

# “Dr. Kildare” Stereotype Undermines Physician Recruitment

BY JOSEPH HAWKINS

**A**lthough healthcare is undergoing a profound transformation, certain attitudes related to it seem set in stone. One is the lingering belief of some hospital and health network administrators that the only acceptable physician candidates are male, U.S. trained, under 45, blond haired, and blue eyed.

Client insistence on exclusionary candidate parameters is a challenge physician recruiters deal with daily. Of course, it is illegal for prospective employers to exclude job candidates because of their age, gender, race, or ethnicity. But clients find ways to skirt the law, perhaps rejecting one candidate because he has received his medical training in a foreign country, rejecting another because she is not certified for specialized practices. The point is that exclusionary parameters *are* set. And problematic parameters may be the most common reason why many physician search efforts are doomed to failure.

What makes the problem worse is changing physician demographics. The medical profession no longer has a generous supply of eager, young Dr. Kildares. Today, physicians are likely to be female, foreign born, and over 55.

## NUMBERS TELL THE STORY

A brief look at the numbers tells the story. According to the 1994 edition of *Physician Characteristics and Distribution*, the American Medical Association's annual review of doctor demographics, there are now 670,336 physicians in the United States. Of these, 550,448 (82 percent) are in active patient care. Slightly more than 400,000 physicians (60 percent) are board certified for special practices, leaving a large minority of about 267,000 physicians who are not.

Close to 150,000 physicians (22 percent) are international medical graduates (IMGs). In primary care, where doctors are in the greatest demand, the percentage of IMGs tends to be higher. About 30 percent of pediatricians and general internal medicine practitioners are IMGs



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(as are 20 percent of both family and general practitioners).

In addition, IMGs have swollen the ranks of medical residents in recent years. Of the 12,095 primary care residents now in their final year of training, 4,477 (37 percent) are IMGs. Clearly, the internationalization of American medicine is a fact that must be faced.

The feminization of medicine is another fact. More than 125,000 physicians (18 percent) are women, as are 40 percent of all medical students. Women physicians, moreover, tend to gravitate toward primary care.

Finally, the profession is graying. Just under 200,000 physicians (29 percent) are 55 years old or older. Put another way, nearly one-third of all doctors are at or near retirement age.

Healthcare executives or board members who do not acknowledge the changing face of medicine are likely to lose the numbers game. By refusing to consider women physicians, non-board-certified physicians, IMGs, and older doctors, health providers eliminate more than 60 percent of potential candidates before a search even begins. Given the difficulty of physician recruitment today, particularly in primary care, this is lengthening some already tough odds.

## THE PARAMETERS THAT MATTER

In the interest of finding qualified physicians for their communities, healthcare executives should focus on characteristics that transcend those of age, sex, or appearance. The following guidelines, based on information from health providers who have been consistently successful in recruitment, are useful in setting candidate parameters.

**Professional Competence** Competence issues surface most frequently in discussions of IMGs. Some IMGs, like some American-trained physicians, are not competent. However, IMGs are often the cream of the medical crop in their own countries, and they undergo residencies both there and in the United States. Complete training records of IMGs are usually available from both residencies

and their medical schools abroad. Many IMGs already practice in this country, and they have medical track records that can be easily verified.

**Communication Skills** Some healthcare providers express the fear that patients will not go to foreign-born physicians because of cultural or communications barriers. No doubt, some IMGs do not possess the communications skills necessary to be effective physicians. But some American-born physicians do not possess them either. Many IMGs speak English fluently and have mastered the art of taking complicated, sensitive topics and putting them in understandable terms.

**Ethics** No nationality or gender has a monopoly on ethics. The only way to determine a candidate's values and ethics is to meet with him or her in person and to conduct as thorough a background check as possible.

**Availability** According to a survey of primary care medical residents recently conducted by our firm, most final-year residents in family practice, pediatrics, and internal medicine receive at least 25 job offers during their training. Primary care physicians have literally dozens of practice opportunities to choose from.

Healthcare providers should therefore look for a qualified physician who is eager to come to their communities, regardless of the physician's gender, age, complexion, or other peripheral qualities.

**Service Orientation** A strong service orientation is often the key to success for physicians in today's healthcare market, no matter where they were trained. Physicians who want to be part of a particular community, who are committed to their patients, who

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work hard, and who are team players are generally successful. But the only way to gauge these qualities in a candidate is on a case-by-case basis.

### BEYOND DR. KILDARE

Old habits die hard. Some men are skittish about seeing women physicians. This fastidiousness usually wears off after the first visit, however, and what might at first seem to such men to be a significant barrier soon becomes a comfortable routine.

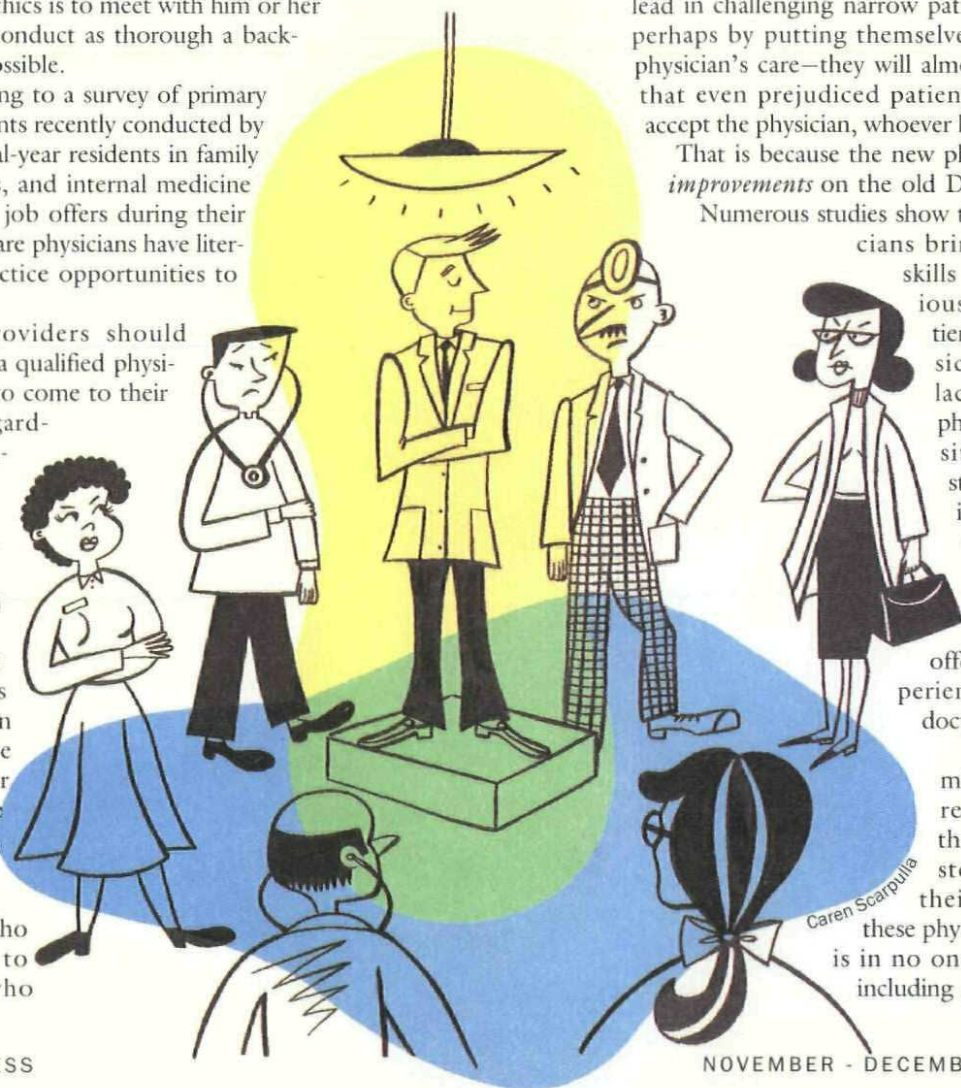
And some patients are simply prejudiced against women physicians, foreign-born physicians, and older physicians. But if providers will, after recruiting the best available candidate, take the lead in challenging narrow patient perceptions—perhaps by putting themselves under the new physician's care—they will almost invariably find that even prejudiced patients soon come to accept the physician, whoever he or she is.

That is because the new physicians are often improvements on the old Dr. Kildare model.

Numerous studies show that women physicians bring to healthcare

skills in handling anxious, vulnerable patients that male physicians sometimes lack. Foreign-born physicians add diversity to a medical staff, strengthening its ability to care for an increasingly multicultural population. Older physicians offer a wealth of experience that younger doctors cannot match.

Healthcare administrators who remain blinded by the old Dr. Kildare stereotype deprive their institutions of these physician talents. That is in no one's best interest, including patients'. □



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