the future?

Measurable benefits of personality testing

There's a reason the pre-employment testing industry is currently worth \$2 billion and growing by 20% annually.⁴ It's the same reason that personality assessments are currently used by 457 of Fortune 500 companies. Organizations see tangible benefits. Here are just a few specific to the healthcare industry:

- **Reducing turnover:** Between separation costs, recruitment costs and onboarding costs, employee turnover expenses can total from \$800,000 per physician to \$64,000 per nurse. Hiring the right healthcare professionals who will stay and thrive in their jobs is crucial. Healthcare organizations are measuring personality traits with complex algorithms to hire candidates who consistently exceed expectations and feel connected to their employer's values and goals.





- **Higher quality of care:** According to Jim Thompson, principal psychologist at Somerville Partners, there are dramatic differences in personality between nurses in different specialties. “Given these differences, it’s not surprising that most nurses work in an average of five specialties before finding the right one for them,” says Thompson. The problem is that for every 10% of nurses who report dissatisfaction in their job, patient satisfaction scoring drops 2% for hospitals. This is a direct result of the loss of morale that stems from hiring the wrong personality type.⁵
- **Identifying physician leaders:** EQ is especially relevant when identifying strong physician leadership. Clinical and operative competencies are no longer enough in the era of population health; physicians are required to lead staff, care teams, community initiatives and more. They are required to collaborate, inspire consensus, negotiate, facilitate and connect stakeholders. Hiring with an eye toward physician leadership qualities will prove fruitful for years to come.

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Assessments during recruitment

There are countless personality tests on the market from which an organization can choose. The three most common to the healthcare industry are the DiSC (dominance, influence, steadiness, conscientiousness) assessment, Hogan Personality Inventory and Myers-Briggs Type Indicator. While they are not an exact science and should not replace traditional recruitment efforts, they can provide additional insight that will prompt additional interview questions.

For example, if a provider completed a DiSC assessment and was found to be a D (Dominant) personality type, it is likely that he or she values

competency, action, concrete results, personal freedom and challenges. However, he or she may be limited by a lack of concern for others and impatience. Knowing this, the hiring organization should craft interview questions around collaboration to ensure the candidate can thrive in a team-based approach to healthcare.



Leveraging testing for development

The benefits of personality testing are not limited to the pre-hire process. Tests can also be used for individual or team development. DiSC, for example, has been used to help determine a course of action when addressing issues as a leadership team, such as taking the various aspects of each personality type into account when solving problems or assigning tasks.

As personality testing continues to gain ground in healthcare, organizations that value EQ and learn how to leverage personality testing throughout recruitment and beyond will be better equipped to thrive. ■

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Notes:

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3. “How to spot a promising physician leader.” American Board of Physician Specialties. Available from: bit.ly/2Jdne5j.
4. Joyce T. “Personality testing comes to healthcare hiring.” ACOG. Nov. 30, 2015. Available from: bit.ly/2szrsde.
5. McHugh MD, Kutney-Lee A, Cimiotti JP, Sloane DM, Aiken LH. “Nurses’ widespread job dissatisfaction, burnout, and frustration with health benefits signal problems for patient care.” *Health Affairs*. 2011;30(2):202-210.