WHAT TOO MANY HOSPITALS ARE OVERLOOKING

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Story Highlights

- Engaged physicians are more productive
- Hospitals need a more direct approach to engaging doctors
- Physician engagement drives hospital performance

With all the changes in healthcare over the past few years, many system and hospital leaders now acknowledge the importance of employee engagement. Employees are the one constant in the healthcare equation, and their ability to persevere during times of change can determine whether a healthcare system maintains its quality of care and patient service.

Yet, for some reason, the concept of physician engagement isn’t getting the attention it deserves. Perhaps healthcare leaders assume that physicians are self-motivated and their interest in their patients or research trumps the need to engage them.

But physician engagement is vital to a hospital’s or system’s success. In one hospital system that Gallup studied, for example, fully engaged and engaged physicians gave the hospital an average of 3% more outpatient referrals and 51% more inpatient referrals than physicians who were not engaged or who were actively disengaged.

Engaged physicians don’t necessarily work longer hours than other doctors. But engaged physicians are more productive. In the healthcare system mentioned previously, fully engaged and engaged physicians were 26% more productive than their less engaged counterparts, which amounts to an additional $460,000 on average in patient revenue per physician per year.

Through my work with Gallup clients, I’ve seen five characteristics distinguish engaged employees from actively disengaged employees. These qualities strongly correlate with employee performance and are particularly noticeable in dynamic work environments like hospitals’. When compared with less engaged workers, engaged employees are more:

- loyal to the organization
- willing to put forth discretionary effort
- willing to trust and cooperate with others
- willing to work through challenges
- willing to speak out about problems and offer constructive suggestions for improvements

These same characteristics are also evident in engaged physicians. The first two characteristics are largely specific to the individual, while the last three require a broader sense of team and workplace
community. This sense of community not only motivates physicians to support their own practices, it inspires them to further contribute to the greater good of their hospital or healthcare system.

**Measuring Physician Engagement**

Unfortunately, systems and hospitals that want to promote physician engagement often find it difficult to measure and manage. Most hospitals initially use a survey or assessment to measure physician engagement, but participation rates are typically low. When measuring employee engagement, the average participation rate for a Gallup healthcare client is 80%. With physicians, it sometimes can be a challenge to achieve a participation rate of 50%.

In my view, hospitals encounter several challenges in getting physicians to participate in the engagement process:

- **The nature of the role.** Physicians -- whether they are employees of a hospital or refer patients from their practice -- function like stakeholders and customers of a hospital or healthcare system as well as like employees. This dual role makes it more difficult to assess physicians’ relationship with the organization and their colleagues or to use the same assessment to measure staff member’s engagement as to measure physicians' engagement.

- **Focus.** Physicians have extremely demanding schedules, so completing a survey tends to be a far lower priority for them. They are also likely to dismiss engagement as "soft" science, which can limit their buy-in into the process.

- **Trust.** In many healthcare systems, physicians have an arms-length relationship with the hospital administration. They don't always feel as if the leadership team is there to support them, particularly when there is an increasing emphasis on budgets and other financial issues. Physicians also might assume that little will come from their participation in the engagement process.

To overcome these challenges and make the engagement process more effective and actionable, organizations must take a more direct and deliberate approach to physician engagement. Taking this type of approach involves focusing on factors that drive engagement that are timely and seem relevant to physicians as well as ensuring that hospital administrators and medical leaders act on the engagement survey results.

**Identifying the Factors That Drive Physician Engagement**

The factors that drive physician engagement can vary from hospital to hospital. Yet in my experience, several common elements cause physicians to be more engaged or serve as barriers to their engagement. They include:

- **Leadership and decision-making** means the level of physicians' trust in the hospital's or system's leadership and the extent to which physicians are involved in making decisions about clinical or administrative policy.

- **Reactions to the changes in healthcare** relate to the hospital's or system's success in handling the recent economic, technological and regulatory changes.

- **Schedules and time management** are associated with the time available for clinical, academic and research pursuits and level of control physicians feel they have over their own schedule.
• **Resources and support** connect to the quality of communication across the hospital or system and the extent to which it can provide physicians with the staffing and support they need.

• **Personal health and well-being** relate to the existence and accessibility of programs that support work-life balance and physicians' health and well-being.

Generally, one set of factors seems to rise above the others and has a much greater impact on physician engagement. This set encompasses issues related to physicians' involvement in decision-making across the system or hospital.

Given physicians' role as revenue generators in many healthcare organizations, it's not surprising that they want a say in key decisions that affect their practice or department. Yet many physicians feel they lack that voice. Some of their concerns relate to broader industry changes, such as the implementation of Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) surveys or electronic medical records, which hospital administrators and clinical department chairs have little control over.

But often physicians' concerns focus on factors that hospital leaders can influence or control such as:

• **Leaders sometimes fail to communicate with physicians in a timely way.** Physicians believe that leaders ask for their opinions after leaders have already made decisions.

• **Leaders tend to ignore physicians' input.** Physicians believe that leaders ignore their opinions and only listen to a few voices such as select administrators or medical staff from high-visibility departments such as orthopedics or cardiology.

• **Leaders might ask about a program or policy that physicians consider unimportant.** As one physician succinctly put it, "They ask us whether we want the walls painted blue or red when we don't want the walls painted at all."

• **Leaders or those making decisions sometimes don't understand what physicians want or the stresses they are under.** Physicians believe that leaders make decisions without proper context. This tends to occur more often when middle managers or other non-clinical leadership make decisions about administrative tasks such as scheduling.

**Improving Physician Engagement**

Analyzing the engagement survey results will likely reveal a handful of high-priority issues for physicians in a particular system or hospital. If the analysis reveals that communication issues are a main concern for physicians, for example, leaders must quickly demonstrate their commitment to correcting them to remove this barrier to physician engagement.

A first step to correcting this problem could be to enlist a cross-functional team of physicians to review the existing communication processes across the hospital and to share the groups' findings with hospital leaders. Some of the findings might surprise hospital leadership, who often focus on the frequency of staff meetings or other communications with physicians while being unaware of the communication challenges that matter most to their physicians. The cross-functional physician team members could present examples and anecdotes to make their frustrations clear to the leadership group.
Hospital leadership can't involve all medical staff in every decision it makes, but it would be helpful for the physician committee to isolate one or two primary areas where physicians could have a greater voice and provide immediate input. Forms and scheduling processes, for example, might seem fairly innocuous to leaders and managers, but they can have a disproportionate negative effect on physicians' engagement.

Another step leaders could take would be to appoint physician liaisons to work with nurses and other caregivers in their respective departments. These liaisons could provide the "voice of the physician" on key issues that front-line caregivers have identified as barriers to their own engagement and are working to correct in their action-planning processes. These physician liaisons could also bring information back to the medical staff and arrange for additional follow-up and communication between physicians and front-line caregivers as needed.

While there are not always easy fixes to the barriers affecting physician engagement, engaging physicians should remain a high priority for hospital and system leadership. Gallup continues to see a strong relationship between employee and physician engagement and hospital performance. And the need for engaged, committed physicians becomes even more important as hospital leaders try to keep pace with the continual changes in healthcare, where additional communication, collaboration, innovation and problem-solving are requirements for viability and success.