



# It's better to love your leader than to love your job

By David Levine | August 3, 2016

What drives physicians to quit? Many assume it's because they hate their jobs. More likely, it's because they hate their bosses.

That's one of the intriguing data points from athenahealth's 2016 Physician Leadership and Engagement Index, a survey of more than 2,000 physicians conducted this spring. Doctors who are unsatisfied with their leadership are significantly more likely to leave their jobs in the next one to two years than those who are happy with their leaders.

Indeed, the survey showed that satisfaction with leadership is very tightly correlated with overall physician engagement – a key takeaway mirrored by research from other firms.

"It really is about, 'Do I trust leadership? Do I have confidence in the decisions they are making? Do I feel they are a partner with me and factor in my values and needs as a physician?'" says Sarah Rothenberger, senior director of research and insights at the healthcare consulting firm The Advisory Board.

And the barriers to good working relationships can be hard to overcome, says Jeff Morris, M.D., a

physician coach with the consulting firm Studer Group and former regional vice president of medical affairs at two northeast Ohio community hospitals.

"In general, administrative leaders and physicians have totally different priorities," Morris says. "They tend to come at things from very different angles and have different perspectives on what's going on, so the conclusions will likely be different no matter what the facts are."

One potential solution: Draw more physicians into leadership. The athenahealth survey found that doctors who consider themselves in physician-led organizations show engagement levels four times greater than those who report working in non-physician-led organizations.

"The best way to engage physicians is to make them feel like a partner in the organization and that you value them in your decision making," Rothenberger says.

But physicians who take on executive roles may not necessarily be competent leaders off the bat, Morris says.

“The characteristics that make a good physician are not the same as those that make good leaders,” he says. “Physician leaders are pretty much caught in the middle between medical practice and medical management. In my case, I felt like to the other doctors I was a suit, and to the other administrators I was a white-coat.”

Steve Adelman, M.D., director of Physician Health Services in Massachusetts, knows that dynamic firsthand from his days running the behavior health and addiction medicine program at Harvard Vanguard Medical Associates.

“From my own experience as a medical leader with 140 clinicians, I was ill-prepared for that challenge, and figured it out as I went along over a period of 13 years,” Adelman says. “Most physician leaders came up through the ranks as practicing physicians, and because they were good, they were handed the mantle of leadership. In a lot of cases they were thrown into the deep end without a lot of training in leadership or management. Now you have doctors who are not used to being led and leaders not being taught how to lead – and there you have it.”

So how do organizations change the dynamic? In large part, it comes down to training, Morris says.

“If you want good leaders, you need to invest in them,” he says. “Those [organizations] that do will have an advantage over those that don’t.”

In addition, he says, both sides must commit to the process. Administrators have to accept, as a primary goal, the need to build relationships with doctors, establishing themselves as trustworthy and open to dialogue.

“If they are not willing to build trust and connect back to people they work with, it’s not going to happen,” Morris says. “Physicians want to take care of patients, and when they don’t have leadership on their side, they think the grass is greener on other side.”

Doctors, meanwhile, need to change the way they relate to leadership, Adelman says. Physicians tend to have a “suck it up, tough it out” mentality, he says. “When dealing with suboptimal relations with an

authority figure, this inclination can become part of problem rather than part of solution.”

In his work with burned out physicians, Adelman recommends courses in what he calls “assertive communication.”

“In general, we human beings don’t really have a great passion for difficult conversations with other human beings,” he says. “It takes a certain skill set and temperament, and it takes time to work through difficult situations, be that in marriages, with kids and parents, and sometimes at work.”

And when those relationships work, Morris says, the entire healthcare system sees the benefits.

“This issue is critically important for our future,” Morris says. “Administrators and physicians ultimately have the same shared agenda: how do we deliver patient-centric care with high quality and safety? We have to overcome the fact that we approach this from different angles, and we have to find common ground or we’ll go mad.”

*David Levine is a writer based in Albany, New York.*



A daily news hub reporting from the heart of the health care internet, with access to a comprehensive data set of health care transactions from athenahealth’s nationwide network. We equip leaders with actionable insight and inspiration for making health care work as it should.

---

## Stay in the know

Sign up for weekly data and news:  
[insight.athenahealth.com/newsletter](https://insight.athenahealth.com/newsletter)