

# Can strong leadership boost engagement?

By Jessica Sweeney-Platt | August 14, 2017

## Data Snapshot

# 20%

of physicians are engaged

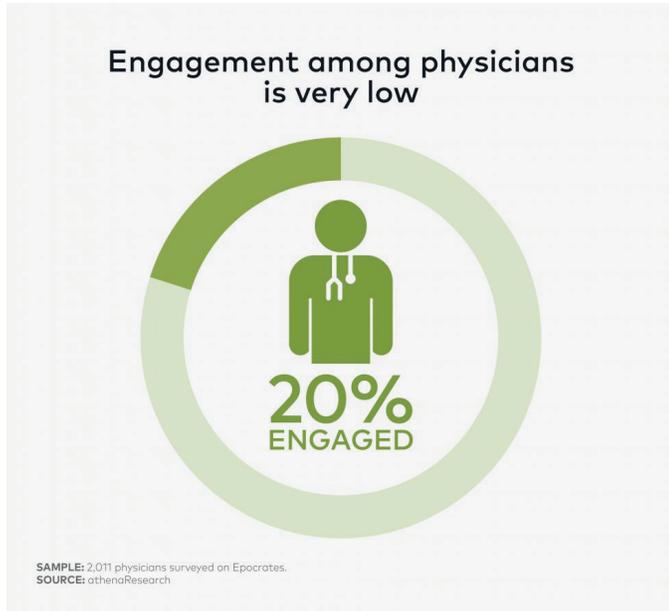
**Editor's note:** When this article on physician engagement was originally published, readers weighed in with insightful and thought-provoking comments and questions. We are republishing it in hopes it will spark further conversation. Stay tuned this fall for more research into gender and leadership in healthcare.

## Key Takeaways

- 1 Physician engagement is low across the board, particularly in primary care.
- 2 High-quality physician leadership can improve engagement, even in organizations that aren't physician-led.
- 3 Communication, trust, and a supportive working relationship can connect physicians to their organizations.

Healthcare leaders have been managing unprecedented levels of change to their businesses, jobs, and strategies for the better part of the last decade. Among the most important stakeholders in all of this change are physicians. At the front lines of patient care, doctors are indispensable for the successful execution of just about any strategy that a healthcare organization might think to execute.

That's why the results of athenahealth's 2016 Physician Leadership and Engagement Index, a national survey of physicians conducted by the company's research team, are both troubling and encouraging. Troubling, because they show that engagement levels for physicians are strikingly low – 20 percent, according to our methodology.



Encouraging, because the survey reveals some tangible, actionable ideas for how to make physicians more connected to their institutions, and more likely to go above and beyond in their jobs.

The Physician Leadership and Engagement Index consists of survey responses from 2,011 practicing physicians, collected in January 2016 through the Epocrates mobile app.

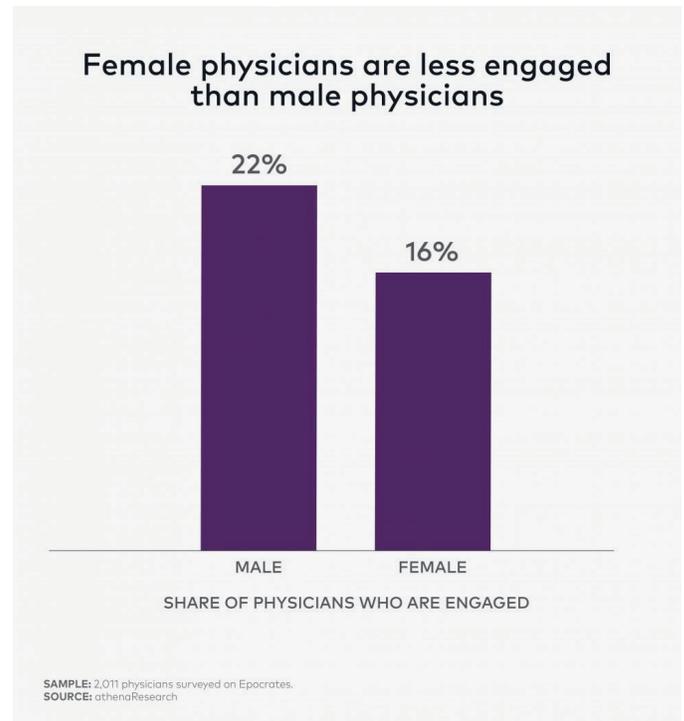
We asked physicians to characterize their level of engagement by responding to three statements:

1. My organization inspires me to go above and beyond what is required.
2. I am very likely to be working for my current organization three years from now.
3. I would recommend my organization to a friend or relative to receive care.

Respondents answered on a scale of 1-6, with a 6 being “strongly agree” and a 1 being “strongly disagree”. To be considered engaged, a respondent

had to answer a 6 for at least two of the questions and no less than a 5 for all three questions.

We asked many more questions to understand some of the drivers that affect engagement. What emerged is a framework that healthcare organizations can use to drive not only physician engagement, but other important outcomes as well – and a snapshot view of how engagement differs based on gender, specialty, and type of organization:



- Male physicians were more engaged than female physicians (22 percent vs 16 percent)
- Primary care specialties were less engaged than either procedural or medical specialties.
- Physicians who worked in physician-owned, independent medical groups or practices were almost twice as engaged as those in hospital- or health system-owned groups (32 percent vs 17 percent).
- Physicians who described themselves as being in a physician-led organization showed engagement levels that were four times greater than those who reported working in non-physician-led organizations.

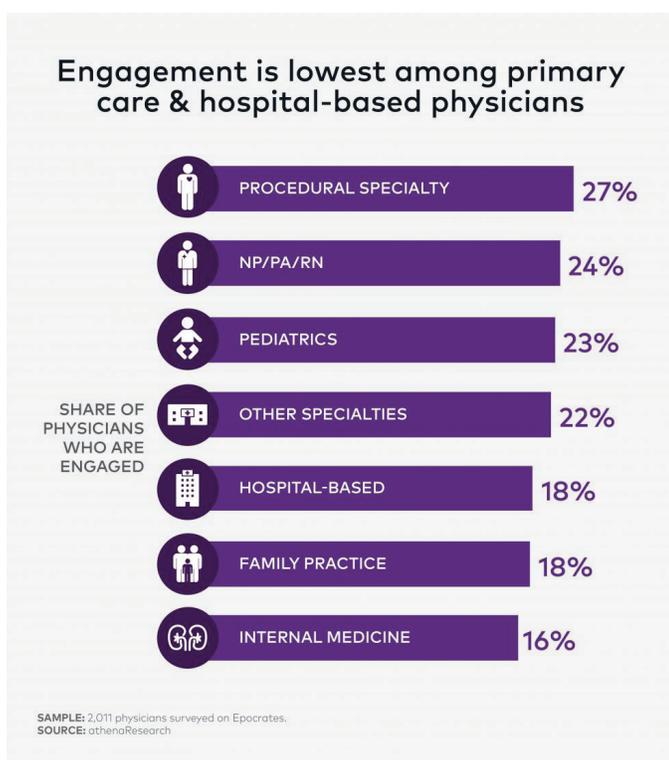
These last two patterns, in particular, pose a challenge for many organizations.

Short of a complete change of ownership and leadership, what can health systems do to create an environment that fully enfranchises the physician community in the success and sustainability of the enterprise?

The good news is that three factors closely correlate with engagement, and each of them offers concrete tactical opportunities for improvement.

## 1. Develop high-quality physician leadership

One of the most powerful learnings from the survey was the impact that high-quality physician leadership can have on engagement, even in those organizations that are not physician-led.



Only 8 percent of physicians who said they were in non-physician led organizations met the criteria for engagement (compared to 32 percent of physicians who said they were in physician-led organizations).

But when you look at those respondents in non-physician-led organizations who said that their physician leaders were very good or excellent, engagement levels rose to 38 percent.

So even if an organization is not led by physicians at the highest levels, effective physician leadership throughout the ranks can more than make up for the negative impact on engagement.

High performing physician networks know this. Whether it's through formal leadership development programs or informal mentoring and performance support, they recognize the importance and the value of physician leadership at every level of the organization.

## 2. Build trust between physicians and non-physician leaders

When physicians indicate that they trust their leaders, and that the organization follows through on its commitments to employees, they are engaged at three to four times the average rate.

Our research into high performing physician networks suggests there are three things successful networks can do to build and maintain trust between physicians and the rest of the organization.

### Be transparent with performance data, but give guidance and context for how to use it

One of our top performers, a fast-growing network of nearly 1,400 physicians, provides highly detailed performance reports with granular, provider-level detail on multiple performance indicators. However, leaders don't just dump the data on physicians and leave them to interpret it. They spend a significant amount of time and effort educating physicians on why the measures matter, and they provide plentiful resources for improving performance, if necessary. Transparency without context can create more problems than it solves.

### Focus on two-way communication, not just top-down

Many organizations worry that they haven't cracked the code on how to communicate with physicians — meetings are poorly attended, emails are left unopened. Top performers think about those issues, too. But they are just as concerned, if not more so,

about making sure they have sufficient mechanisms in place to get information from the front lines back up to the top of the organization.

Solutions run the gamut from requiring board members to do rounds at all practice sites to identifying group leaders and tasking them with liaison duties between colleagues and leadership. It all comes back to the same idea: For physicians to trust the organization, there must be a credible series of attempts to get their input into both strategic and operational matters.

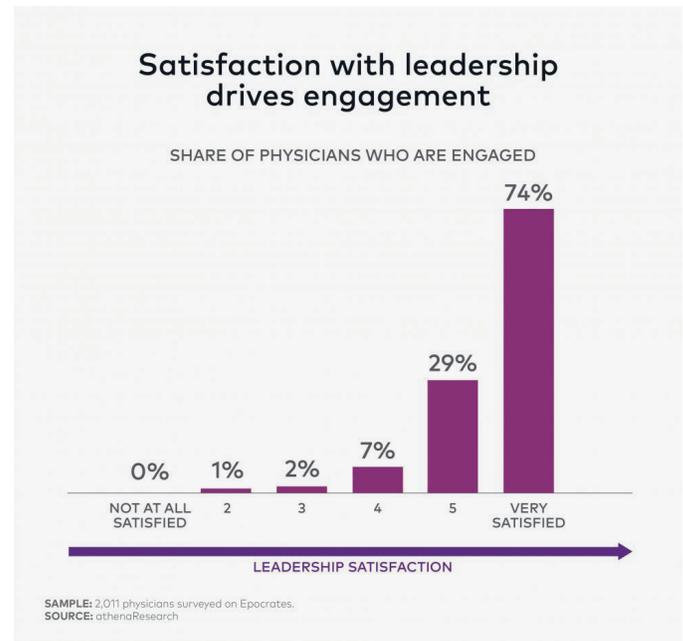
### Create strong face-to-face relationships between physicians and non-physician leaders

We heard from several top performers that there simply is no substitute for face-to-face conversations when it comes to creating trust. No email, video, or newsletter is going to be as effective as an in-person conversation. “It’s a ground game,” one executive told us. “There are no shortcuts, but those one-on-one conversations are absolutely critical.” Another executive told us that he put 30,000 miles on his car in a single year, driving from practice to practice, talking to physicians and staff.

## 3. Provide an environment that helps physicians focus on what they do best

Our survey data also revealed a strong correlation between engagement and the kind of working environment that physicians experience. Physicians who strongly agreed that they are provided with an environment that allows them to focus on what they do best showed engagement levels of 75 percent, more than triple the aggregate rate.

This finding supports what we hear anecdotally from many physicians and physician leaders – the increasing complexity of medical practice makes it harder for physicians to focus on the primary thing they went to medical school to do: take care of patients.



The data suggest that a few factors are associated with this type of “operationally effective environment:” well-defined and consistent metrics (“tell me what I need to do, and don’t change the rules every six months”); workflows that support both continuity and quality of patient care; and technology that supports patient care.

Top performers recognize the value of these features – for example, they spend a great deal of time adapting workflows to ensure that all staff members are focused on what they can do best. One large primary care group opened a walk-in clinic for existing patients; it not only provides on-demand service, but since it’s staffed mainly by nurse practitioners, it allows physicians to focus their valuable time on more complex, more acute problems.

Another attribute that contributes to a robust working environment is the importance of collegial, social peer relationships between physicians. As many medical groups have grown, it has become harder and harder for those social connections to form organically, so top performers create opportunities for those relationships to develop.

One faith-based health system runs a “Finding Meaning in Medicine” program that takes cohorts of 12 physicians through a series of events that encourage them to share their stories with one another, in many cases over a meal. Several top performers commented on the importance of eating together – it sounds incredibly simple, but can be a meaningful foundation for personal interactions.

To meet the challenges facing a broken healthcare system, we’ll need far more than 20 percent of physicians to be actively engaged in that goal. Based on this research, and our ongoing studies of high performance, we are optimistic that this can happen.

We look forward to hearing your ideas and strategies for making that possible – and to tracking progress, through the Physician Leadership and Engagement Index, in years to come.

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