



Hire Education

Recruitment lessons learned from 2017 and what to expect

By Kathy Jordan

The healthcare recruitment industry, much like the healthcare environment, is ever-changing. Preparing for the unknown is difficult, especially when it comes to finding talent and maintaining a population of qualified healthcare providers. Problems with team-building and cultural fit are particularly pervasive—in addition to specialty- and location-specific recruitment challenges.

What We Learned

Healthcare recruitment presents different challenges—and learning opportunities—each year. Here is what we learned in 2017 that could have substantial consequences for healthcare organizations in 2018 and beyond:

1 DACA repeal. According to the American Medical Association (AMA), 1 in 4 physicians practicing in the U.S. is an international medical graduate, and many of these have Deferred Action for Childhood Arrivals (DACA) status.¹ Repeal of DACA thus threatens the talent pipeline for healthcare professionals and could exacerbate the shortage of doctors in the United States. There are already signs that it is affecting the available pool of first responders.² This means that healthcare recruitment will become even more difficult in the years to come.

2 Emotional intelligence (EQ). The push for enhanced patient-centered care has led to demand for the core skills that make up emotional intelligence, or EQ: Self-awareness, self-management, social awareness,

and relationship management. There is mounting evidence that EQ leads to high patient satisfaction and improved clinical performance, especially among nurses and residents.³ Now, the industry is coming to realize that EQ skills are vital for strong physician leadership, with increasing recruitment efforts, including assessments of EQ in potential candidates.

3 Gender inequality. The recent spotlight on gender inequality has not spared the healthcare industry, where an ongoing gender pay gap exists. That gap exists at all levels of the industry: For example, female CEOs of hospitals earn 22% less than their male counterparts, and male nurses on average earn \$5,000 more annually than female nurses (even though they comprise just 5% of the nurse workforce⁴). This highlights the need for hospitals to work together with recruiters to uncover and correct hidden biases during the recruiting and onboarding processes.

4 Demand for hospice care. Roughly 1 in 10 people who need hospice and palliative care ever receive it, according to the World Health Organization and

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What We Learned *(Continued)*

Worldwide Hospice Palliative Care Alliance.⁵ This is due to the growing shortage of physicians specializing in this area. Studies find that between 8,000 and 10,000 physician specialists are needed to meet hospice demands nationwide, but only about 4,500 are specializing in the field. The shortage will become even more serious as Baby Boomers reach end of life—and will be something to pay serious attention to in 2018 and beyond.

5 Independent academic medical centers. New medical schools are popping up all over the nation in response to the need for more physicians. However, it's virtually impossible to finance a new hospital with each new training program. As a solution, new residency programs are partnering with established healthcare institutions open to adding teaching programs.⁶ Expect to see more physicians doing their residencies at these independent academic medical centers.

6 Need for psychiatrists. Roughly 1 in 5 American adults experience a mental illness every year.⁷ The pace at which the pool of professional psychiatrists is growing is not nearly as fast as the growth of their prospective patient population. Fewer students are choosing psychiatry as a profession, likely due to low insurance reimbursements, declining wages, and burgeoning student loans. Finding ways to service those suffering from mental health issues will be a top priority going forward.

7 Resident depression and anxiety. Becoming a physician is not for the faint of heart. Still, it is worrisome that recent studies show rates of depression, anxiety, and suicide in residents have increased over time.⁸ Complicating the matter, residents have significant demands on their time, meaning they are less likely to receive mental health treatment than members of the general population. Hospitals and other facilities are just beginning to address this through stress-mitigating staff events and mandatory check-ins, but we can expect to see additional innovative solutions in 2018 and 2019.

What to Expect

The only certainty in health care is change—and change makes prediction difficult. However, below is what we expect to see in 2018 and beyond:

1 Early recruiting. Given our nation's demographics, physicians are retiring in large numbers, and many of these retirements are in specialties such as rheumatology, endocrinology, nephrology, pulmonology, radiology, psychiatry, and so on. In fact, a recent report by the Association of American Medical Colleges (AAMC) predicts that non-primary care specialties will experience a shortfall of between 37,400 and 60,300 physicians by 2025.⁹ This is pressuring organizations to recruit for specialists in ways they have not had to in the past. Successful organizations are starting now to recruit for 2020–2021 graduates in these specialty areas.

2 Bridging the generational gap. The past few years have seen a deluge of management books giving advice on how to manage the upcoming generation. This

60% of employers nationwide report tension between employees from different generations.



is not surprising, as 60% of employers nationwide report tension between employees from different generations.¹⁰ The healthcare industry faces its fair share of challenges in this arena. For example, young physicians may not be used to the old “command-and-control” style of management common in hospital environments, or they may lean on technology (such as texting) that senior physicians do not use (and that might violate Health Insurance Portability and Accountability Act [HIPAA] requirements¹¹). Tomorrow’s physician leaders will need to understand these generational differences and be skilled at managing multiple generations. We expect recruiters to play a key role in identifying these leaders and placing them where they are most needed.

3 Customized partnerships. The past two years saw a flurry of merger activity in the healthcare industry, with more on the horizon.^{12,13} In fact, health care was the busiest sector for U.S. high-grade M&A loans with a volume of \$40.5 billion, according to Reuters.¹⁴ As large organizations continue to buy small practices (which they need to staff quickly

and cost-effectively), they are relying heavily on partnerships with recruiting firms so that recruiting efforts can scale up or down flexibly, depending on need. The challenge will be identifying those firms familiar with a variety of geographies, environments, and workplace cultures.

4 Medical student loans. The Trump administration’s changes to the federal budget may well mean that medical students will spend a longer time repaying their debts and could see less of any stipends they may receive, due to taxes.¹⁵ As 75% of graduates in the Class of 2017 held an average \$190,694 in total student loan debt,¹⁶ changes will likely drive students away from specialties that pay less and toward more lucrative fields—or may drive some students away from the medical field entirely. We expect the talent shortages mentioned above to get worse before they get better, meaning increased competition for qualified individuals.

What Does It All Mean?

In the face of uncertainty and change, organizations need to find ways to be flexible while remaining attractive to the best talent available—and they need help to do this. Innovative organizations would be wise to consider the following in the near future:

1 Start early. Many hospitals and medical groups are recruiting the class of 2020 now, and even the class of 2021. Those that start early recruit wisely. Implementing smart, value-added outreach over a sustained period of time will attract the best talent.

2 Look for leadership. Leading multiple generations and navigating change can be tricky. It takes a skill set that goes beyond mere medical knowledge and includes elements of EQ. Forward-thinking institutions will identify the competencies needed for success and find ways to assess them when seeking new talent. At the same time, they will invest in training existing leaders.

3 Consider cross training. As finding both specialists and leaders becomes increasingly difficult,

existing staff will have to find ways to fill the gaps, even if temporarily. Take palliative care, for instance: While there were a total of 119 Hospice and Palliative Medicine training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) by the beginning of 2017, only about one-third of hospitals offer palliative care services of any kind, according to a review in the *Journal of Palliative Medicine*.¹⁷ The same review notes that these hospitals tend to be smaller and are usually located outside the two U.S. coasts (Midwest and South). When size and geography are barriers to care, one approach would be to compensate for the lack of palliative care specialists by getting more clinicians to learn basic palliative-care skills.¹⁸

4 Be creative and seek outside help. Thinking creatively and being open to change are the keys to finding innovative solutions to complex problems. As recruiting challenges occur, be open to outside help, especially from recruitment professionals who have their fingers on the industry’s pulse. Such partnerships can often bring new perspectives and ideas that result in cost-effective and successful recruitment initiatives.

Weather Any Storm

While most of the industry is aware of AAMC's latest statistics about a growing shortage of qualified physicians, the root causes of this shortage are now becoming apparent, as are possible solutions.¹⁹ The repeal of DACA, a stubborn gender pay gap, difficult conditions for residents, and crippling student debt may well be discouraging talented people from pursuing a medical career. While statistics do not indicate a shrinking number of individuals entering the field, they do show that demand is far outpacing supply. Going forward, recruiting healthcare professionals will require innovative ideas for attracting new talent from diverse parts of the population, overcoming geographic challenges, and doing so in scalable, cost-effective ways.

Recruiting healthcare leaders will also need new approaches. Tomorrow's physician leaders will need

to know how to manage multiple generations and diverse teams, as well as think critically about the role of technology in clinical practice. Recruiters can and will play a critical role in assessing and identifying these individuals, as well as pairing them with organizations that are a good cultural fit. A healthcare industry that is in flux will continue to bring new challenges when it comes to healthcare recruitment. While preparing for the unknown is difficult, especially when it comes to finding talent and maintaining a population of qualified healthcare providers, those organizations that make the investment will be best positioned to weather any storm. [GRU](#)

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