Hospital Administrators' Perspectives on Physician Engagement: A Qualitative Study

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Disengaged physicians perform worse on multiple quality metrics and are more likely to make clinical errors.[1,2] A growing body of literature has examined factors contributing to rising physician burnout, yet limited research has explored elements of physician engagement.[3] Although some have described engagement as the polar opposite of burnout, addressing factors that contribute to burnout may not necessarily build physician engagement.[4] The National Health Service (NHS) in the United Kingdom defines physician engagement as "the degree to which an employee is satisfied in their work, motivated to perform well, able to suggest and implement ideas for improvement, and their willingness to act as an advocate for their organization by recommending it as a place to work or be treated."[5]

Few studies have attempted to document and interpret the variety of approaches that healthcare organizations have taken to identify and address this problem.[6] The purpose of this study was to understand hospital administrators' perspectives on issues related to physician engagement, including determinants of physician engagement, organizational efforts to improve physician engagement, and barriers to improving physician engagement.

METHODS

We conducted a qualitative study of hospital administrators by using an online anonymous questionnaire to explore perspectives on physician engagement. We used a convenience sample of hospital administrators affiliated with Vizient Inc. member hospitals. Vizient is the largest member-owned healthcare services company in the United States; and at the time of the study, it was composed of 1519 hospitals. Eligible hospital administrators included 2 hospital executive positions: Chief

Medical Officers (CMOs) and Chief Quality Officers (CQOs). We chose to focus on CMOs and CQOs because their leadership roles overseeing physician employees may require them to address challenges with physician engagement.

The questionnaire focused on administrators' perspectives on physician engagement, which we defined using the NHS definition stated above. Questions addressed perceived determinants of engagement, effective organizational efforts to improve engagement, and perceived barriers to improving engagement (supplementary Appendix 1). We included 2 yes/no questions and 4 open-ended questions. In May and June of 2016, we sent an e-mail to 432 unique hospital administrators explaining the purpose of the study and requested their participation through a hyperlink to an online questionnaire.

We used summary statistics to report results of yes/no questions and qualitative methods to analyze open-ended responses according to the principles of conventional content analysis, which avoids using preconceived categories and instead relies on inductive methods to allow categories to emerge from the data.[7] Team members (T.J.R., K.O., and S.T.R.) performed close readings of responses and coded segments representing important concepts. Through iterative discussion, members of the research team reached consensus on the final code structure.

RESULTS

Our analyses focused on responses from 39 administrators that contained the most substantial qualitative information to the 4 open-ended questions included in the questionnaire. Among these respondents, 31 (79%) indicated that their hospital had surveyed physicians to assess their level of engagement, and 32 (82%) indicated that their hospital had implemented organizational efforts to improve physician engagement within the previous 3 years. Content analysis of open-ended responses yielded 5 themes that summarized perceived contributing factors to physician engagement: (1) physician-administration alignment, (2) physician input in decision-making, (3) appreciation of physician contributions, (4) communication between physicians and administration, and (5) hospital systems and workflow. In the Table, we present exemplary quotations for each theme and the question that prompted the quote.

TABLE. **Exemplary Responses to Open-Ended Questions About Determinants, Organizational Efforts, and Barriers to Improving Physician Engagement**

Physician-Administration Alignment

Determinants

"Unified sense of vision and mission."

"Physician engagement has a lot to do with the physicians' goals. Predominant goals of personal success in research, teaching, or individual clinical productivity may detract from institutional engagement, input/participation."

Organizational efforts

"Physician leader responsibility as medical director for service line performance in dyad structure with administrative/nursing leader."

Barriers

"Getting past the admin/doc, 'us vs them' mentality."

"Belief that leadership is only interested in money."

Physician Input in Decision Making

Determinants

"Inclusion by administration to be at the table for strategic discussions and significant decisions."

"Whether they feel their voice will be heard."

Organizational efforts

"Involvement in design of new patient pavilion."

"Joint Leadership Committee brings together physicians and nursing leaders to endorse important clinical changes."

"We have created my role as medical director of provider experience. In that role, I have time dedicated to measurement of provider experience and working with departments and physicians groups and leaders on improvement."

Barriers

"Apathy due to sense of no voice in the institution."

"Physicians' belief that they are not given opportunity to give input."

Communication Between Physicians and Administration

Determinants

"Providing frequent background information on current state of healthcare economics."

"Listen as they tell you what they need for the patients."

"Doctors said they need to be understood, so we are getting out into the details of their work life to understand that there are so many clicks, tasks, forms, interruptions, phone calls, and interferences with their delivery of care that we need to reorganize our view of what administration should do."

Organizational efforts

"Provider portal where providers can post concerns related to provider experience and get a reply."

"Performance feedback process."

"CEO blog."

Barriers

"The barrier is an effective and meaningful communication between hospital administrators and the medical staff."

Appreciation of Physician Contribution

Determinants

"Understanding that they are valued and a critical part of the organization."

Organizational efforts

"Tying quality metrics to compensation mostly at leadership level."

"Physician wellness program."

Barriers

"Decreased reimbursement."

"Uncompensated time."

"Inadequate incentives."

Hospital Systems and Work Flow

Determinants

"The top problem is excessive regulatory and administrative task overload, explicitly and implicitly driving inefficiencies, without commensurate effort to maximize work efficiency."

"Changes in how healthcare is organized and reimbursed."

Organizational efforts

"Performance improvement training."

Barriers

"Limited resources, limited time, high patient volumes."

"Overload of admin burdens, goals, metrics, expectations."

NOTE: Abbreviation: CEO, chief executive officer.

DISCUSSION

Results of this study provide insight into administrators' perspectives on organizational factors affecting physician engagement in hospital settings. The majority of respondents believed physician engagement was sufficiently important to survey physicians to assess their level of engagement and implement interventions to improve engagement. We identified several overarching themes that transcend individual

questions related to the determinants of engagement, organizational efforts to improve engagement, and barriers to improving engagement. Many responses focused on the relationship between administrators and physicians. Administrators in our study may also have backgrounds as physicians, providing them with a unique perspective on the importance of this relationship.

The evolution of healthcare over the past several decades has shifted power dynamics away from autonomous physician practices, particularly in hospital settings.[8] Our study suggests that hospital administrators recognize the potential impact these changes have had on physician engagement and are attempting to address the detrimental effects. Furthermore, administrators acknowledged the importance of organization-directed solutions to address problems with physician morale. This finding represents a paradigm shift away from previous approaches that involved interventions directed at individual physicians.[9]

Our results represent a call to action for both physicians and administrators to work together to develop organizational solutions to improve physician engagement. Further research is needed to investigate the most effective ways to improve and sustain engagement. At a time when physicians are increasingly dissatisfied with their current work, understanding how to improve physician engagement is critical to maintaining a healthy and productive physician workforce.

References

1. West MA, Dawson JF. Employee engagement and NHS performance. https://www.kingsfund.org.uk/sites/default/files/employee-engagement-nhs-performance-west-dawson-leadership-review2012-paper.pdf. Accessed July 9, 2017
2. Prins JT, Hoekstra-Weebers JE, Gazendam-Donofrio SM, et al. Burnout and engagement among resident doctors in the Netherlands: a national study. *Med Educ.* 2010;44(3):236-247.
3. Ruotsalainen JH, Verbeek JH, Marine A, Serra C. Preventing occupational stress in healthcare workers. *Cochrane Database Syst Rev.* 2015(4):CD002892.
4. Gonzalez-Roma V, Schaufeli WB, Bakker AB, Lloret S. Burnout and work engagement: Independent factors or opposite poles. *J Vocat Behav.* 2006;60(1):165-174.
5. National Health Service. The staff engagement challenge—a factsheet for chief executives. http://www.nhsemployers.org/~/media/Employers/Documents/Retain%20and%20improve/23705%20Chief-executive%20Factsheet_WEB.pdf. Accessed July 9, 2017
6. Taitz JM, Lee TH, Sequist TD. A framework for engaging physicians in quality and safety. *BMJ Qual Saf.* 2012;21(9):722-728.
7. Hsieh HF, Shannon SE. Three approaches to qualitative content analysis. *Qual Health Res.* 2005;15(9):1277-1288.
8. Emanuel EJ, Pearson SD. Physician autonomy and health care reform. *JAMA.* 2012;307(4):367-368.
9. Panagioti M, Panagopoulou E, Bower P, et al. Controlled Interventions to Reduce Burnout in Physicians: A Systematic Review and Meta-analysis. *JAMA Intern Med.* 2017;177(2):195-205.