

# VITAL WorkLife & Cejka Search: Physician Engagement Survey

# 2013

A new Physician Wellness Services and Cejka Search survey on physician engagement confirms that not only is engagement very important to physicians, it also is a key driver of satisfaction or dissatisfaction with their jobs and their organizations, and it clearly influences their decisions to accept or leave a job. The survey also reveals sizable gaps between what is important to physicians to feel engaged and what they perceive they are experiencing in their current practices.

**Survey Report**

December, 2013

Dear Colleague;

The issue of physician engagement has become increasingly urgent as healthcare organizations work to develop models and systems to improve care and reduce costs, while meeting mandates around healthcare reform. Factors underscoring the critical need for engagement include the physician shortage, compounded by increased levels of physician dissatisfaction, the move toward more part-time work and employed physician models, and the impending retirement of the baby boomer physician cohort.

In past surveys we have done on Physician Stress and Burnout and on Organizational Culture we shared, at the most granular level possible, what is affecting physicians. Whether it's their physical or emotional well-being or their sense of cultural fit, it impacts their work performance and satisfaction with their jobs and the organizations they work for—and, by extension, their sense of engagement.

However, little has been done to actually understand what engagement means to physicians. Engagement is often used as a blanket term, lacking the specificity needed to take appropriate and effective actions to engage physicians more fully.

The objective of this survey was to gain a better understanding of and quantify what physician engagement really means to physicians. We explore what they are looking for, what they're actually experiencing, and where there are gaps. In learning this, healthcare organizations can better understand what they need to do to more fully engage their existing physicians, as well as create better retention and recruitment programs.

Recurrent themes in our work with physicians led us to determine 15 elements of engagement we feel are most meaningful to physicians—and over which healthcare organizations have greater levels of control. This survey delves more deeply into these elements of engagement to determine:

- How important the different elements are to making them feel engaged
- The degree to which they feel their current practice embodies or delivers upon those elements
- Physicians' own sense of engagement with their work and their organization, how it has changed over time, and how it impacts their job satisfaction
- The degree to which engagement has driven decisions around joining an organization or leaving it

A companion survey with healthcare administrators measured what they perceive as important to their physicians—and how they feel their organizations meet physicians' expectations around engagement.

Our goal was to better understand what elements of engagement resonate with physicians, and then help the organizations we work with to develop solutions to close the gaps we uncovered between what is important to them and their perceived reality. By bringing physicians and healthcare organizations into greater alignment around engagement, we feel that physicians will be more satisfied—and more motivated to work with their organizations to achieve increasingly shared goals.

Sincerely yours,



Mitchell Best  
CEO  
VITAL WorkLife



Lori Schutte, MBA  
President  
Cejka Search



VITAL WorkLife, Inc.™ is a national behavioral health consulting organization providing support to people facing life's challenges, while also assisting organizations in improving workplace productivity.

We have deep experience in healthcare, especially assisting physicians and providers in dealing with the challenges facing their profession.

This approach of helping employees and their families, while also guiding organizations, builds healthy, sustainable behaviors. For over 30 years, we have offered industry leading Employee Assistance Programs, specialized support, training and consulting for a wide variety of industries.

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# **VITAL WorkLife and Cejka Search Physician Engagement Survey**

## **Introduction**

VITAL WorkLife and Cejka Search work very closely with physicians and the healthcare organizations they work for. VITAL WorkLife, through its Physician EAP, addresses mental, behavioral and work/life-related issues that concern individual physicians and their families. In addition, its Intervention Services assist organizations in effectively addressing disruptive behavior and other performance and behavioral issues in physicians within their organizations. Training and consulting around such topics as workplace conflict, change management, civility, stress and burnout, and others is offered for organizations, workgroups and individuals. Cejka Search works with healthcare organizations and administrative executives, closely interacting with physicians to achieve their professional goals and find the practice opportunity that best fits their work and family life.

Both companies increasingly hear about physician engagement as an issue, both from physicians and administrators. When physicians feel a lack of engagement—or are outright disengaged—it manifests itself in various ways, from feelings of hopelessness, anger or cynicism to, ultimately, leaving or wanting to leave their jobs. Administrators express frustration with physicians who they feel don't understand the issues that their organizations are facing and support key initiatives. They see behavior that ranges from passivity, to selective noncompliance, to active resistance.

Physicians are also rejecting employment opportunities with organizations that don't meet their expectations for engagement. The resulting turnover and prolonged vacancies are key cost drivers, estimated to run as high as \$100,000 per month when all costs and lost revenue are considered.

These consequences are concerning at a time when physician engagement has never been more important in the changing landscape of healthcare. Without physician leadership, buy-in and active participation in new initiatives around quality, efficiency, patient satisfaction and related strategies, these efforts are bound to fail.

Complicating matters, this need for stronger physician engagement is occurring—some would say colliding—against a backdrop of increased physician employment. While physicians are turning increasingly to the relative stability and predictability associated with employed models, the corresponding changes in the way they work and interact with patients, colleagues and administrators can create anxiety, frustration and—again—feelings of disengagement for many. This dynamic flies in the face of the expectations of administrators, who feel employed physicians should inherently feel more engaged.

So, what does engagement really mean to physicians? As it currently stands, “engagement” is an amorphous term for many of them. Research, metrics and solutions on employee engagement may not be fully relevant or applicable to physicians—and even less so to those who are still independent, but whose engagement is important to achieving organizational goals.

Thus, how can a healthcare organization increase engagement without knowing what the drivers of engagement are? With this survey, we wanted to learn more about the elements of engagement that

are important to physicians—and the gaps that contribute to lack of engagement with their jobs and organizations. We also wanted to quantify the degree and impact of engagement or lack thereof.

To form the basis of the survey, we first did a literature review, which uncovered a lack of research around the specifics surrounding physician engagement. An internal evaluation of our experiences with physicians, where engagement was an issue, led to 15 elements of engagement which we felt were most relevant to physicians. These ranged from the more obvious—such as compensation or feeling that their competency and skills were valued—to those that were perhaps less so, such as having more of a voice in different aspects of their work and within their organizations.

In addition to the physician survey, we surveyed administrators to determine congruity of perception around these elements of engagement, as well as their opinions about the impact of engagement on physician satisfaction, retention and recruitment.

Survey questions focused on:

- In absolute terms, the importance of each element of engagement to physicians to feel engaged
- The degree to which they agreed or disagreed that each element was true of their current practice or organization
- In relative terms, which were the three most and least important elements of engagement to physicians, with up to three choices available to them to force prioritization
- Current levels of engagement for physicians—with their work and with their organization, as well as:
  - How feelings of engagement had changed compared to three years ago
  - How important their engagement with their organization was to their job satisfaction
  - Whether issues of engagement had prompted them to leave a practice or job, or to accept other opportunities

By doing this survey, VITAL WorkLife and Cejka Search sought to identify elements of engagement that healthcare organizations could address that would result in better relationships with their physicians. The results show several areas that are actionable by healthcare organizations in addressing physician engagement issues to achieve greater job satisfaction, buy-in and cooperation in their physician populations. In doing so, they can also promote improved retention and recruitment.

## Methodology

The survey questions were developed with all scored questions mandatory to ensure a comprehensive data set. Other than for demographic questions, 10-point Likert scales were used in all cases except where respondents were asked for their choices for the three most important and least important cultural attributes from a list of all that were presented. A non-mandatory open comment question was presented at the end, as well as an open-ended question regarding what other elements of engagement might have been important to cover.

The surveys (physician and administrator versions) were sent via e-mail in September, 2013. The physician survey was delivered to a national sample of 152,307 individual physicians from the Cejka Search physician database, across multiple practice areas. There were 15,814 unique opens, and 1,666 completed surveys, representing a 99% confidence level with a +/- 3% margin of error against an active physician population in the US of about 798,000. The e-mail was sent from the CEO of VITAL WorkLife with the subject line of "What Makes You Feel Engaged at Work? Your Opinion Matters." Physician respondents accessed an online survey instrument through a link in the email, which compiled results and screened for non-completes. Two additional rounds of surveys were deployed later to the same group, excluding those who had initially responded. The survey was held open for a total of 28 days.

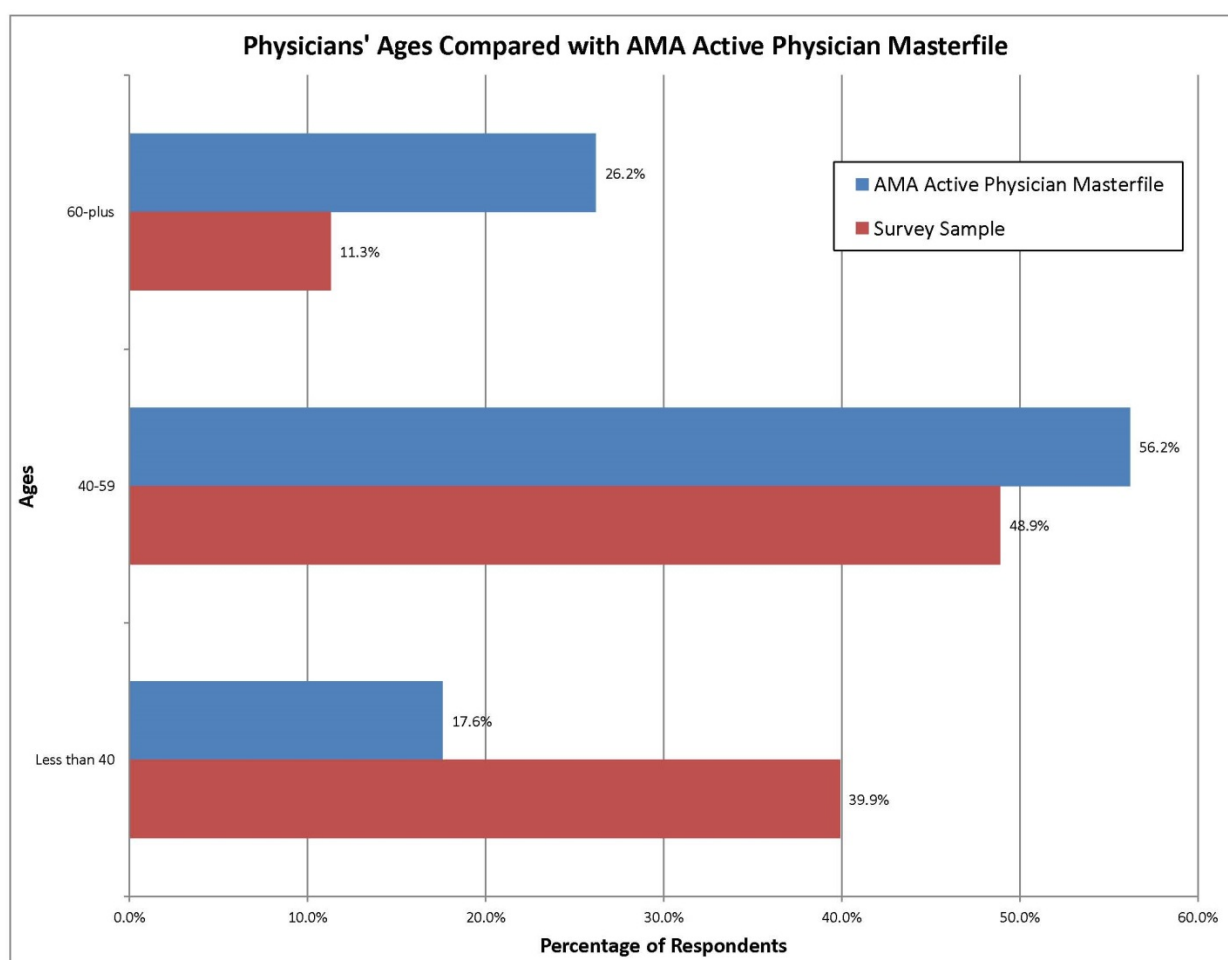
The administrator survey was delivered to a sample of 5,380 individual administrators from a combination of the Cejka Search and VITAL WorkLife administrator databases, across multiple titles ranging from manager level to CEO/president at organizations of multiple types and sizes. There were 617 unique opens, and 113 completed surveys. The email was sent from the CEO of VITAL WorkLife with the subject line of "Is Your Physician Workforce Engaged?" Administrator respondents accessed an online survey instrument through a link in the email, which compiled results and screened for non-completes. Two additional rounds of surveys were deployed to the same group, excluding those who had initially responded. The survey was held open for a total of 28 days.

The data was collected in an Excel database that allowed for multivariate analysis across most survey fields. Physician demographic data was compared with the AMA 2010 Physician Masterfile to determine correspondence to a national active physician profile. T-tests were used on comparative gaps between scores, where applicable, to ascertain statistical significance to  $P \leq .05$ .

## Respondent Demographics and Profile—Physicians

The survey respondent profile largely mirrored the national active physician profile as measured by the AMA 2010 Physician Masterfile<sup>1</sup> data.

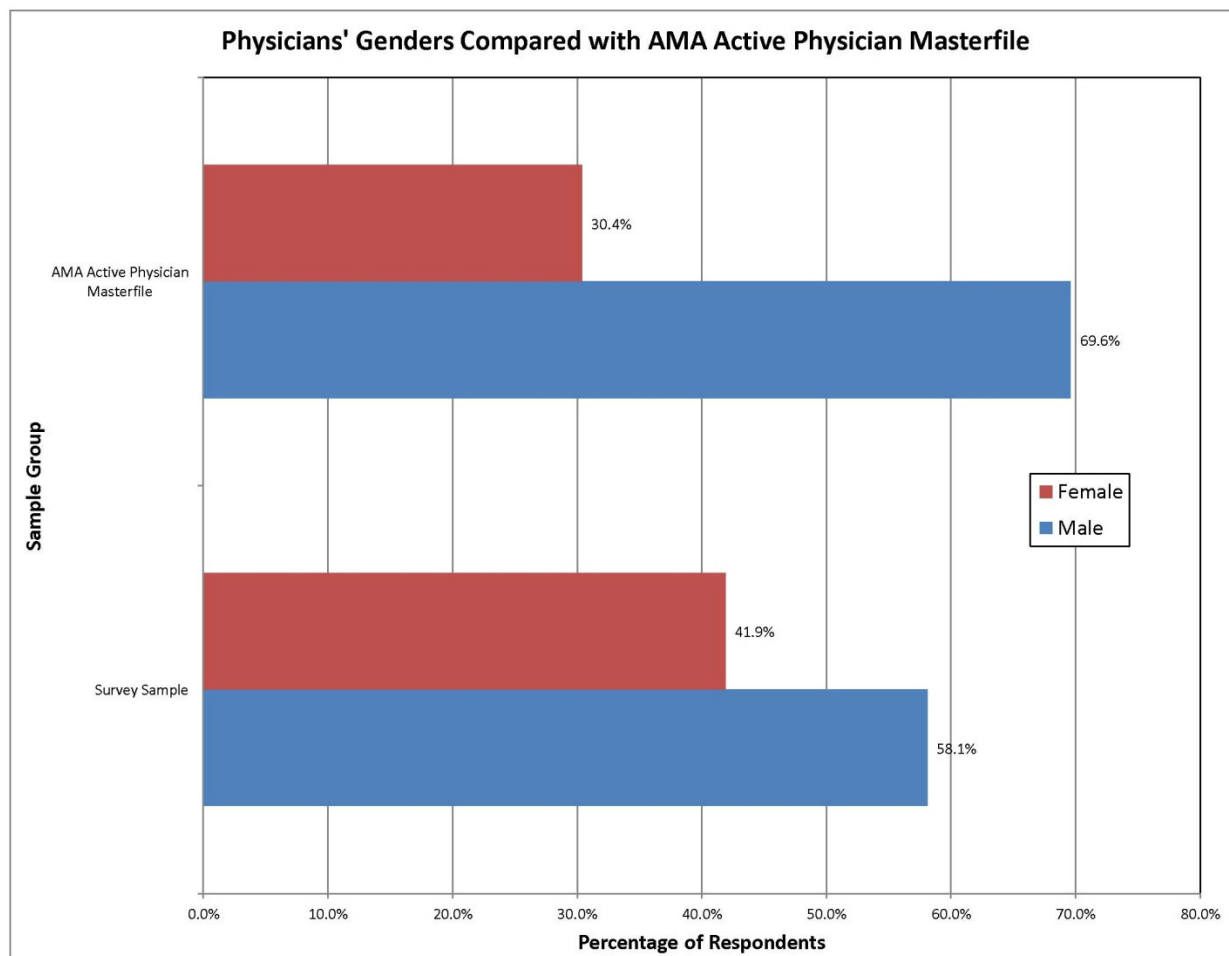
The age of the survey respondent sample skewed younger compared to the national active physician profile whose age was known. The youngest age cohort saw the most significant difference, at more than double the percentage points in the survey respondent population compared to the same cohort in the national population. Correspondingly, the oldest cohort was less than half the size in the survey sample compared to the national sample. The middle range was within 8 percentage points of each other. The average age of the overall survey sample was 44.0 years.



With regard to gender, the survey respondent sample was more skewed to females compared to the national active physician database for physicians, by 11.5 percentage points. This was very possibly a function of the somewhat younger age of the respondents compared to the national active physician

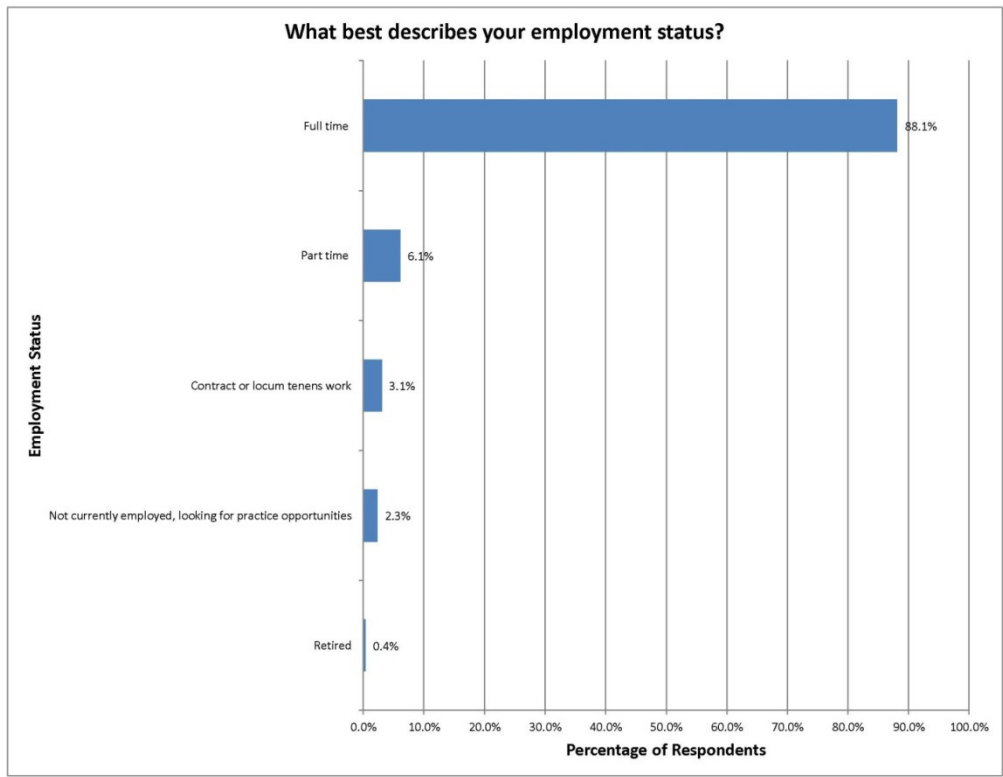
<sup>1</sup> AAMC Center for Workforce Studies, 2011, "2011 State Physician Workforce Data Book, " retrieved November 1, 2013 from AAMC website: <https://www.aamc.org/download/263512/data/statedata2011.pdf>

population (see above), as gender trends have moved toward more female medical school graduates over the past several years.<sup>2</sup>

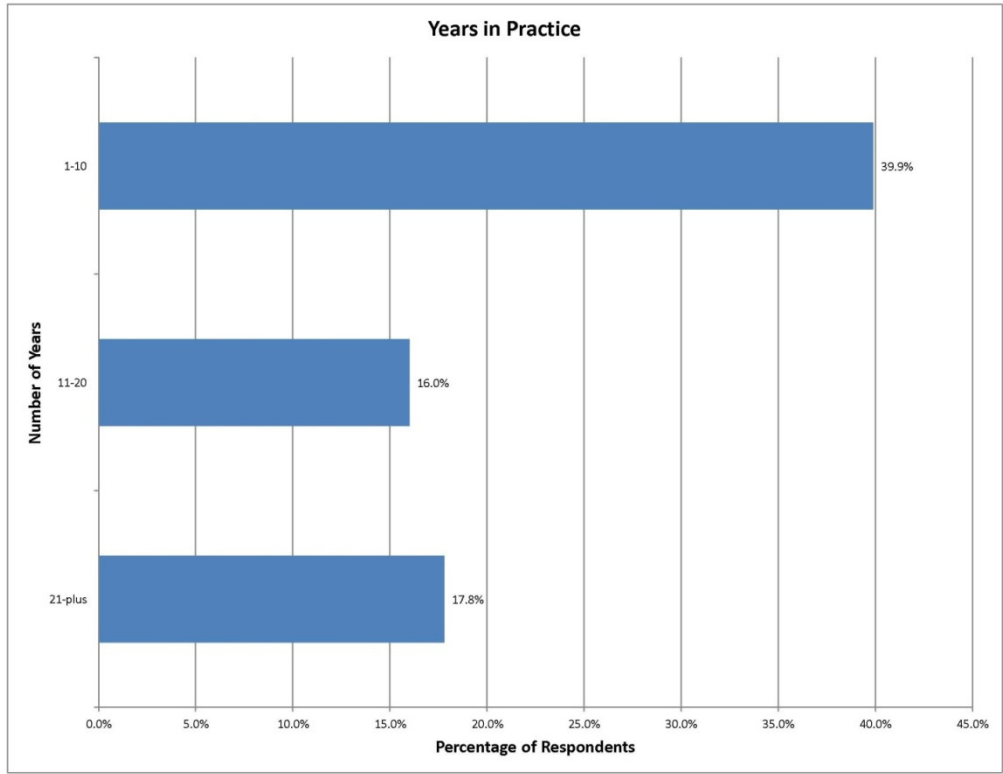


The vast majority—88.1% of survey respondents—were working full time. The remaining respondents worked part time (6.1%), did locum tenens or contract work, were not currently practicing or had retired.

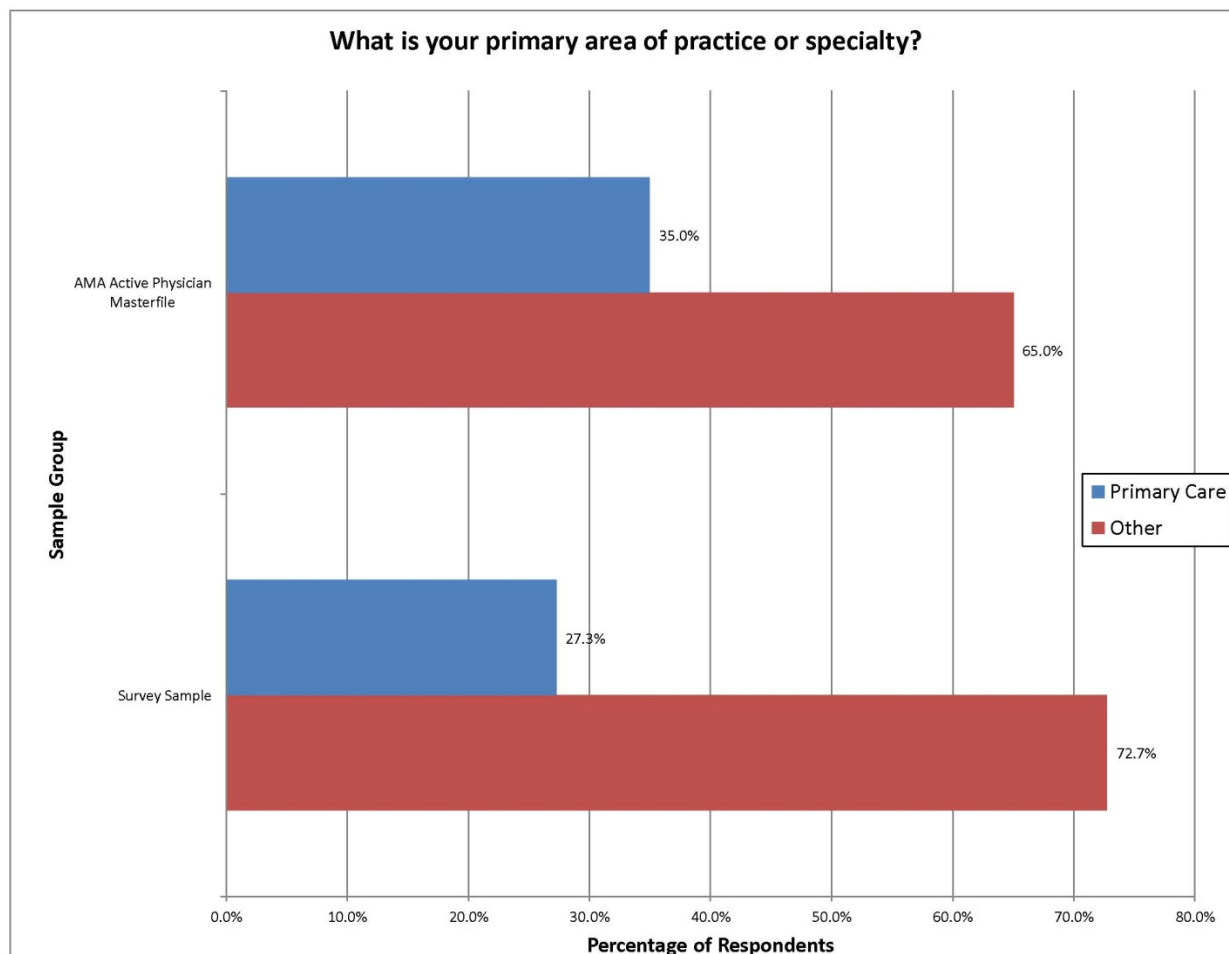
<sup>2</sup> AAMC (ibid.); Kaiser Family Foundation [statehealthfacts.org](http://statehealthfacts.org)



The average number of years in practice for the survey respondent sample was 12.6 years. This tracked generally with the average age of respondents. No comparable national data was available.

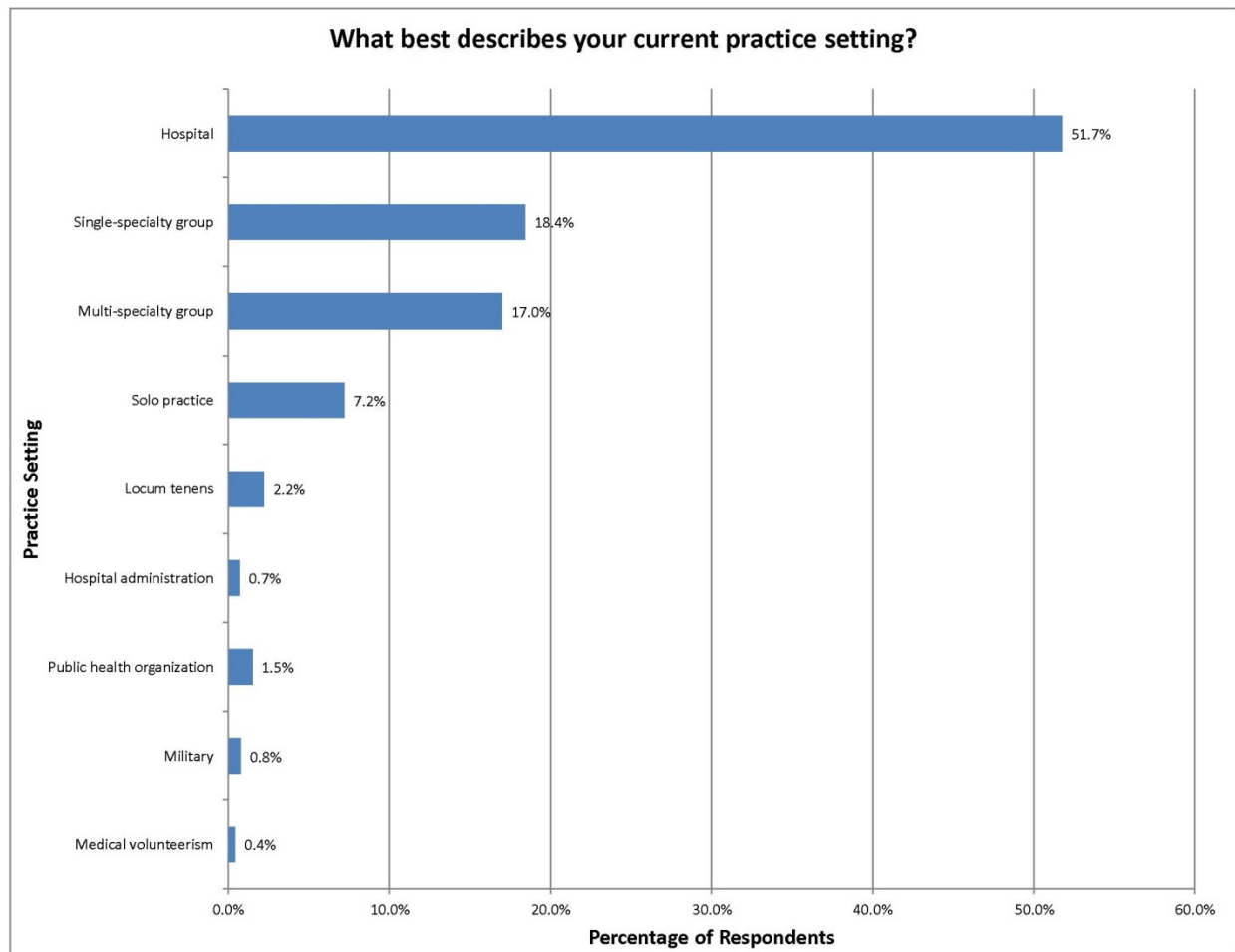


With regard to the primary practice area of the respondents, most were in non-primary care practice areas (primary care as defined by the AAMC Center for Workforce Studies). The survey respondent sample skewed more toward non-primary care practices than the national active population by 7.7 percentage points, possibly reflecting the somewhat younger skew of this survey sample (see above) and the trend away from primary care in more recent medical school graduates.<sup>3</sup> See Appendix C for the breakdown of specialties.



Just over half of sample survey respondents were working in hospitals (51.7%), followed by those who were in a single-specialty practice (18.4%), or a multi-specialty practice (17.0%).

<sup>3</sup> GAO, 2009, "Graduate Medical Education: Trends in Training and Student Debt, retrieved November 1, 2013 from GAO website:  
[https://www.aamc.org/advocacy/washhigh/highlights2009/157676/gao\\_publishes\\_report\\_on\\_medical\\_education\\_debt\\_and\\_specialty\\_ch.html](https://www.aamc.org/advocacy/washhigh/highlights2009/157676/gao_publishes_report_on_medical_education_debt_and_specialty_ch.html)



## Survey Results—Physicians

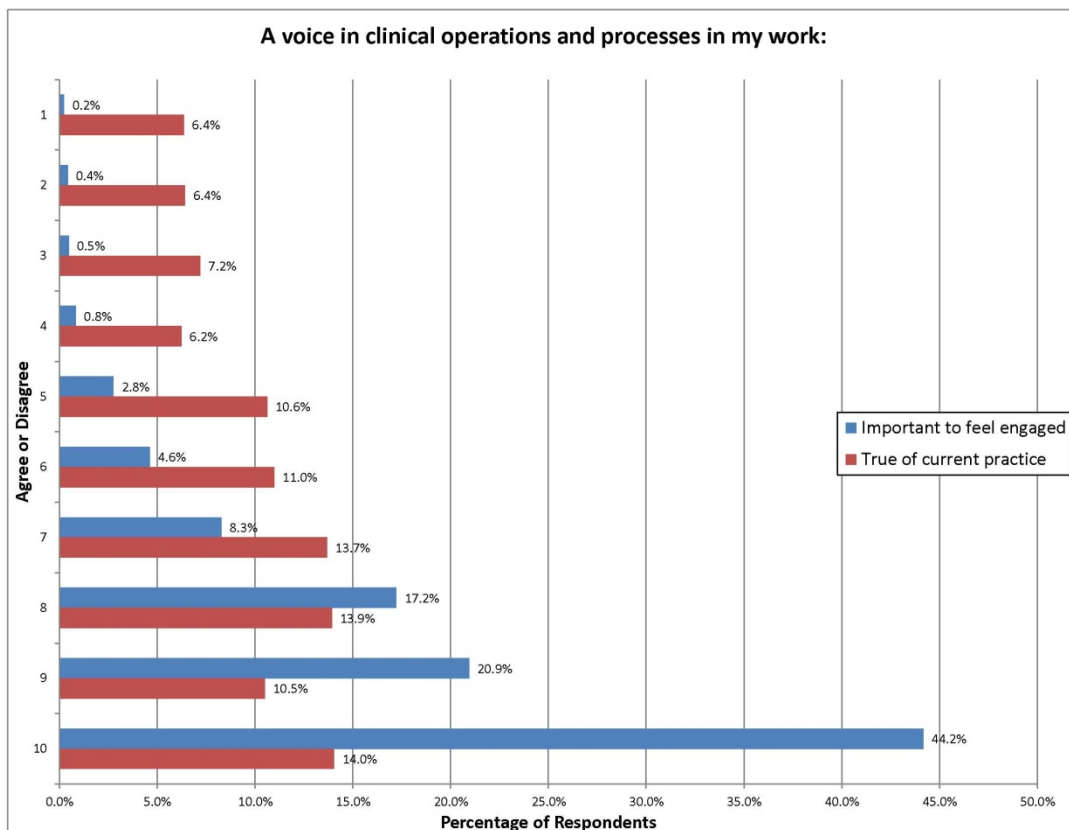
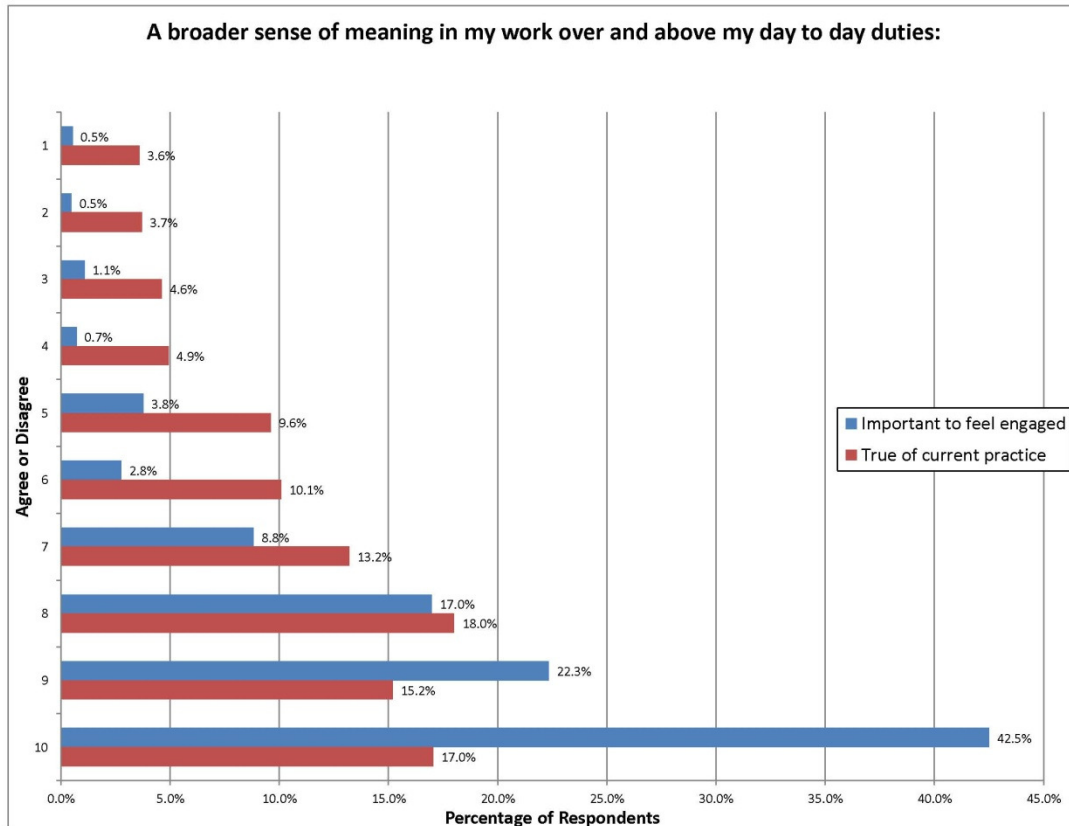
### **Results: Elements of Engagement**

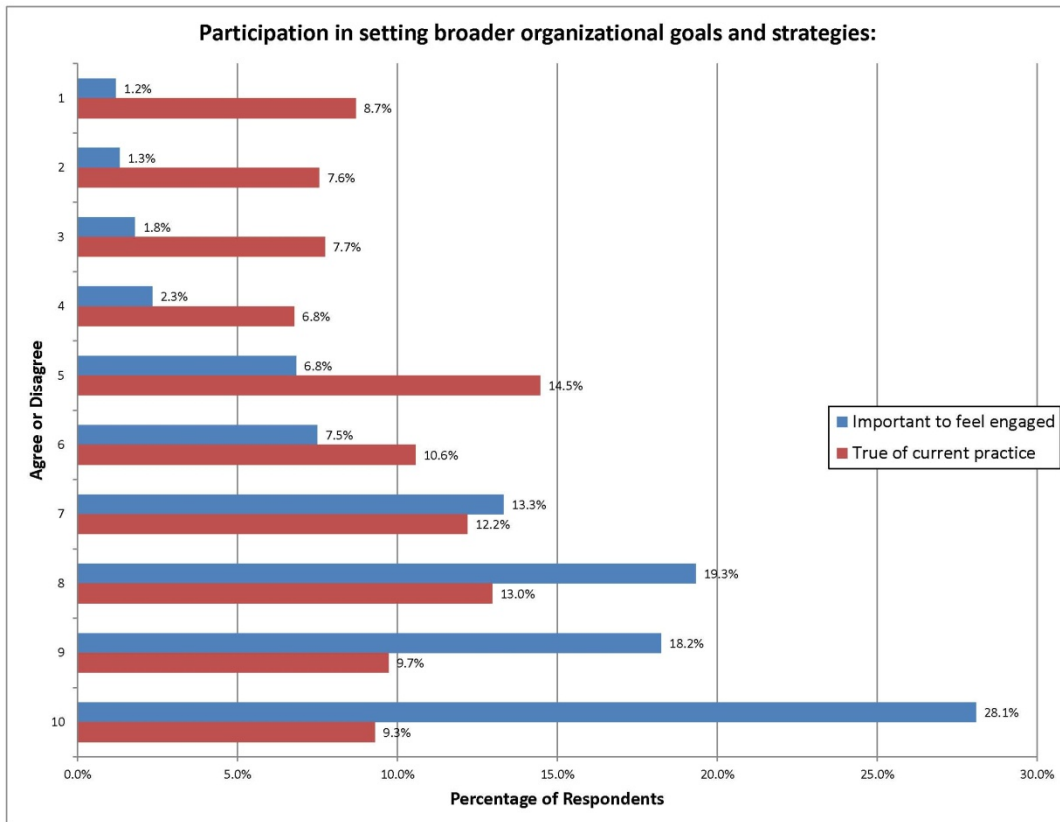
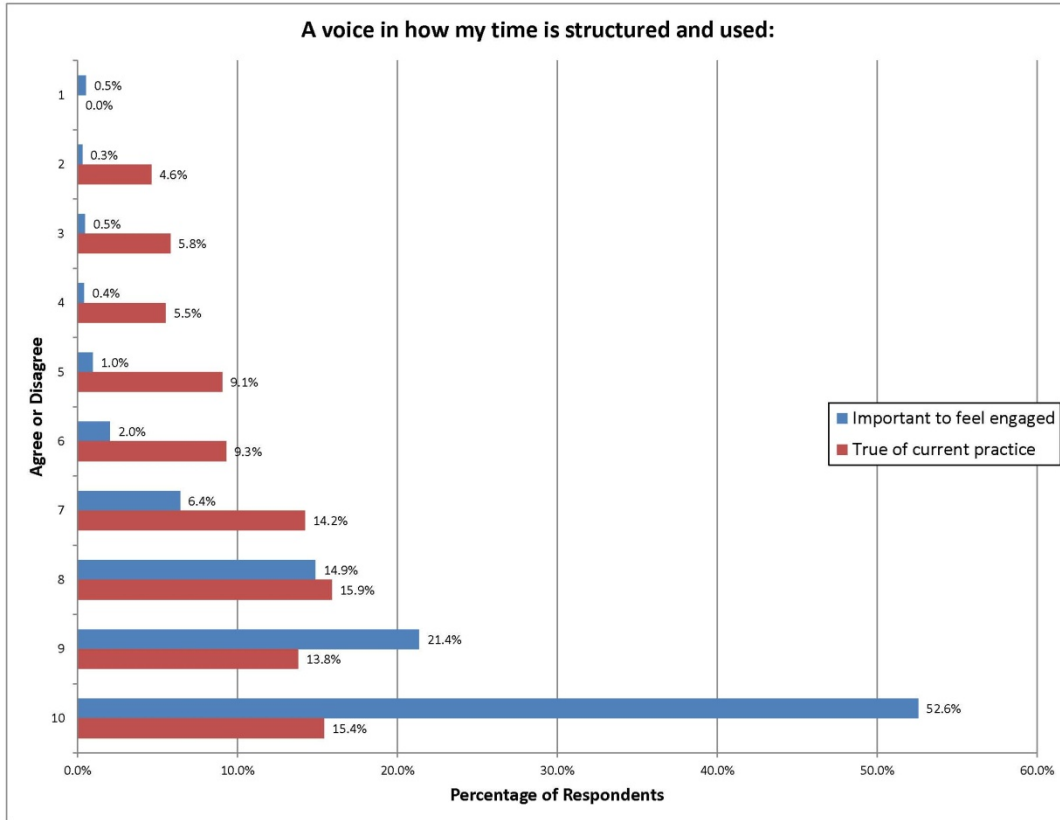
We asked physicians to review 15 different elements of engagement. For each element, they were asked two questions, scored on a 10-point Likert scale, with 1 denoting “Strongly Disagree” and 10 denoting “Strongly Agree”:

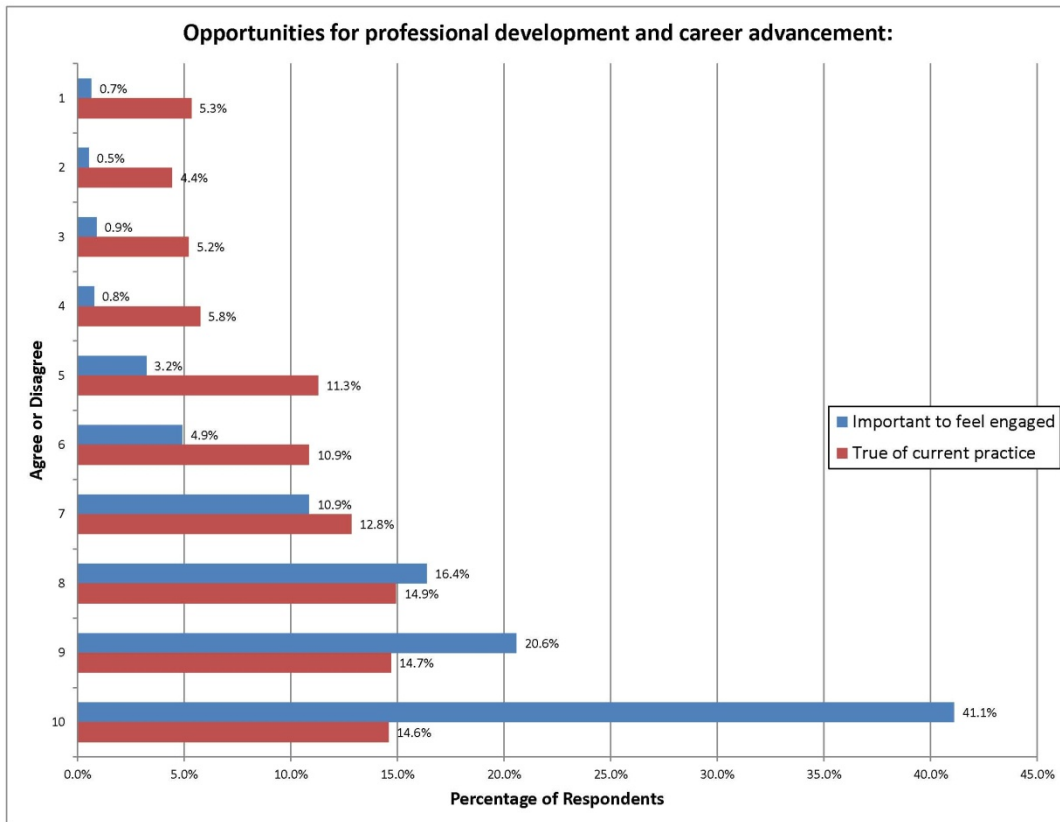
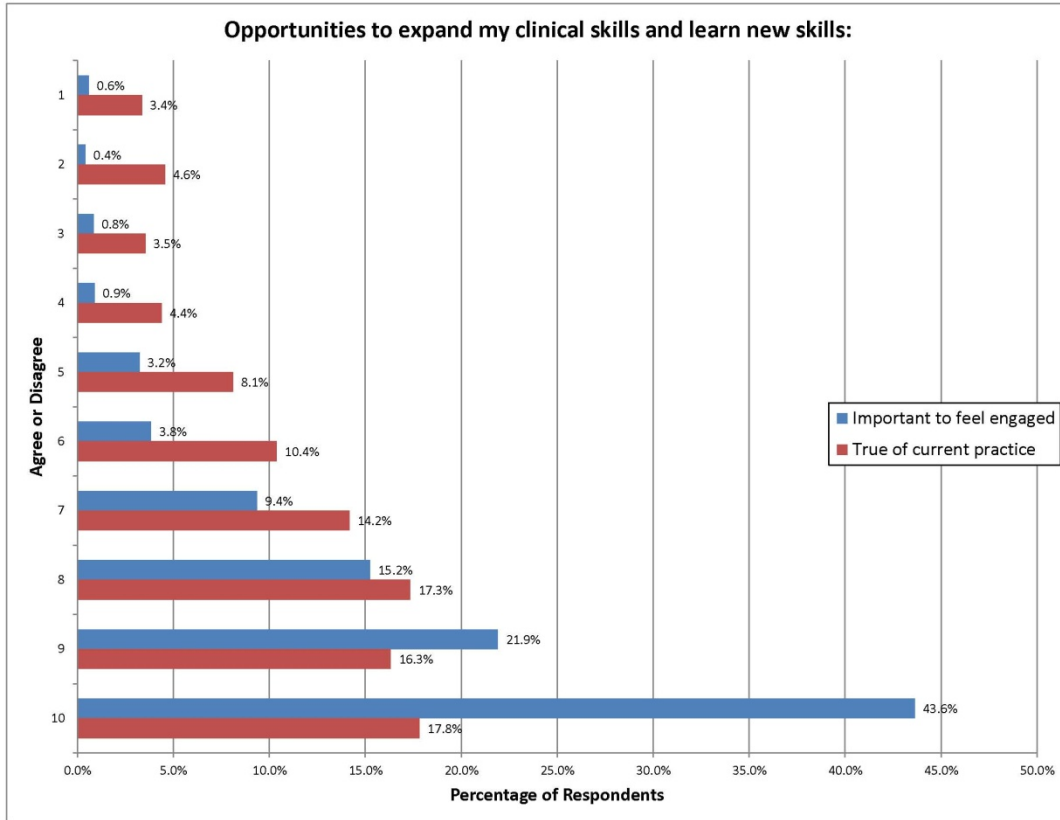
- To what degree they agreed or disagreed with the statement “This element is important to me to feel engaged,” e.g., “Feeling that my opinions and ideas are valued.” (“Important to Feeling Engaged” on charts)
- To what degree they agreed or disagreed with the statement “This is true in my current practice.” (“True of Current Practice” on charts)

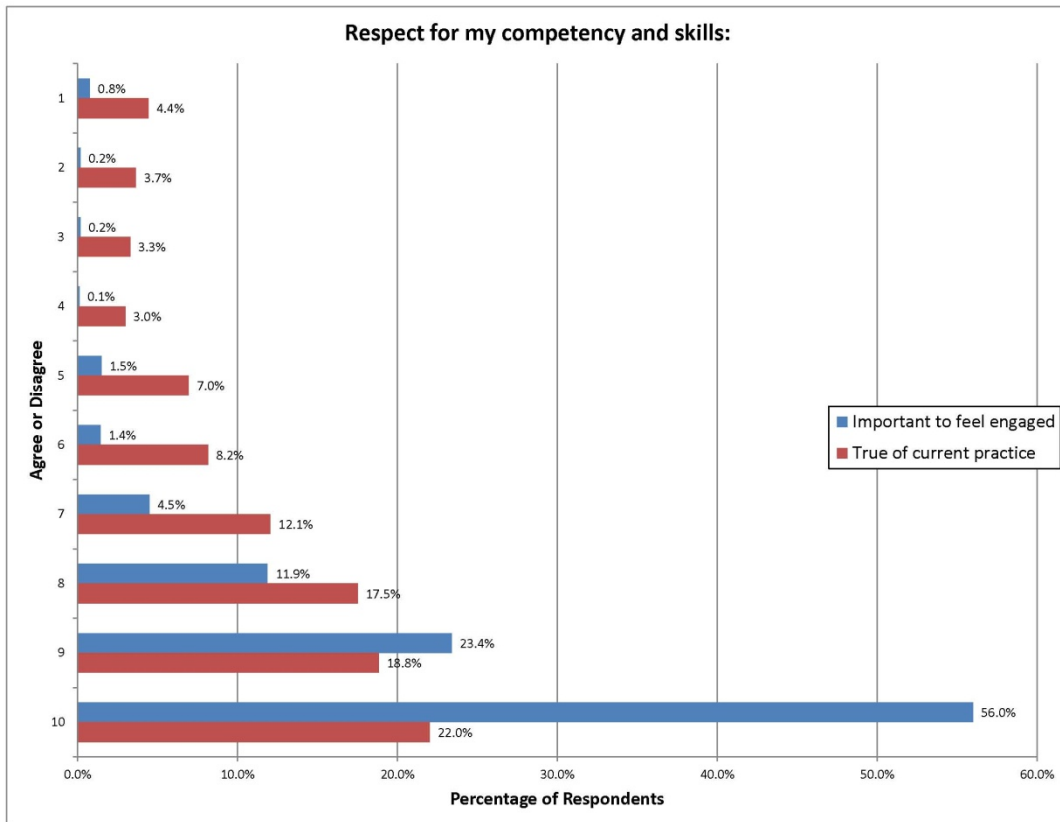
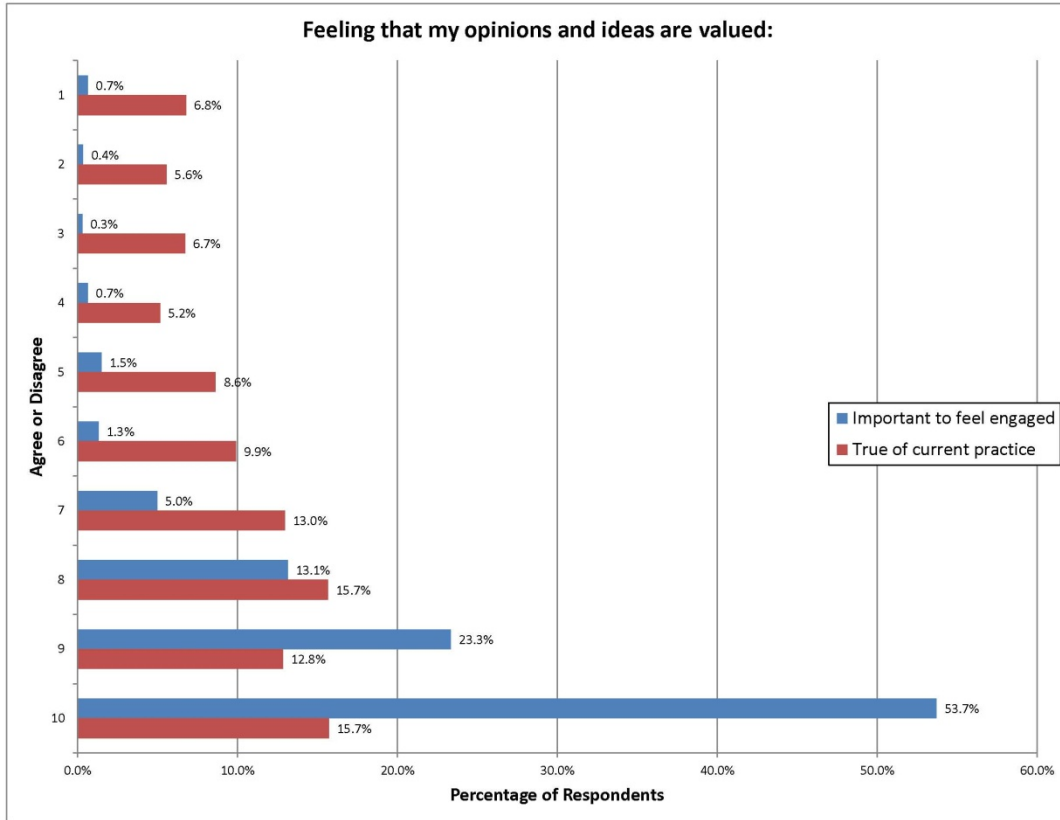
These elements were randomized on the survey to eliminate bias due to the order in which they were presented to respondents. The results for each element are detailed below.

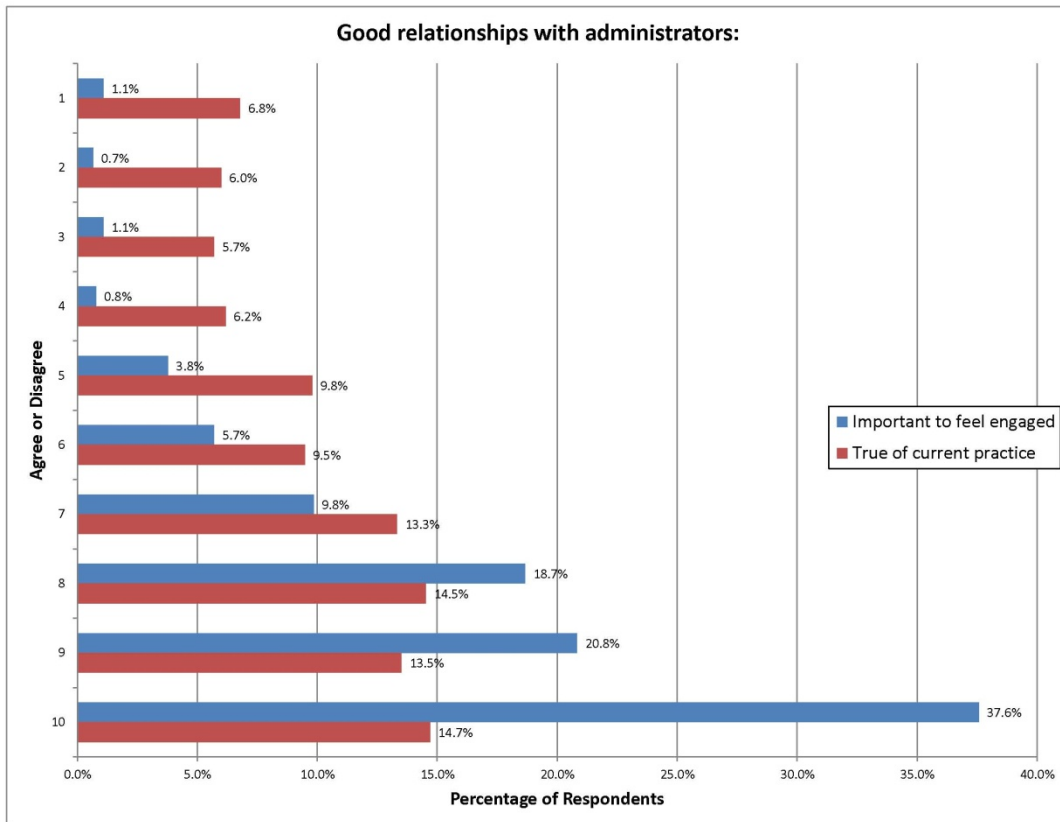
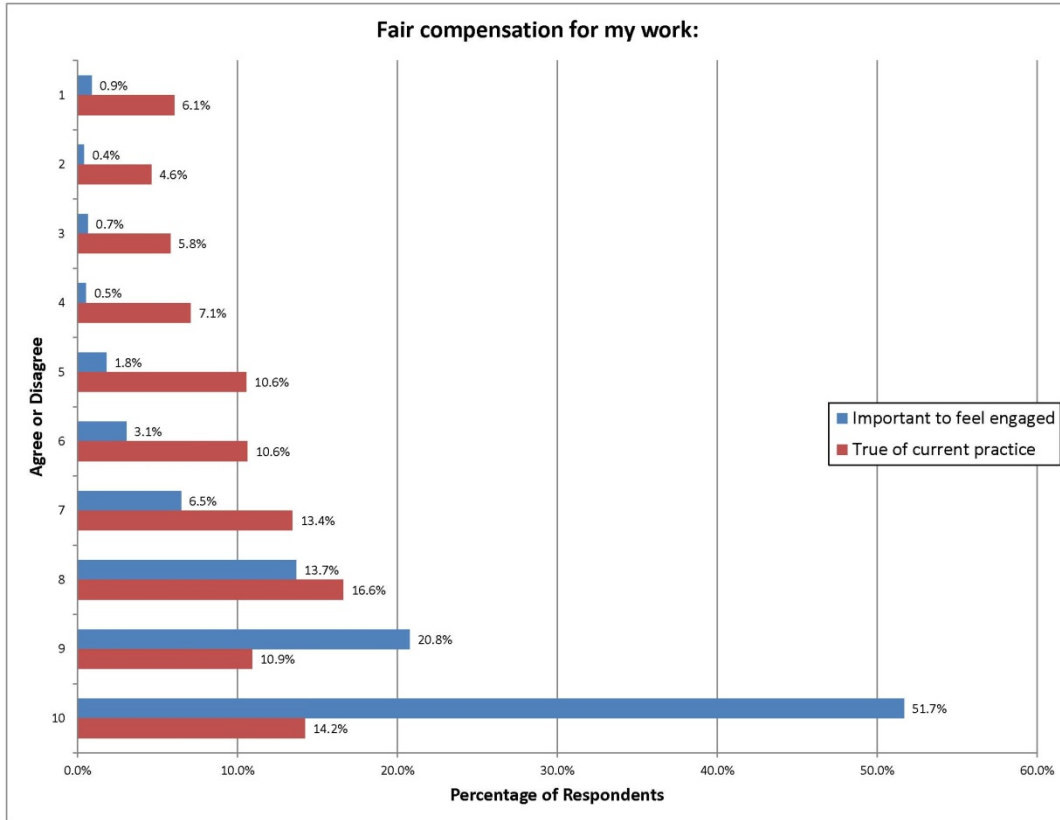


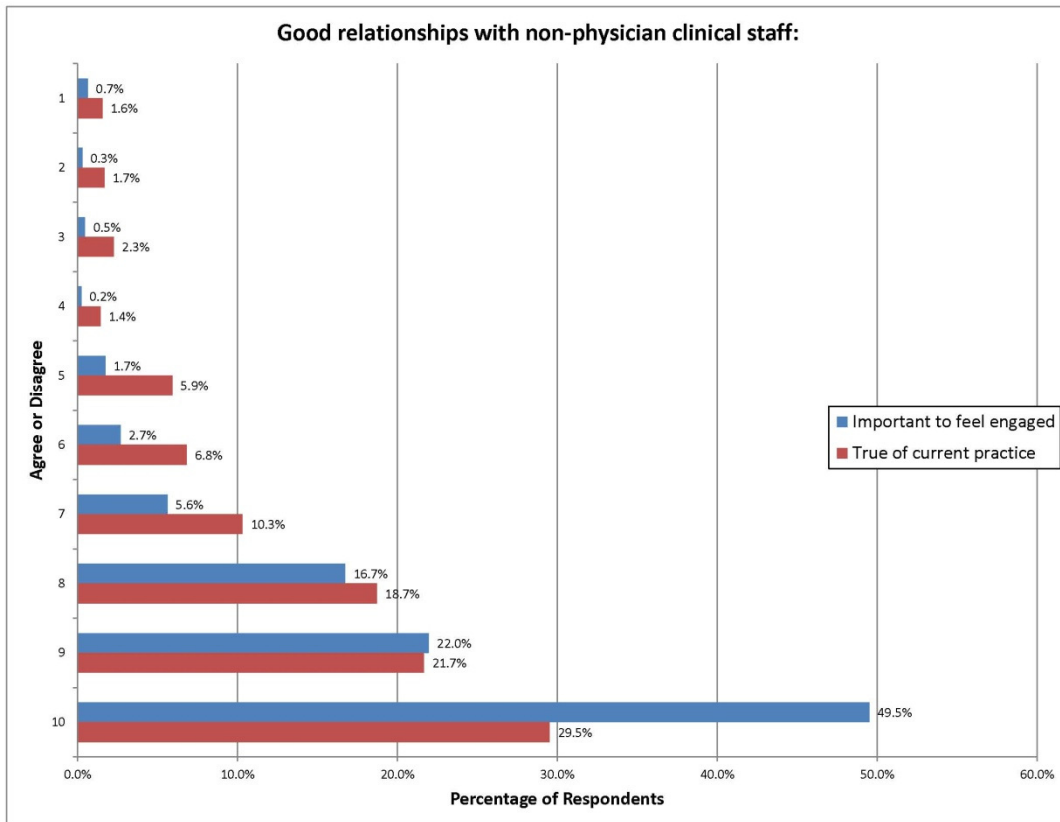
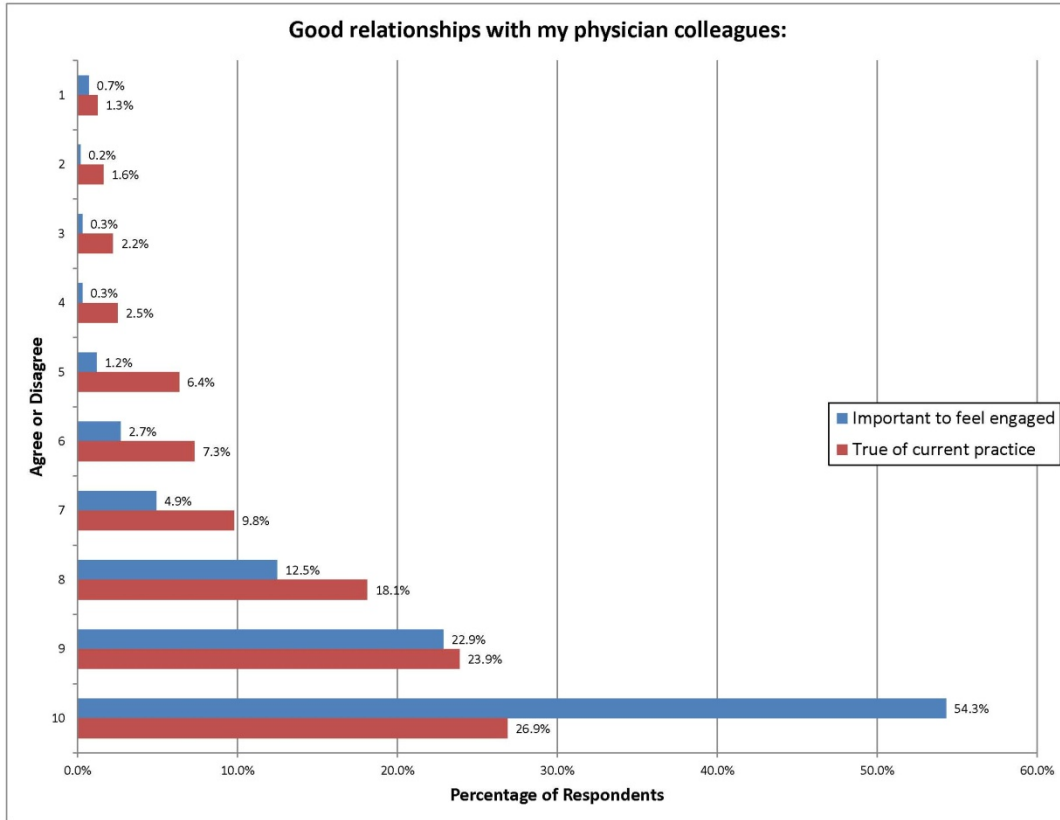


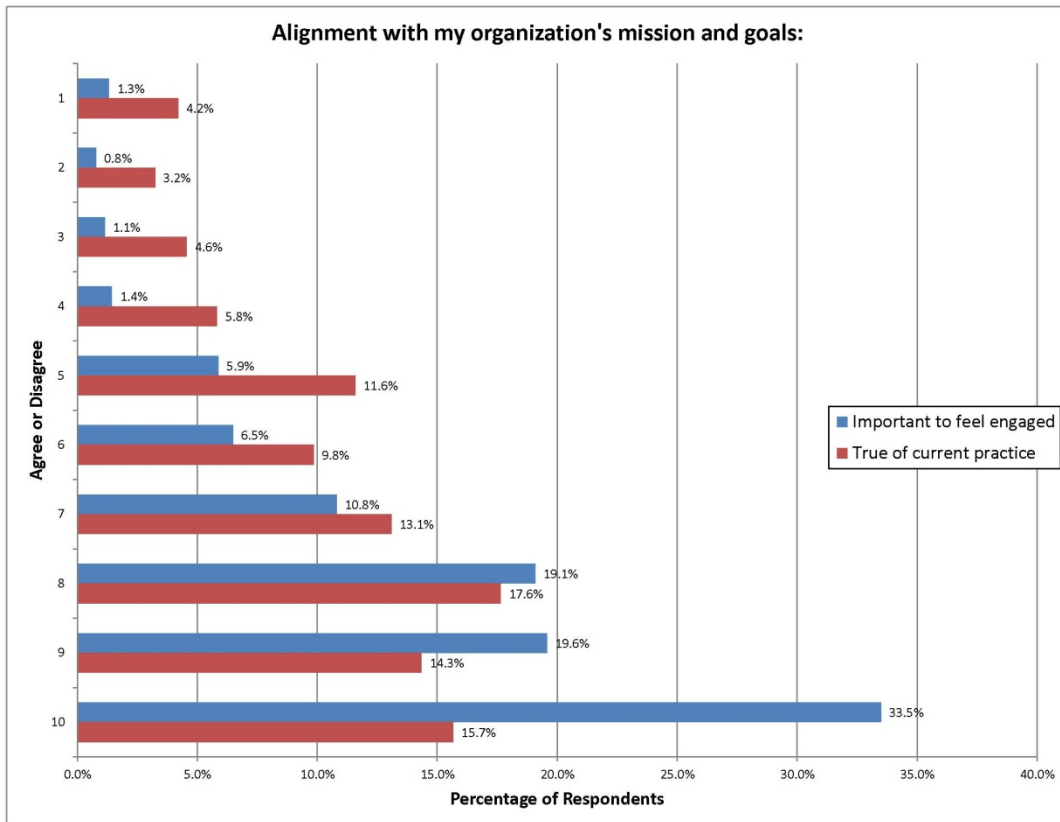
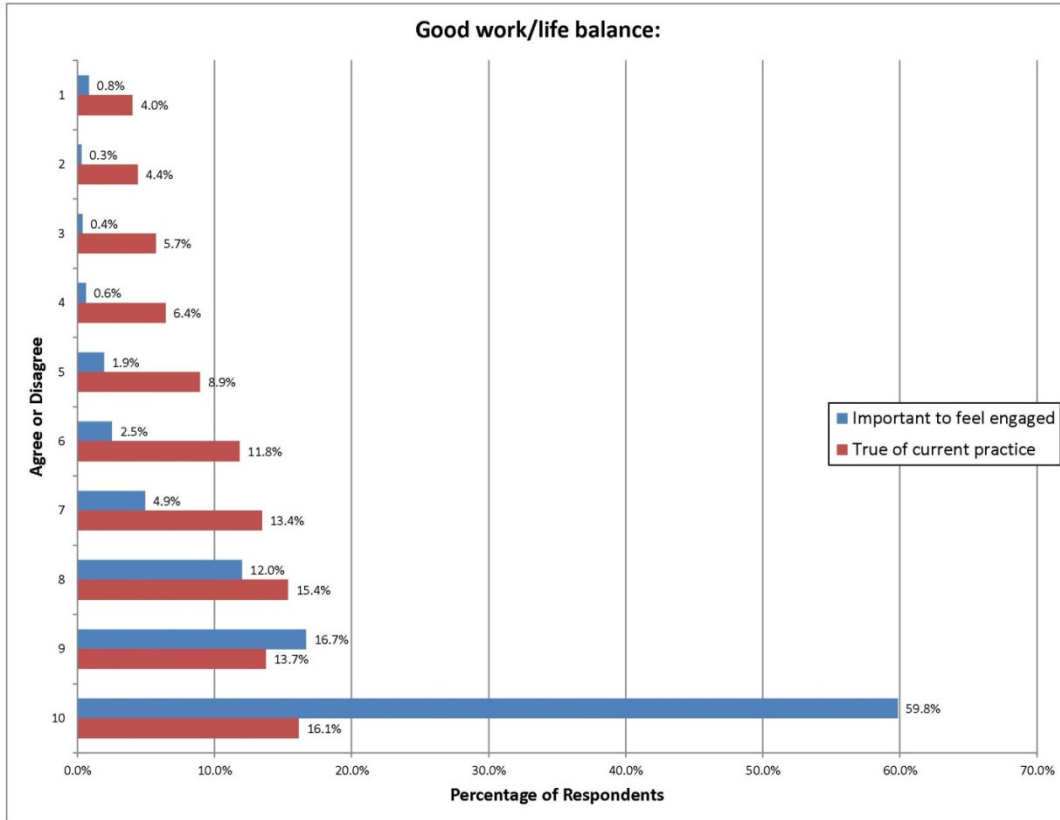


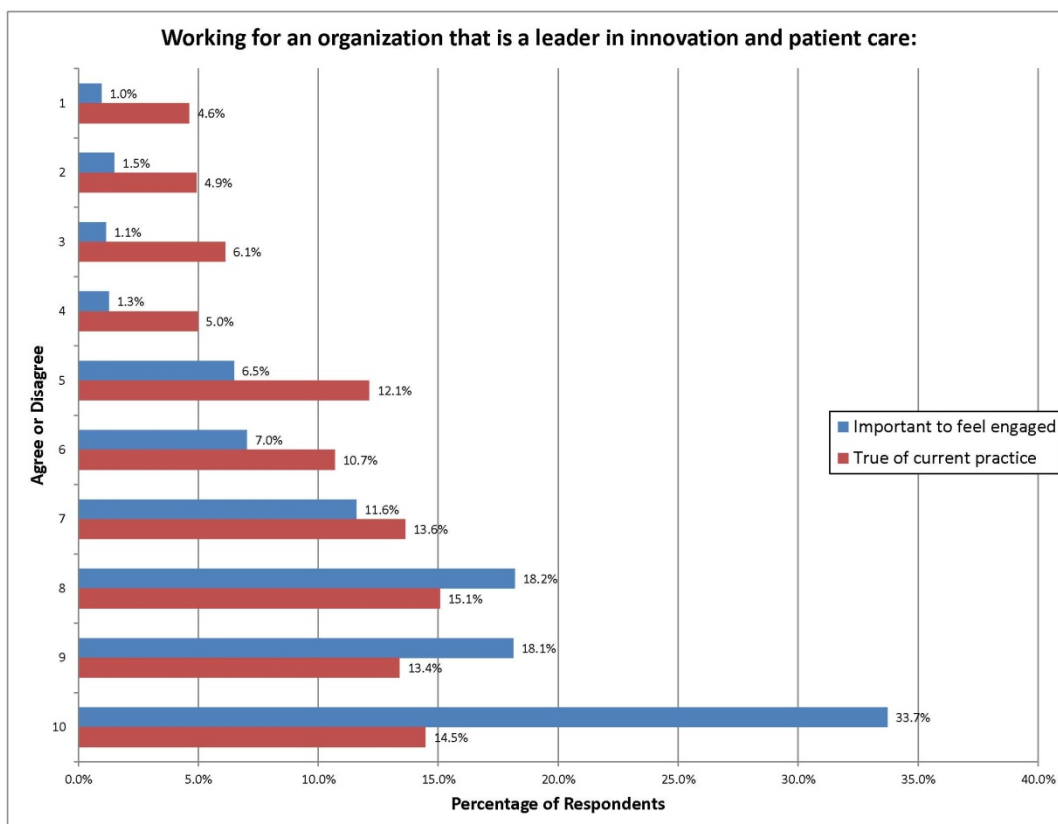












The table below details the average scores for these questions, which in absolute terms asked for the importance of these elements of engagement to physicians' feeling engaged, compared with how true they felt the element was for their current practice, and the gaps between those scores:

<u>Element of Engagement</u>	<u>Physicians' Average Score, 1-10 Scale:</u>		<u>Gap, Important vs. True of Practice</u>
	<u>Important to Feeling Engaged</u>	<u>True of Current Practice</u>	
Respect for my competency and skills	9.2	7.3	1.9
Feeling that my opinions and ideas are valued	9.1	6.5	2.6
Good relationships with my physician colleagues	9.1	7.9	1.2
Good work/life balance	9.1	6.7	2.4
A voice in how my time is structured and used	9.0	6.6	2.4
Fair compensation for my work	8.9	6.5	2.4
Good relationships with non-physician clinical staff	8.9	8.0	.9
A broader sense of meaning in my work	8.7	7.0	1.7
A voice in clinical operations and processes	8.7	6.3	2.4
Opportunities to expand my clinical skills and learn new skills	8.7	7.1	1.6
Opportunities for professional development and career advancement	8.6	6.6	2.0
Good relationships with administrators	8.4	6.4	2.0
Alignment with my organization's mission and goals	8.2	6.8	1.4
Working for leader in innovation and patient care	8.1	6.6	1.5
Participation in setting broader organizational goals and strategies	7.9	5.8	2.1



Physicians generally felt that all of the elements of engagement were important, based upon average scores ranging from 7.9 to 9.2—which were well above the 3.0 to 7.0 point mid-range and all in the upper quartile—when asked how important the elements were to feeling engaged. The top elements of engagement were:

- Respect for my competency and skills (9.2 average score)
- Feeling that my opinions and ideas are valued (9.1—tie)
- Good relationships with my physician colleagues (9.1—tie)
- Good work/life balance (9.1—tie)
- A voice in how my time is structured and used (9.0)

The least important elements were participation in setting broader organizational goals and strategies (7.9 average score) and working for a leader in innovation and patient care (8.1), followed by alignment with the organization’s mission and goals (8.2).

Physician respondents gave universally lower marks for how well they felt these elements were true of their current practices, with average scores ranging from 5.8 to 8.0 and falling more in the 6 range. The highest scores were for good relationships with non-physician staff (8.0), followed by good relationships with physician colleagues (7.9) and dropping off to respect for my competency and skills (7.3). The lowest scores were for participation in setting broader organizational goals and strategies (5.8), which was also one of the least important elements, a voice in clinical operations and processes (6.3) and good relationships with administrators (6.4).

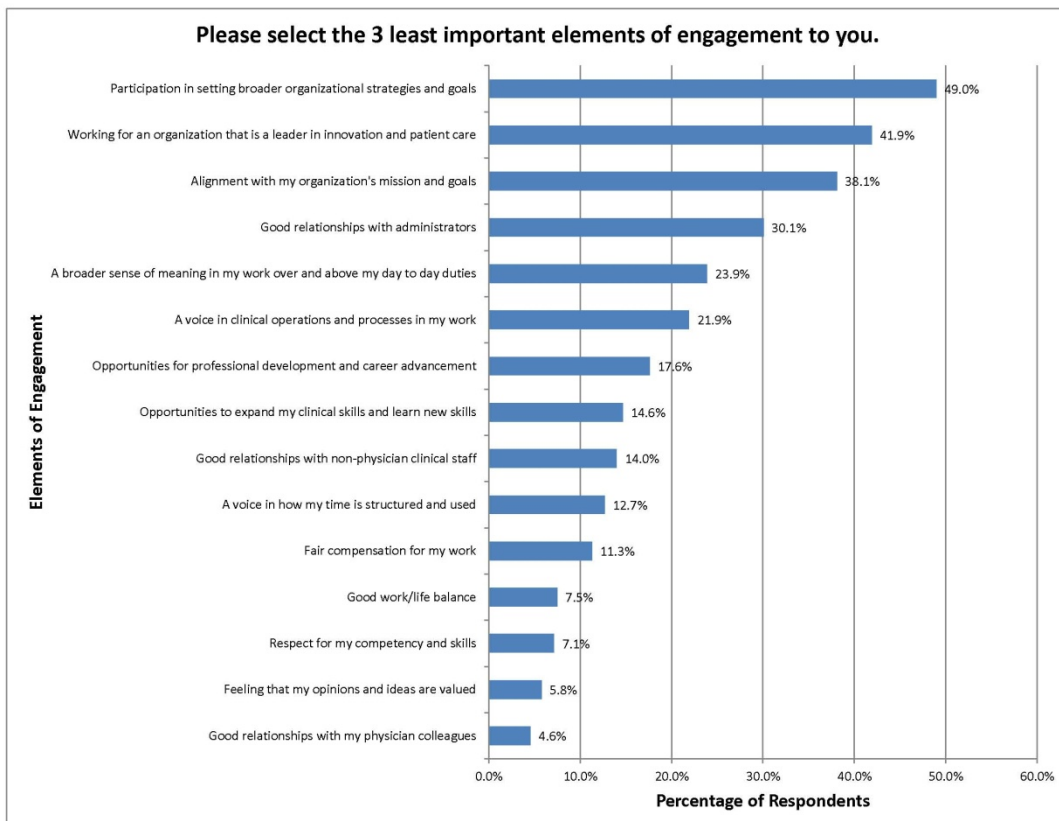
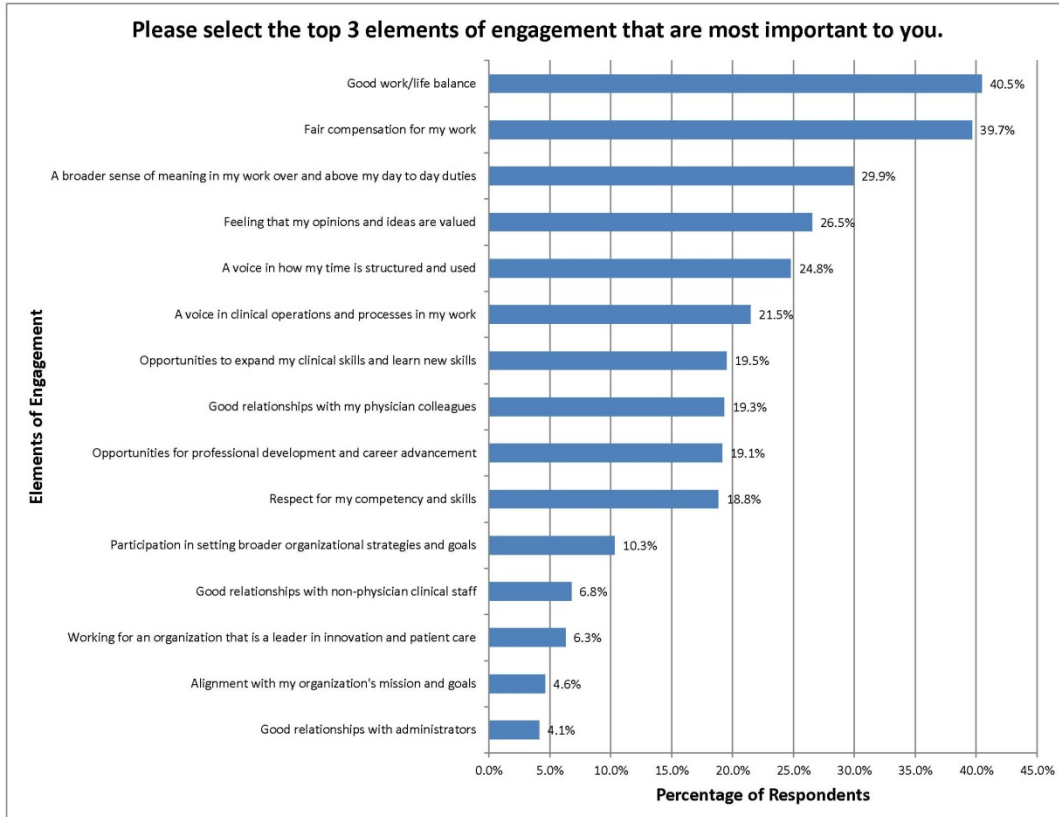
The gaps between what was important to feeling engaged and what was true of their current practices ranged from .9 to 2.6 points. The largest gaps were:

- Feeling that my opinions and ideas are valued (2.6 point gap)
- A voice in clinical operations and processes (2.4—tie)
- A voice in how my time is structured and used (2.4—tie)
- Fair compensation for my work (2.4—tie)
- Good work/life balance (2.4—tie)

Given that three of these elements were also among the most important—with average scores of 9.0 or higher—these gaps are especially concerning.

In the context of this survey, a 10 score for “This is true in my current practice” would indicate that physicians’ expectations around what they need to feel engaged in their work are being fully met—and thus, the ideal for organizations. Ultimately, the area of biggest concern is the gap between the ideal—a 10 score—and their feelings around what their organization is providing. Varying from 2.0 to 4.2 points, with most in the 3.2 to 3.7 range, there is considerable room for improvement in this regard.

Respondents were then asked to indicate the top three elements of engagement that were most important to them, and similarly, the three least important attributes to them. Given that, in absolute terms, they scored that all were important, this question required that they prioritize among the different elements of engagement in relative terms, with up to three choices. These results are given below:



The most important elements of engagement were:

- Good work/life balance (40.5% of all respondents)
- Fair compensation for my work (39.7%)
- A broader sense of meaning in my work over and above my day to day duties (29.9%)
- Feeling that my opinions and ideas are valued (26.5%)
- A voice in how my time is structured and used (24.8%)

The top two were within a percentage point of each other. Then, there was a ten percentage point drop to the next cluster of engagement elements. With a 292 response index, almost all respondents chose three elements in answering this questions, so it's fair to say that at least a quarter of all respondents valued these elements above the others.

While these tracked generally with the top elements of engagement which were most important for them to feel engaged, based upon absolute scores, there were two notable differences, as fair compensation and a broader sense of meaning supplanted respect for competency and skills and good relationships with physician colleagues in the top five.

The least important elements of engagement were:

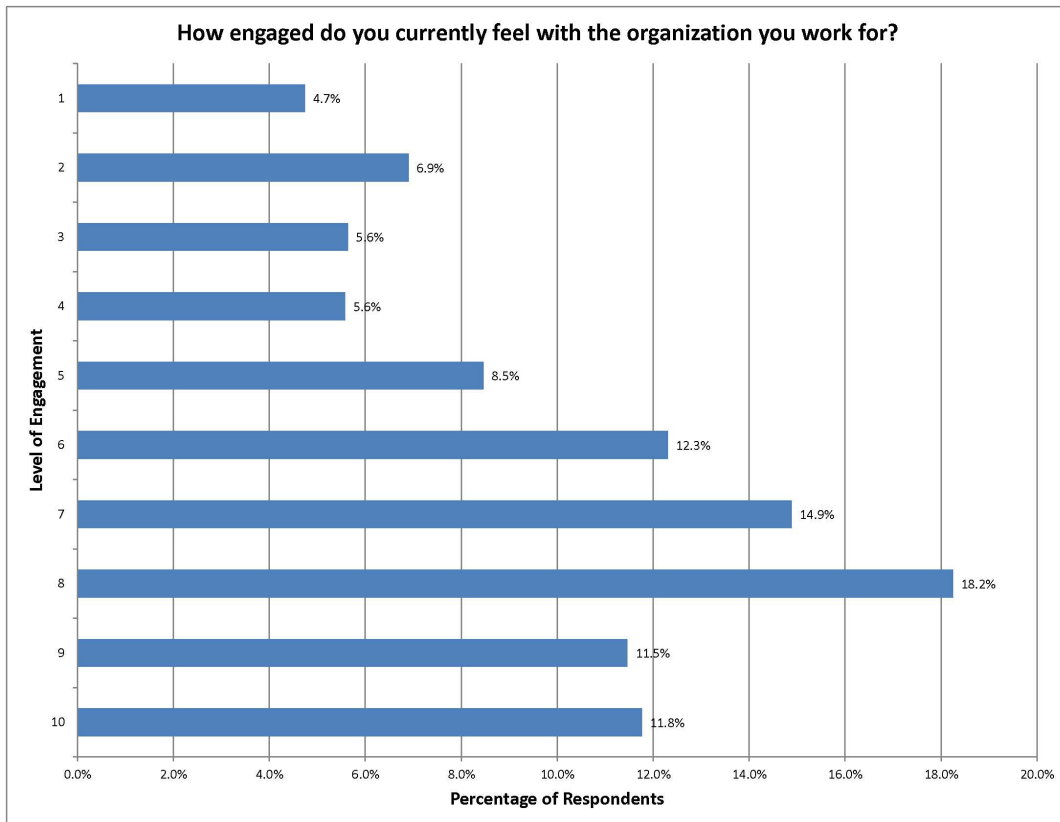
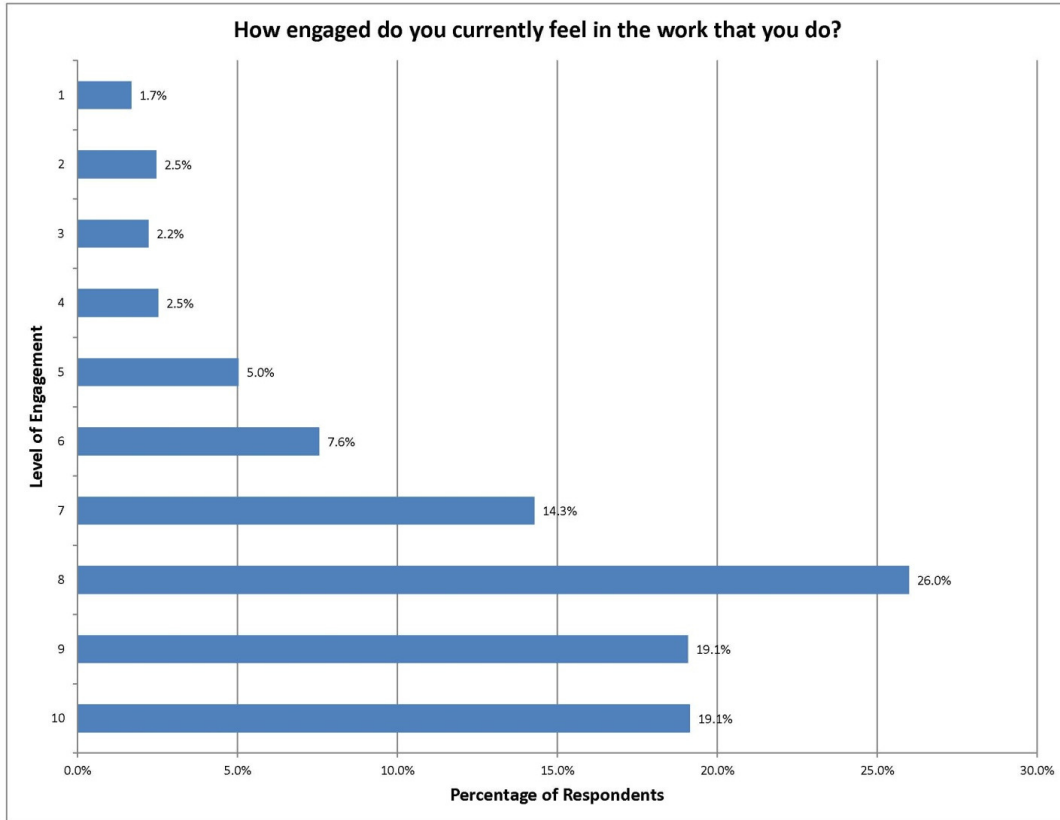
- Participation in setting broader organizational strategies and goals (49.0% of all respondents)
- Working for an organization that is a leader in innovation and patient care (41.9%)
- Alignment with my organization's mission and goals (38.1%)
- Good relationships with administrators (30.1%)

With a 300 response index, these were the elements for which at least a quarter of all respondents felt were least important in relative terms. These tracked with the absolute scores for these elements. However, it's still notable that while they were not as important in relative terms, they all scored in the top quartile in absolute terms, meaning that respondents still felt they were important.

### **Results: Sense of Engagement**

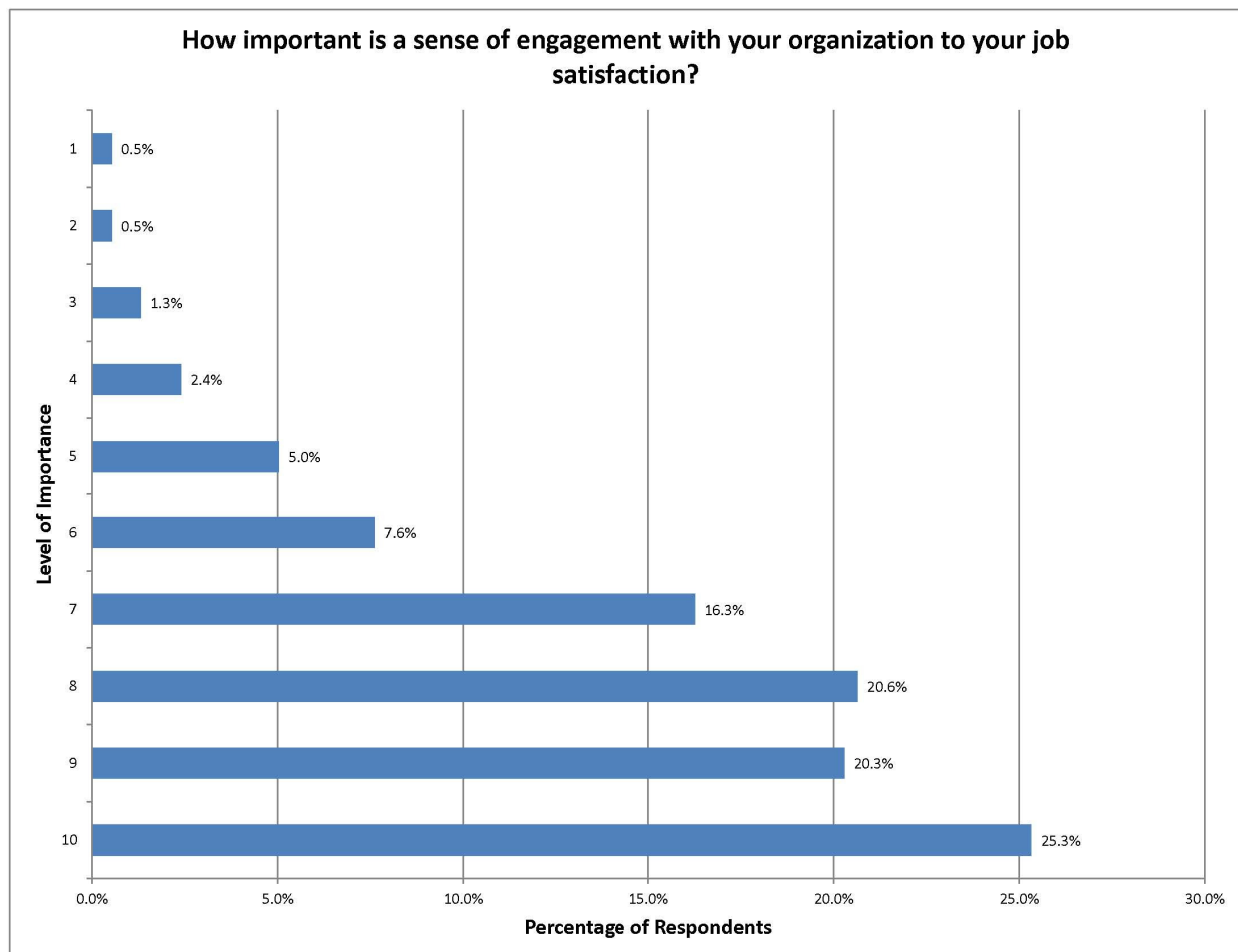
The final set of questions dealt with how engaged the respondents felt with their work and their current organizations and how the latter had changed compared to three years ago. They were also asked how their feelings of engagement impacted their satisfaction, and whether issues around engagement had prompted them to leave a practice or job, or conversely, to accept other opportunities.

With regard to their sense of engagement, respondents were asked both about how engaged they felt in the work they were doing, and with their organizations. The average scores were 7.7 and 6.4, respectively, based on a range of 1 (completely disengaged) to 10 (completely engaged).

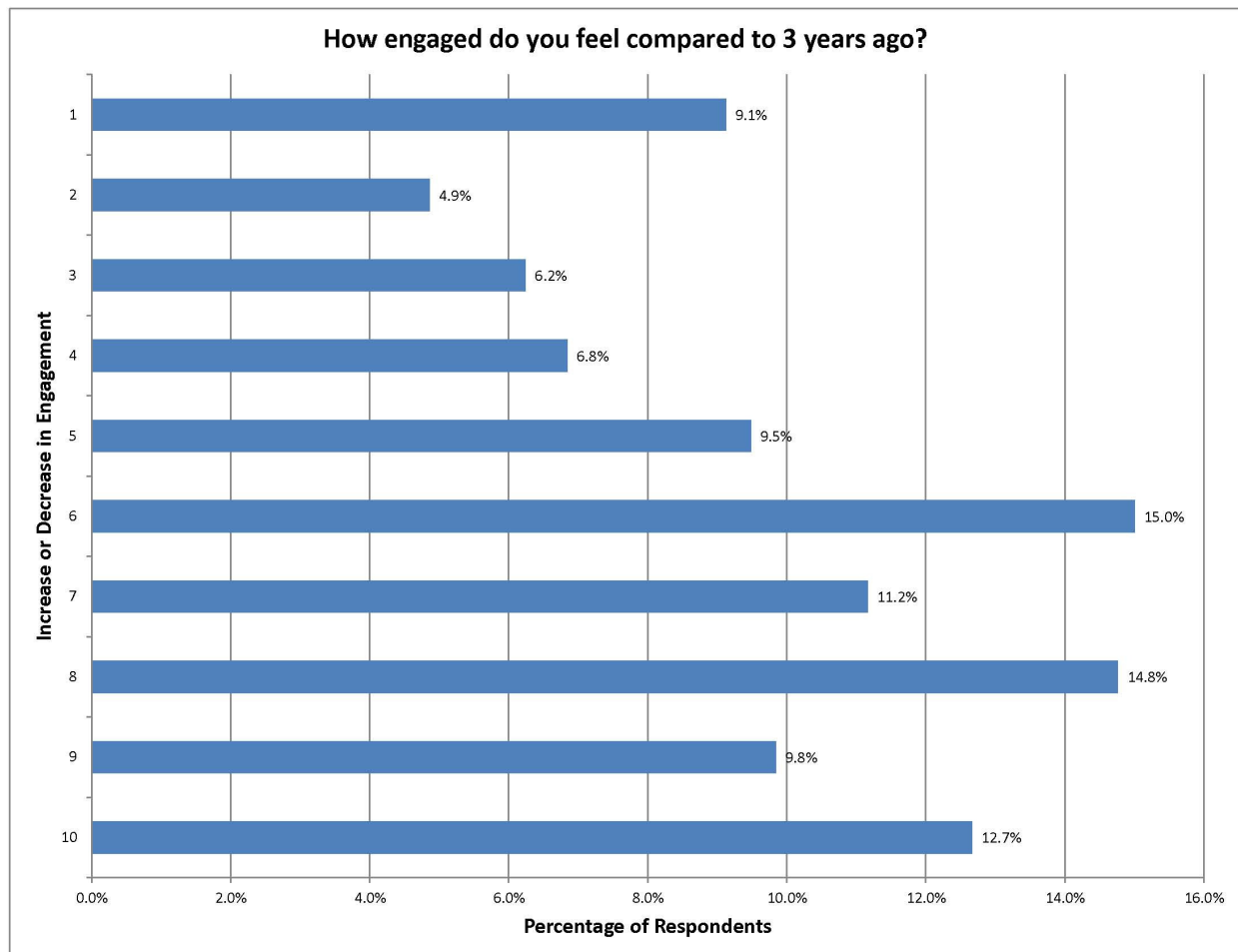


While their score around engagement with their work was in the upper quartile, the score for engagement with their organization was much lower, and the distribution of scores highlighted this. Another way of looking at this was that nearly two-thirds (64.2%) of respondents scored in the high range (8-10) regarding their feelings of engagement with their work, but less than half (41.5%) scored similarly for their sense of engagement with their organization.

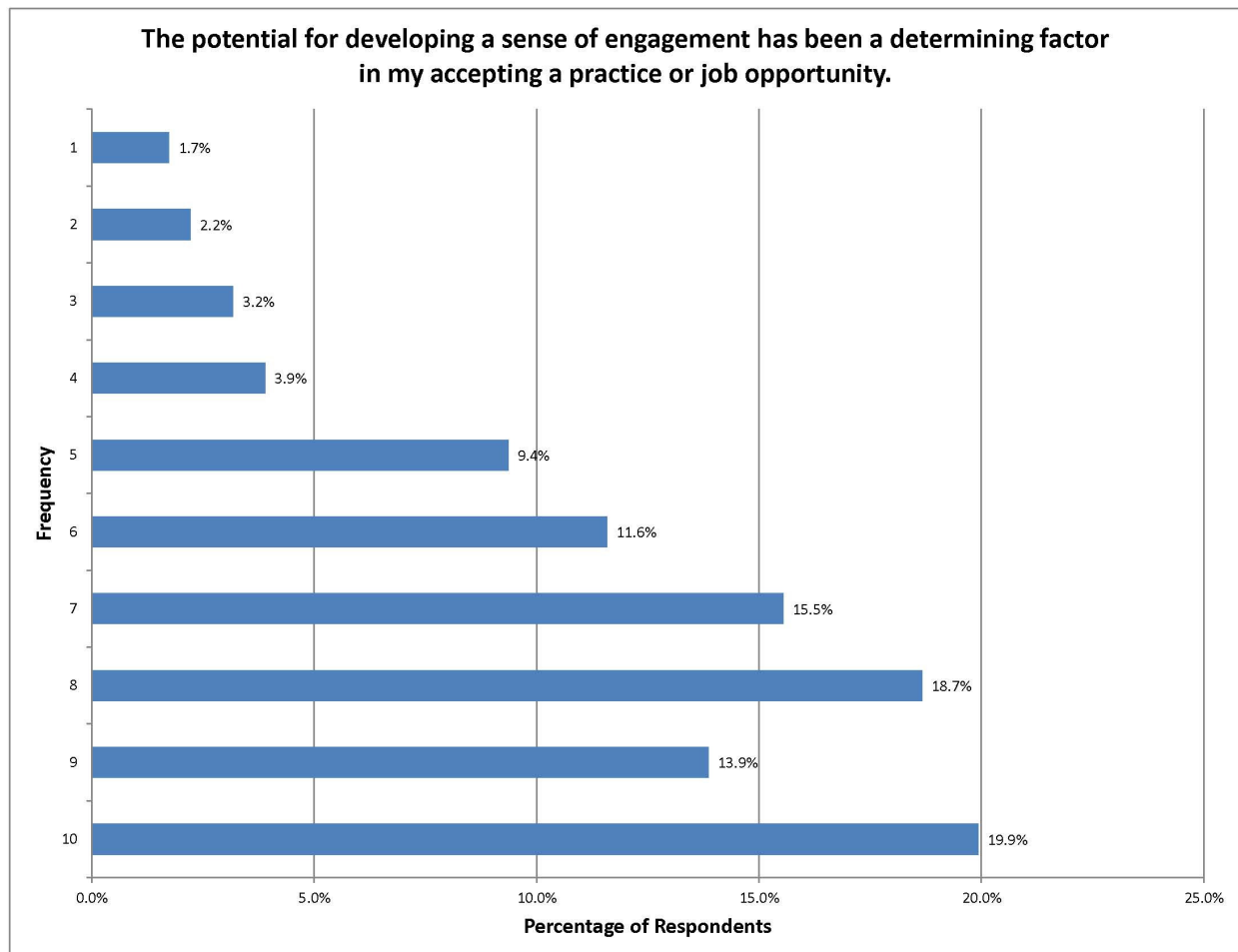
Feelings of engagement are clearly important to physicians. When asked how important it was to their job satisfaction based on a range of 1 (unimportant) to 10 (very important), the average score was 8.0, with a quarter scoring 10, and two-thirds (66.2%) scoring it in the high range.



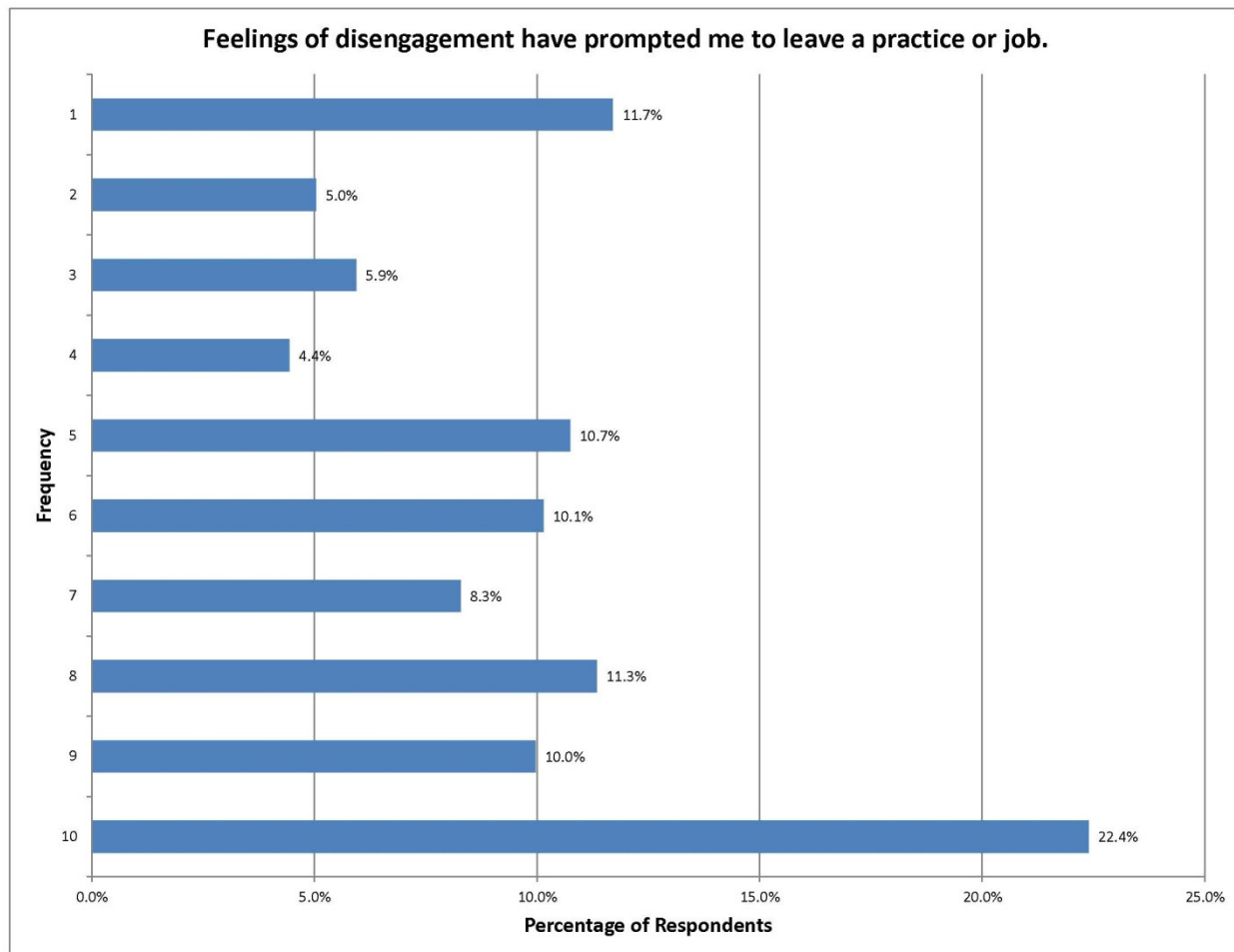
The next question was regarding how their feelings of engagement had changed compared to three years earlier, on a 10-point Likert scale from 1 denoting “Much less engaged” and 10 denoting “Much more engaged.” With an average score of 6.1, the trend was toward feeling more engaged, but the distribution indicates that there was a great deal of ambivalence around this, with over a third scoring on the bottom half of the scale and only 12.7% scoring a 10.



The last two questions asked about the impact of engagement on actual behavior—whether or not it had influenced job or practice choices. When asked to what degree they disagreed or agreed that the potential for developing a sense of engagement had been a determining factor in accepting a practice or job opportunity, the average score was 7.3, showing that this was a significant factor for most respondents in evaluating prospective opportunities. The distribution of scores bears this out, with 19.9% scoring 10 (strongly agree), and just over half—52.5%—scoring in the high range of 8-10.



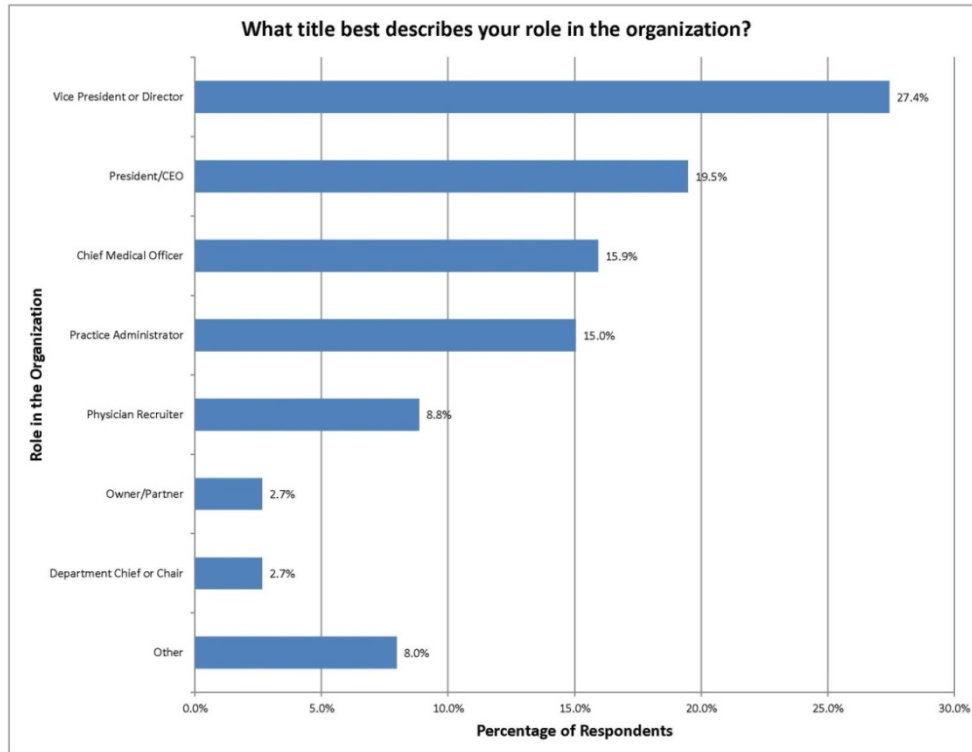
When asked if feelings of disengagement had prompted respondents to leave a practice or job, the average score was 6.3. Again, the distribution of scores indicates it had been a factor for most respondents. While 11.7% scored 1 (strongly disagree), almost twice that many (22.4%) scored a 10 (strongly agree). In fact, 43.7% scored in the high range of 8-10, and almost two-thirds (62.1%) scored 6 or higher. Given the age distribution of the survey, and the assumption that some of the younger respondents probably haven't left a job or practice yet, and thus would have scored lower in the scale as a consequence given the absence of a "not applicable" option, the average score most likely understates the influence of engagement on their decision to leave.



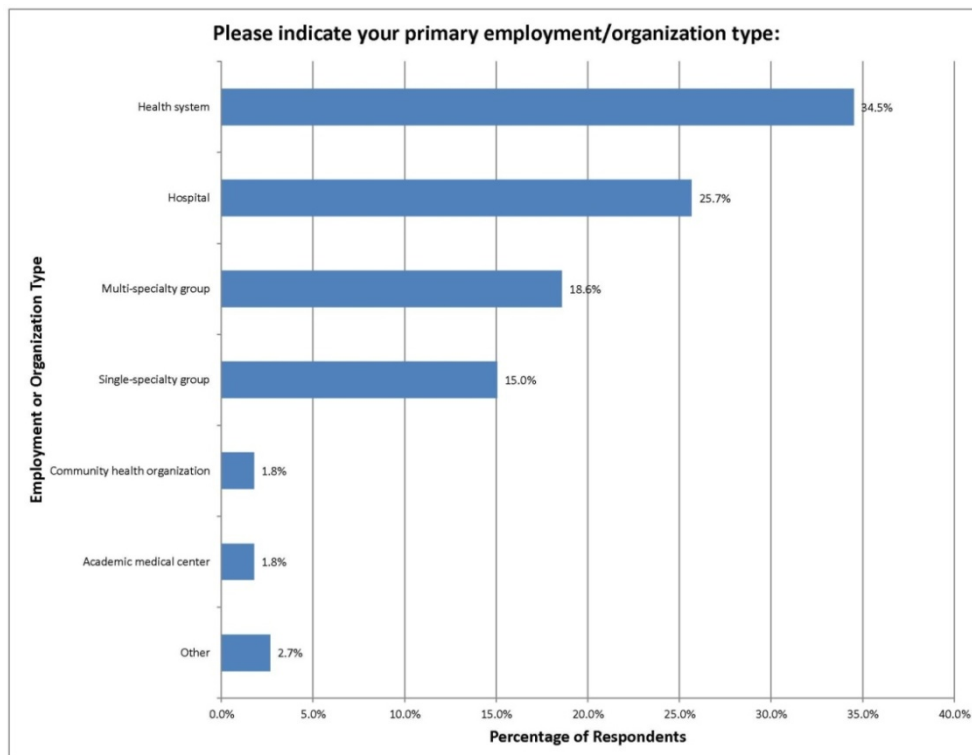
### Respondent Profile—Administrators

When asked for their role in their organizations, a plurality of respondents reported their title as Vice President or Director (27.4%), followed by President/CEO (19.5%), Chief Medical Officer (15.9%) and Practice Administrator (15.0%).

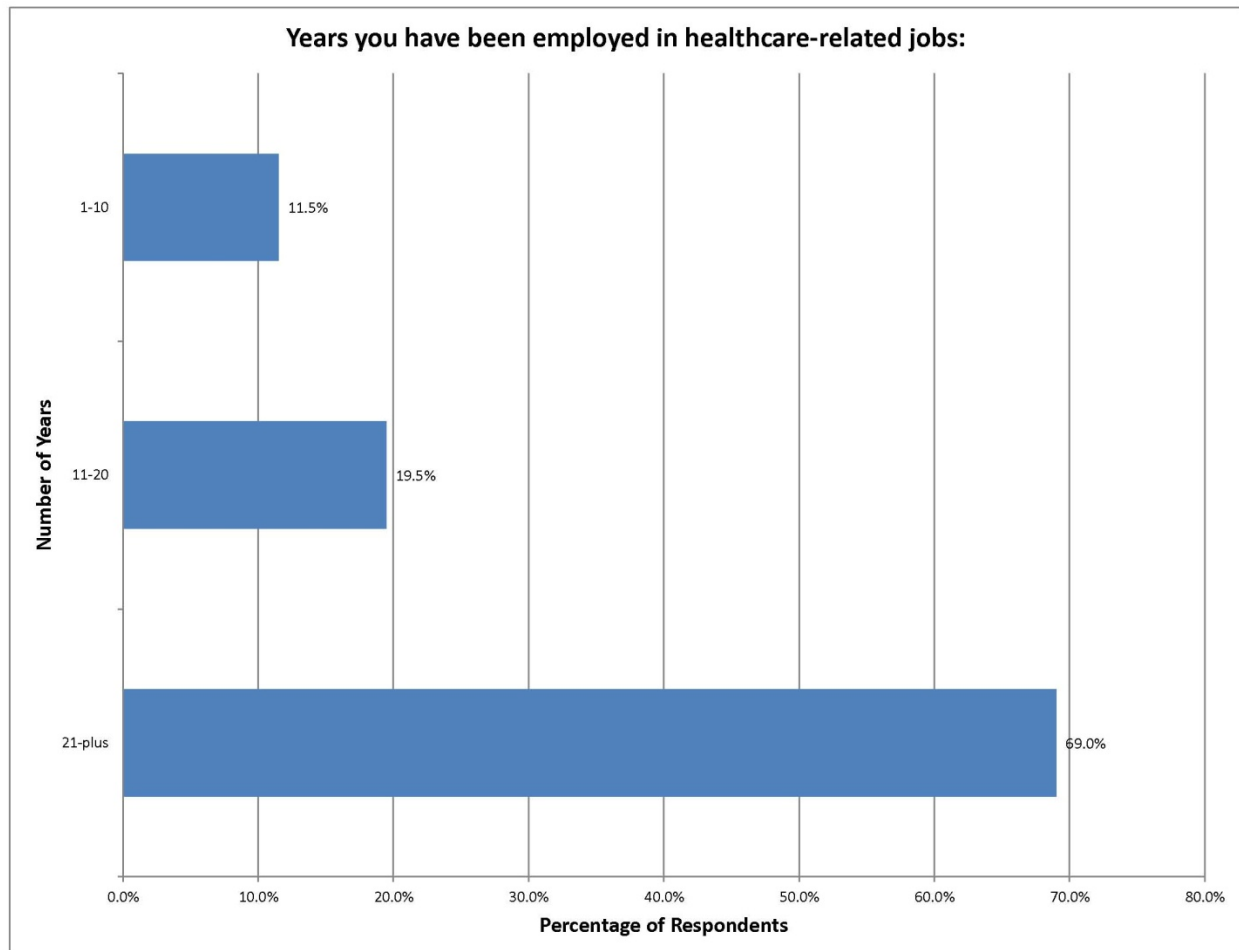




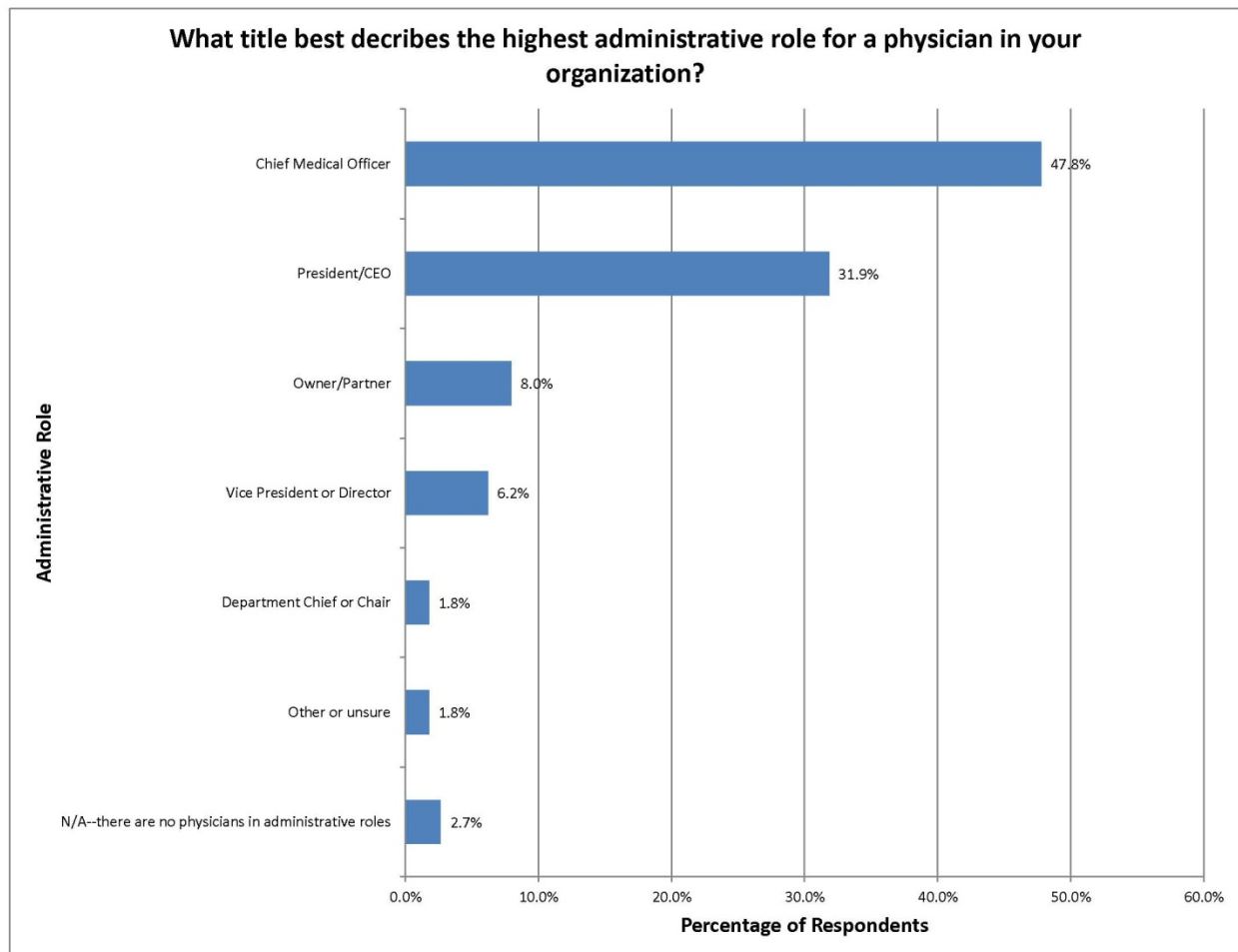
Just over a third of the sample survey respondents were employed by health systems (34.5%), followed by those who were employed in a hospital (25.7%). Multi-specialty practices (15.9%) or single-specialty practices (15.0%) were next in prevalence.



The average length of time spent in healthcare-related jobs for the survey respondent sample was 21.5 years.



We also asked the highest administrative role for a physician in their organization. Chief Medical Officer led with 47.8%, followed by President/CEO (31.9%). Only 2.7% indicated there were no physicians in an administrative role in their organization.



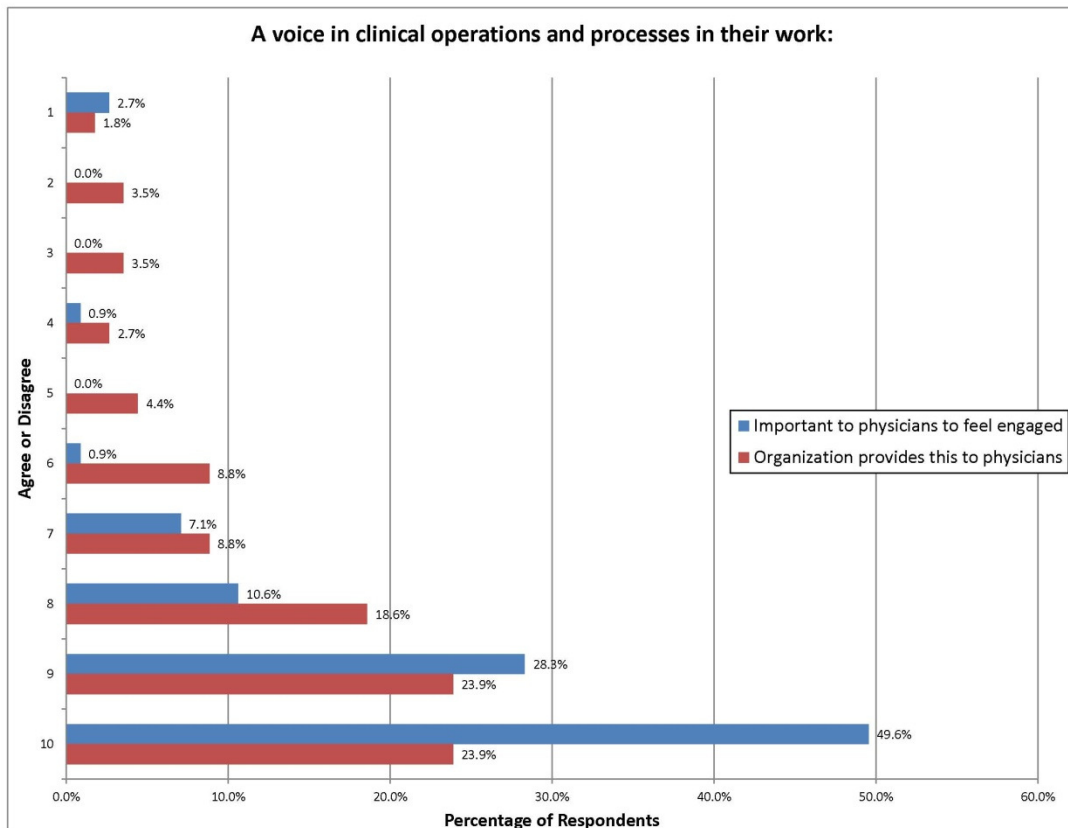
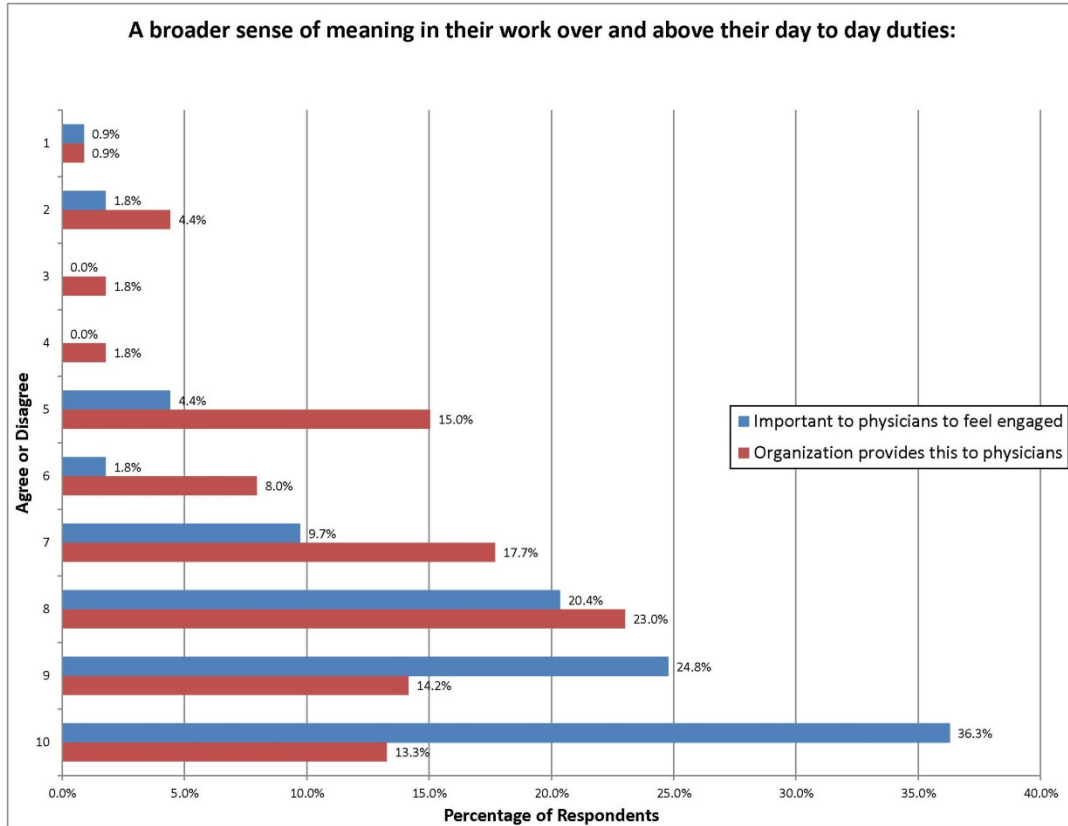
## Survey Results—Administrators

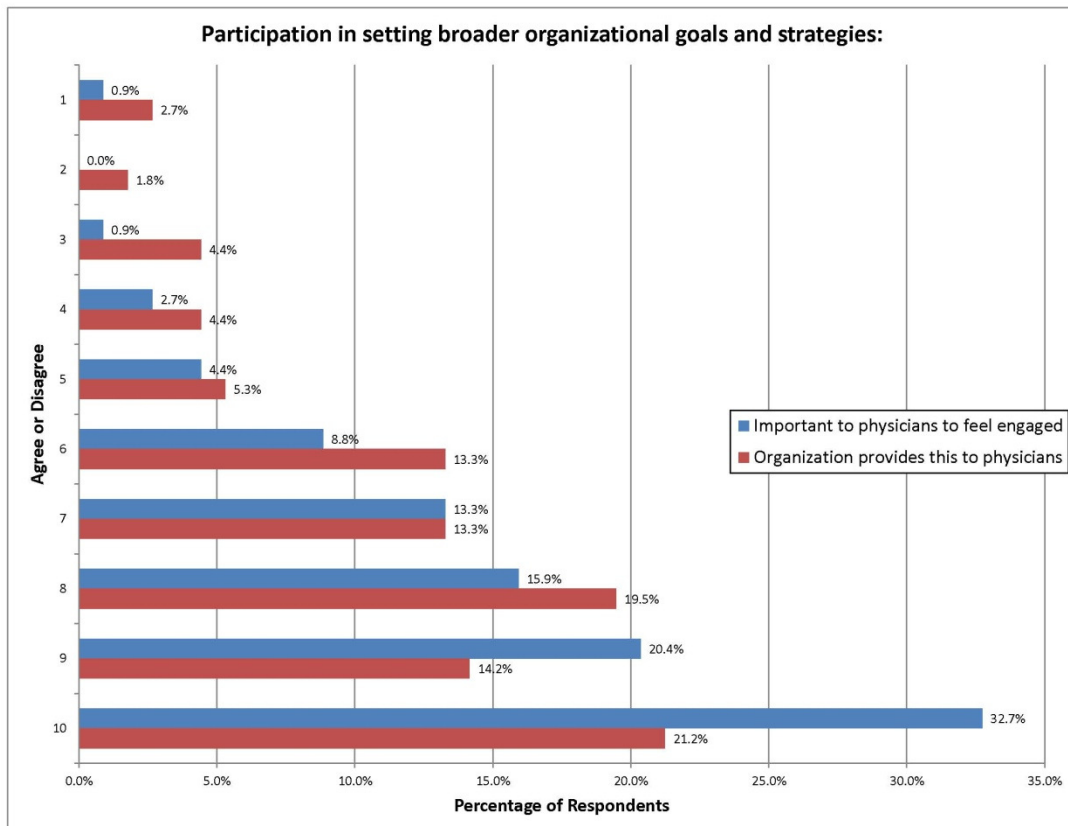
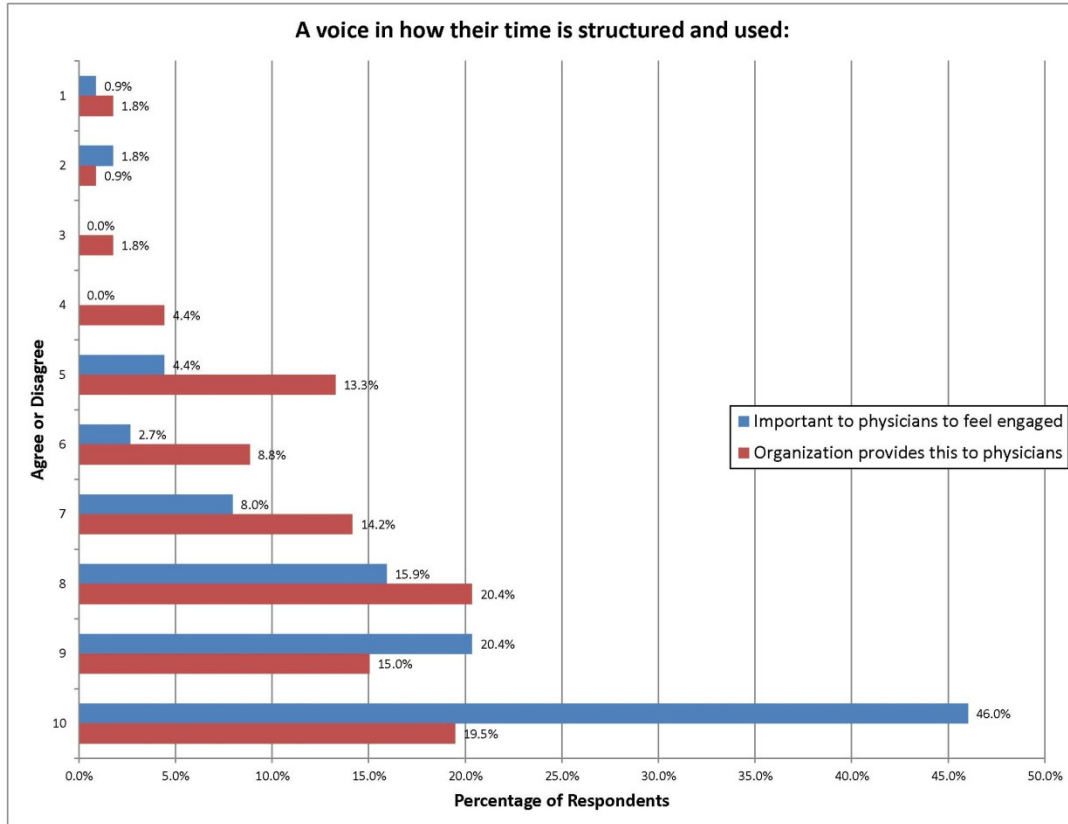
### **Results: Elements of Engagement**

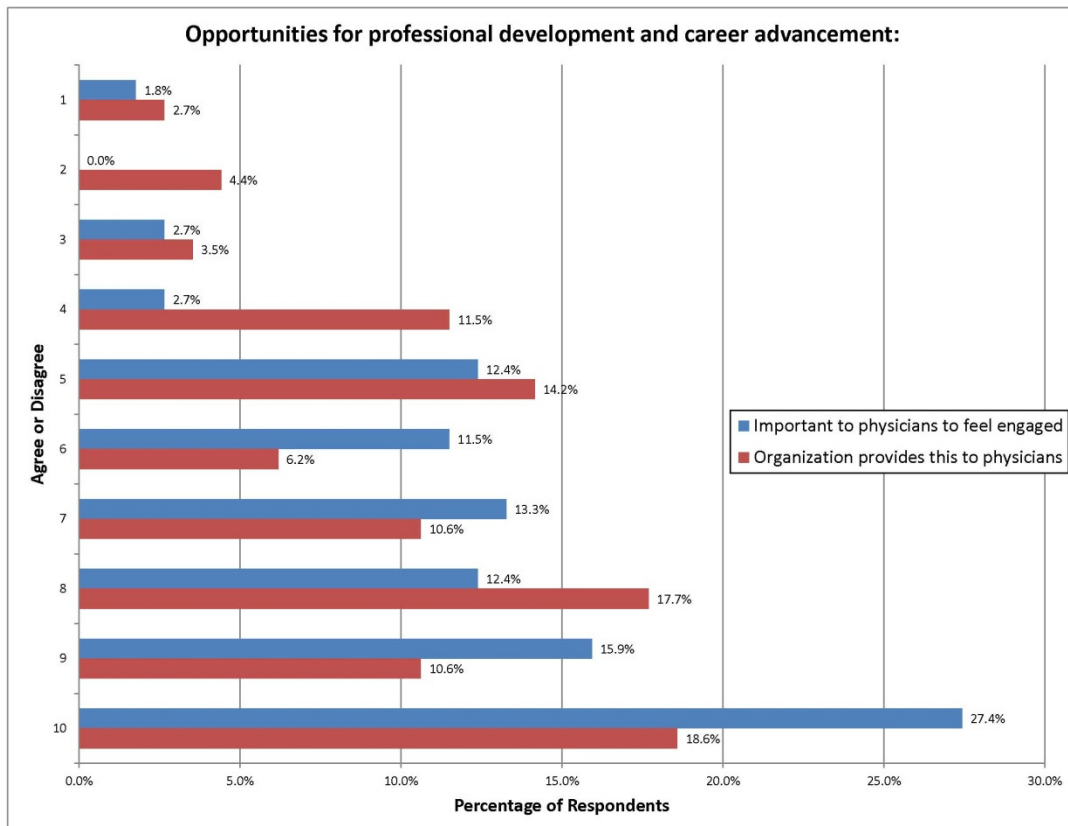
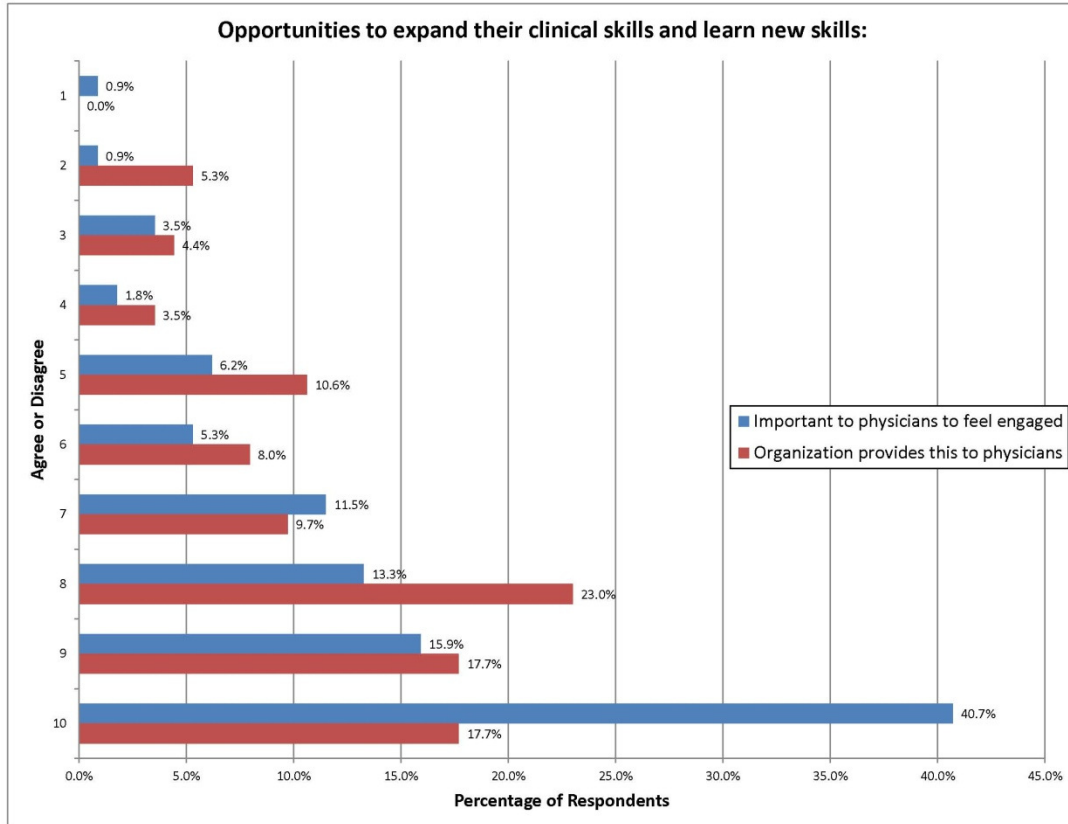
We asked for administrators to review the same 15 elements of engagement that were given to the physicians. For each element, they were asked two questions, scored on a 10-point Likert scale, with 1 denoting “Strongly Disagree” and 10 denoting “Strongly Agree”:

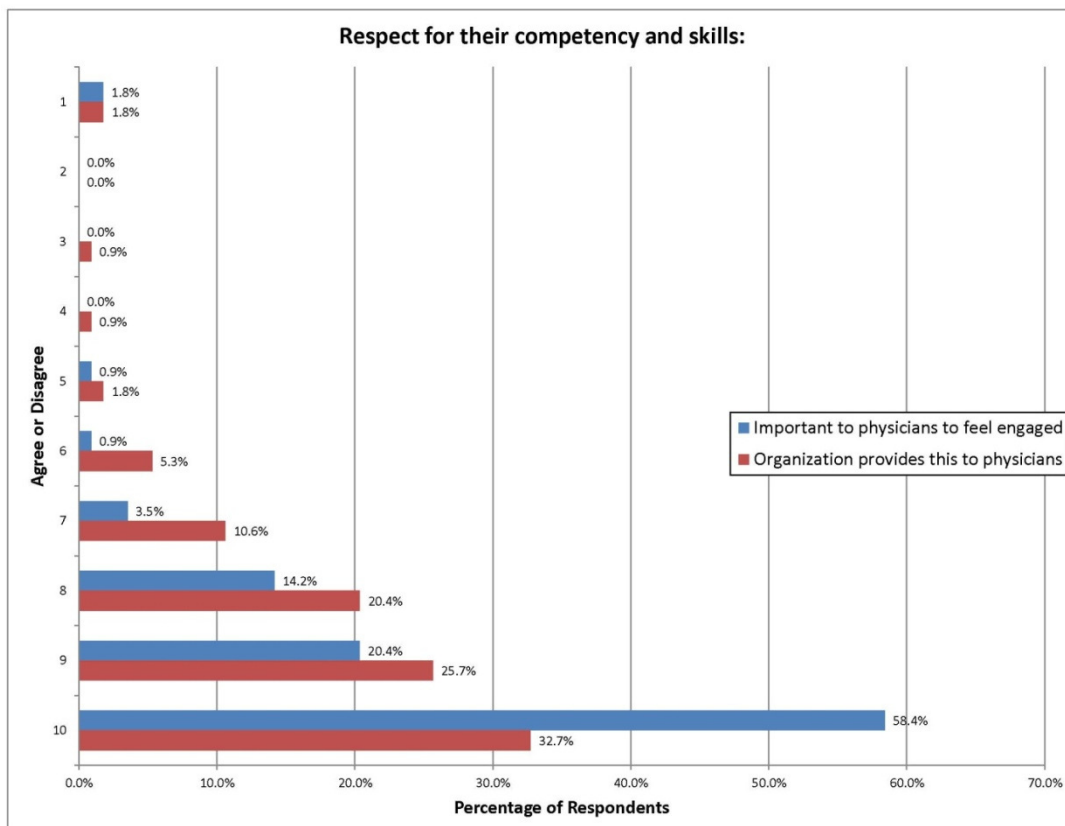
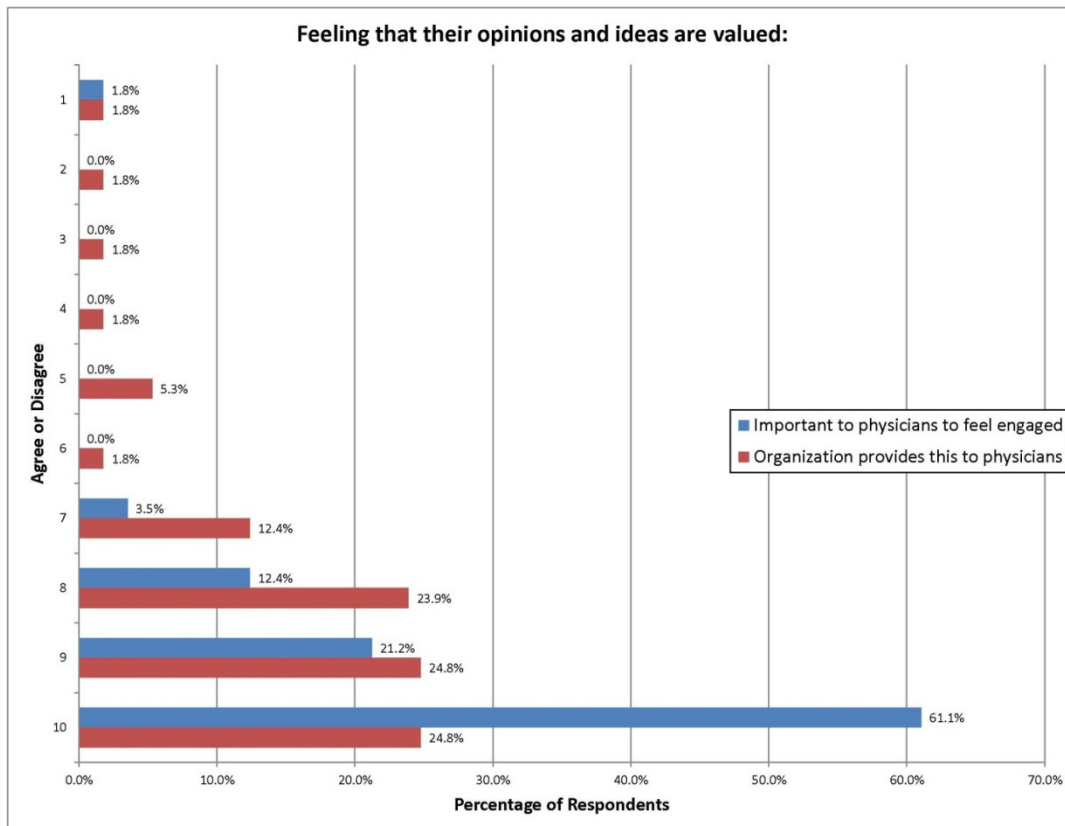
- The extent to which they agreed or disagreed with how important they felt this element was to their physicians’ feelings of engagement. (“Important to Feeling Engaged” on charts)
- The extent to which they agreed or disagreed that their organization provided this to their physicians. (“Organization Provides” on charts)

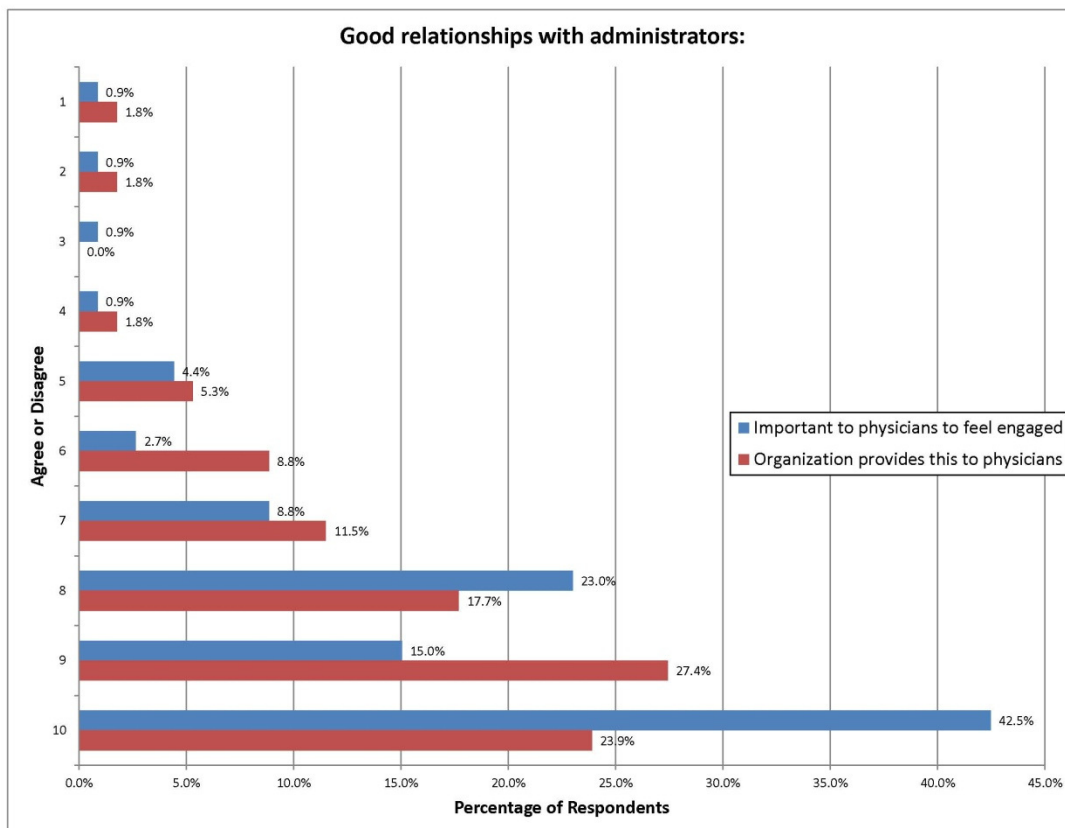
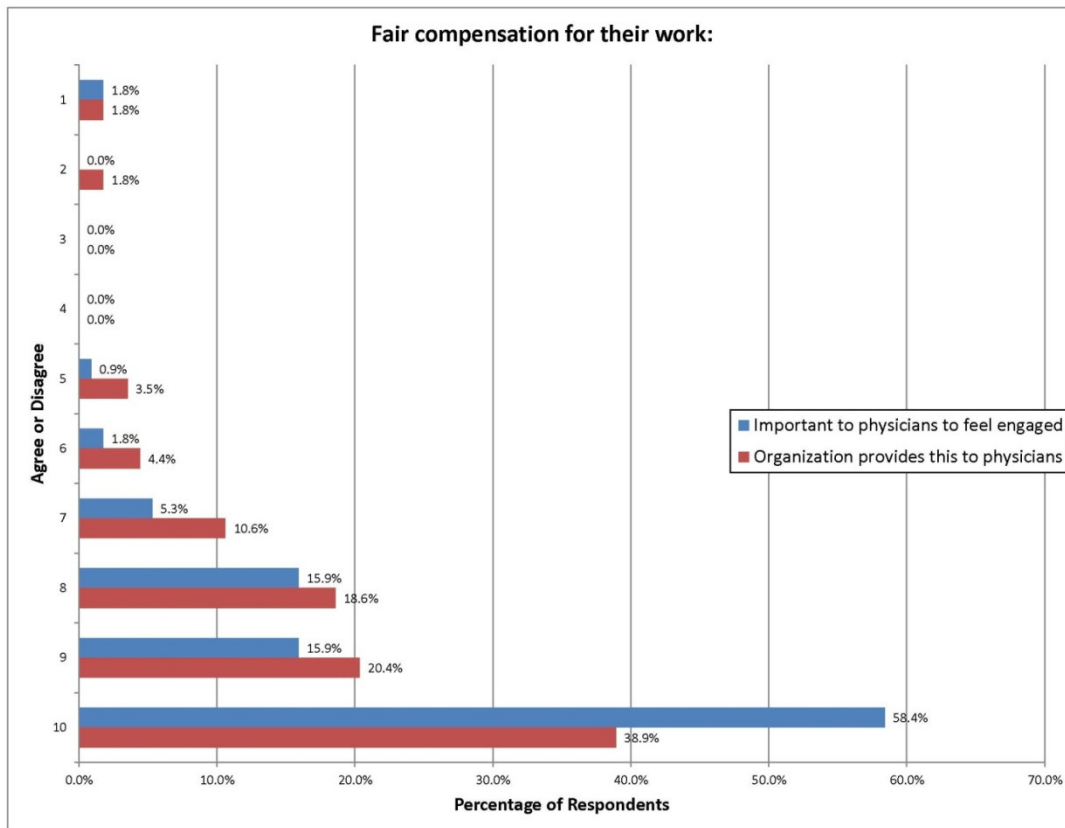
The results for each element of engagement are detailed below.



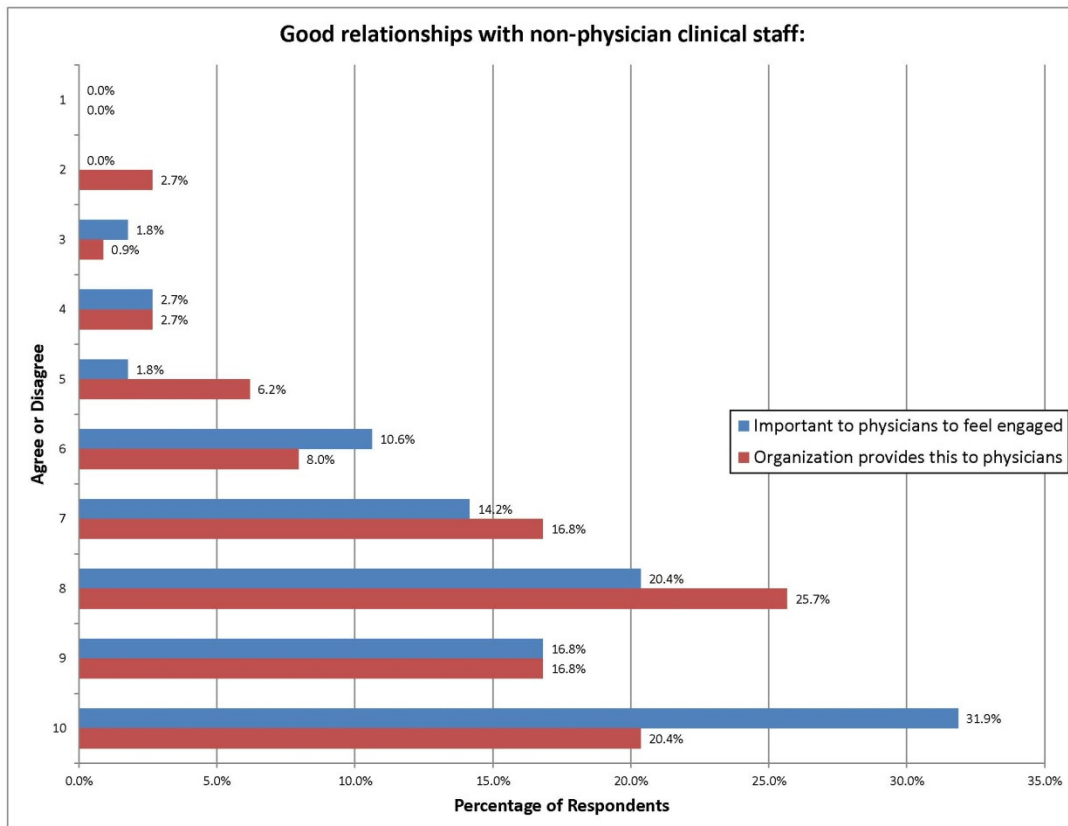
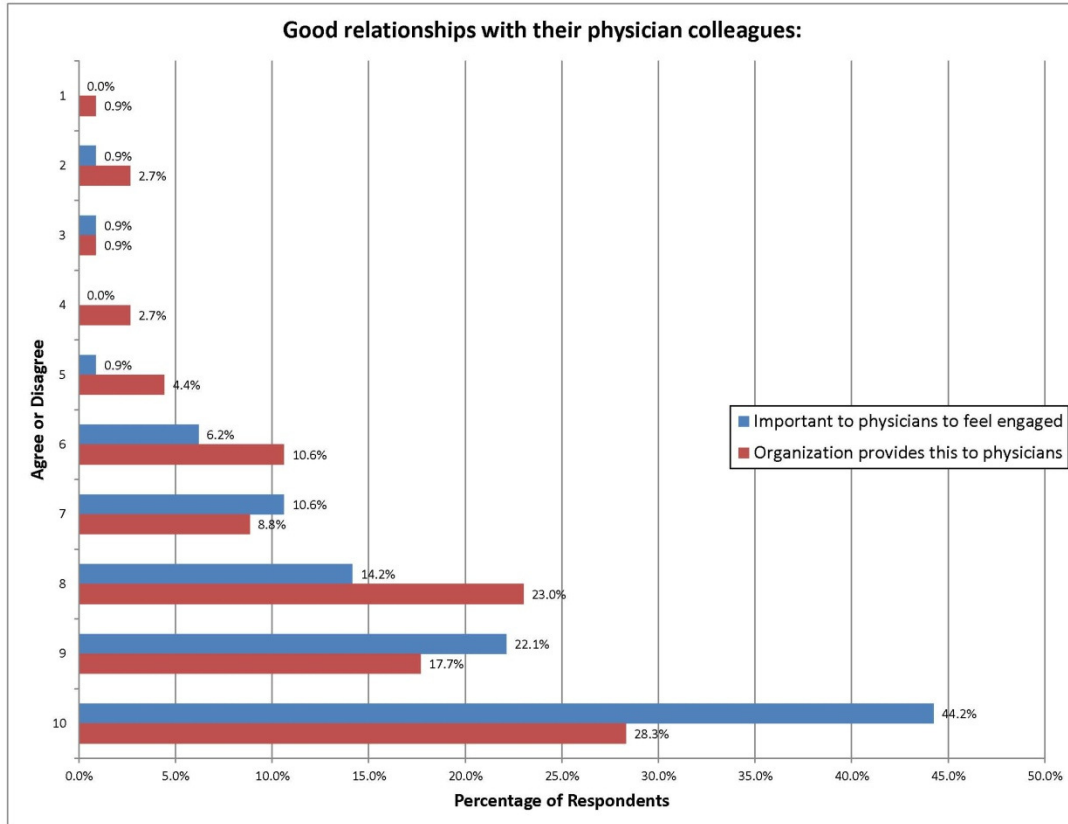


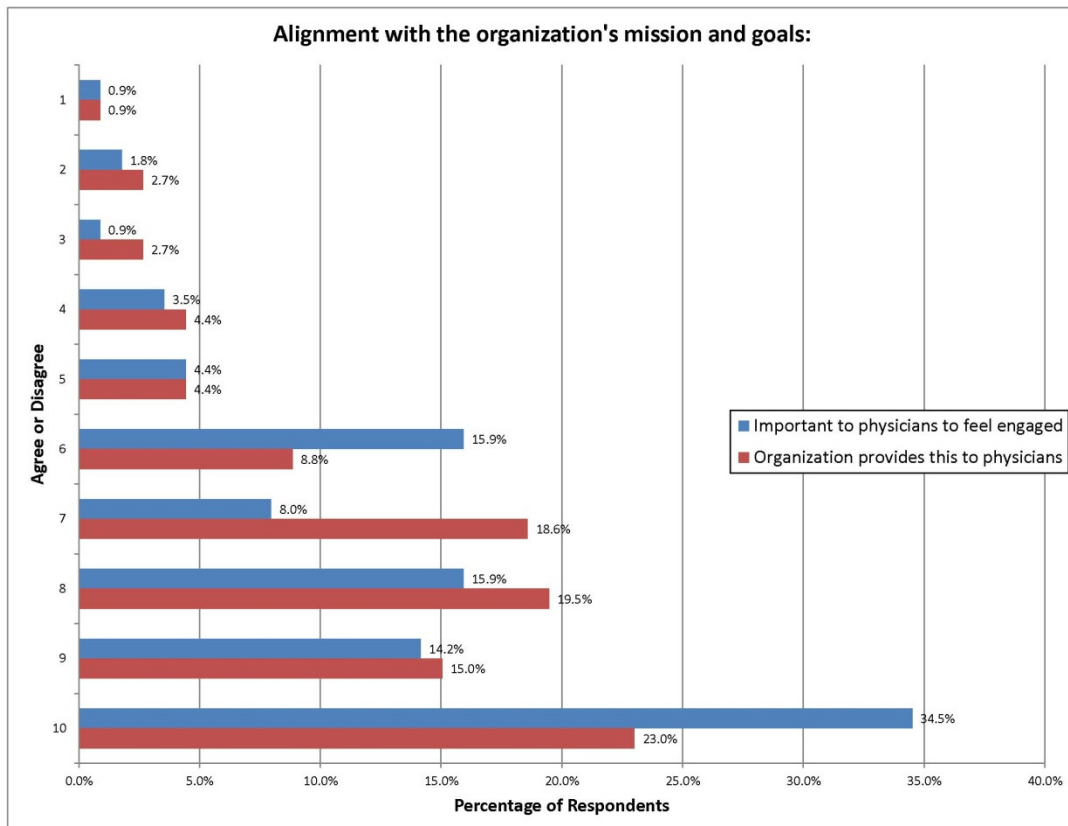
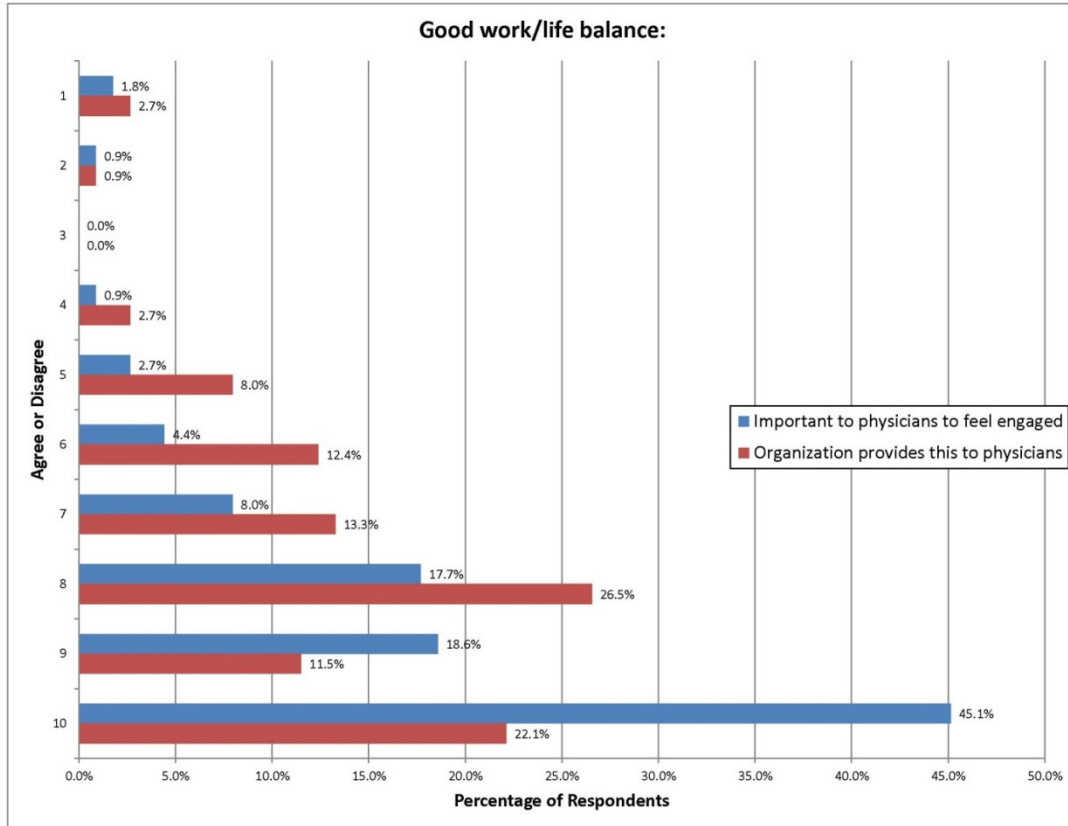


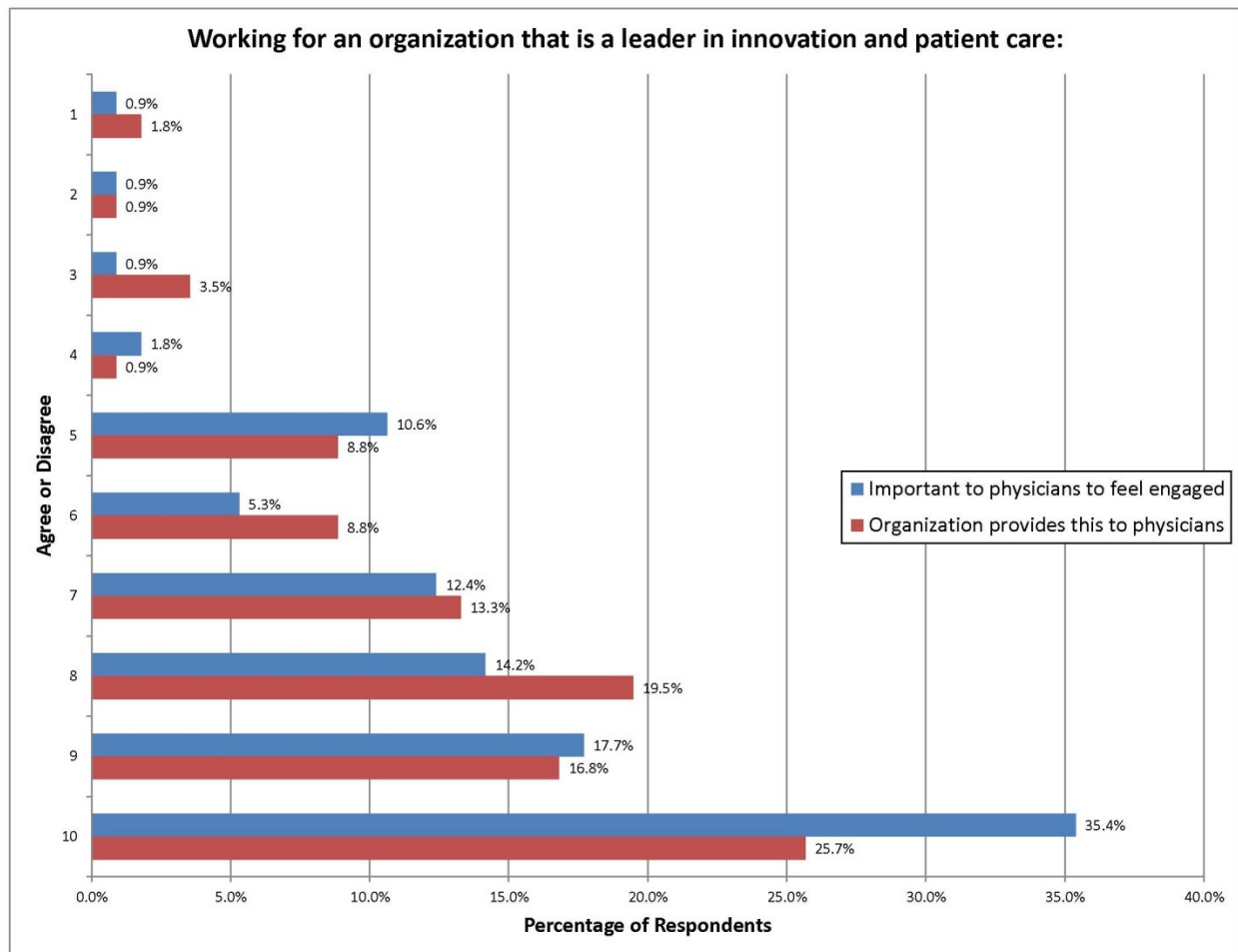












The chart below details the average scores for each element of engagement, in rank order according to their perceptions of importance to physicians' feeling engaged.

<u>Element of Engagement</u>	<u>Administrators' Average Score, 1-10 Scale:</u>		
	<u>Important to Feeling Engaged</u>	<u>Organization Provides</u>	<u>Gap, Important vs. Organization Provides</u>
Feeling that my opinions and ideas are valued	9.3	8.0	1.3
Respect for my competency and skills	9.2	8.4	.8
Fair compensation for my work	9.1	8.5	.6
A voice in clinical operations and processes	9.0	7.7	1.3
Good relationships with my physician colleagues	8.8	7.9	.9
A voice in how my time is structured and used	8.7	7.4	1.3
Good work/life balance	8.6	7.6	1.0
A broader sense of meaning in my work	8.5	7.1	1.4
Good relationships with administrators	8.5	8.0	.5
Participation in setting broader organizational goals and strategies	8.2	7.3	.9
Opportunities to expand my clinical skills and learn new skills	8.2	7.3	.9
Good relationships with non-physician clinical staff	8.2	7.8	.4
Working for leader in innovation and patient care	8.1	7.7	.4
Alignment with my organization's mission and goals	7.9	7.6	.3
Opportunities for professional development and career advancement	7.6	6.7	.9

Administrators were, for the most part, in tune with the importance to feelings of engagement to physicians. Their average scores ranged from 7.6 to 9.3, very similar to the range for physicians of 7.9 to 9.2. There were differences in the top-ranked attributes, however.

The top elements of engagement were:

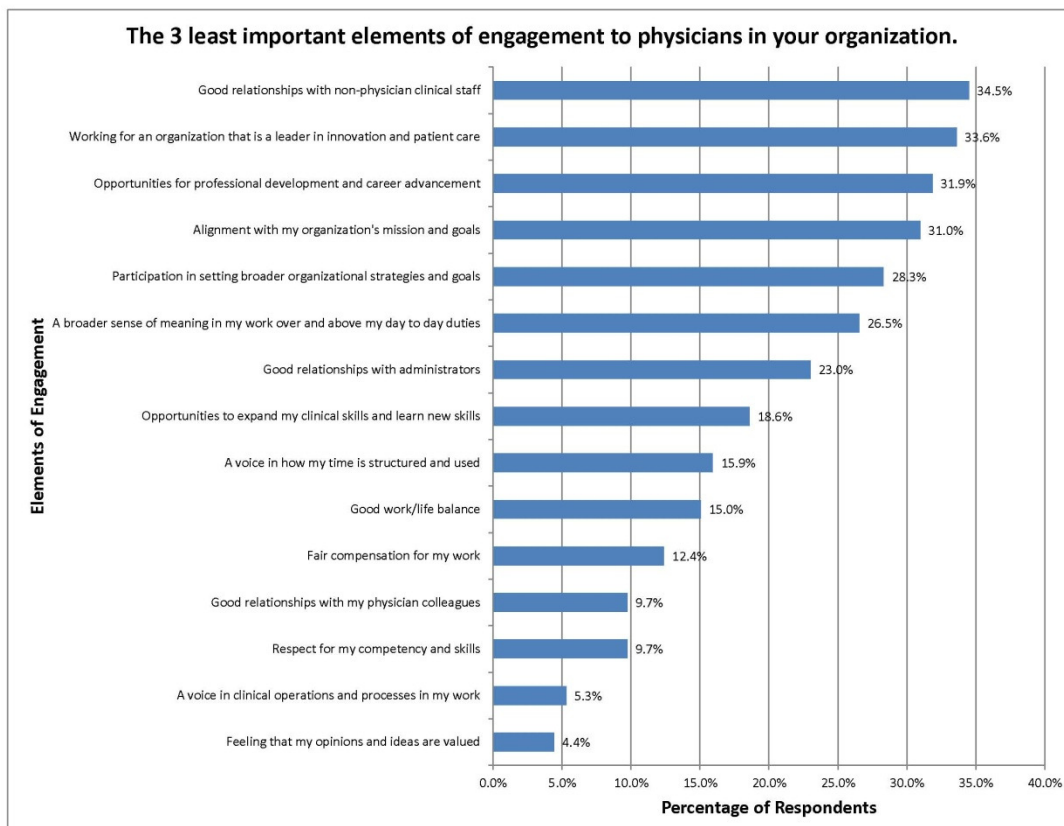
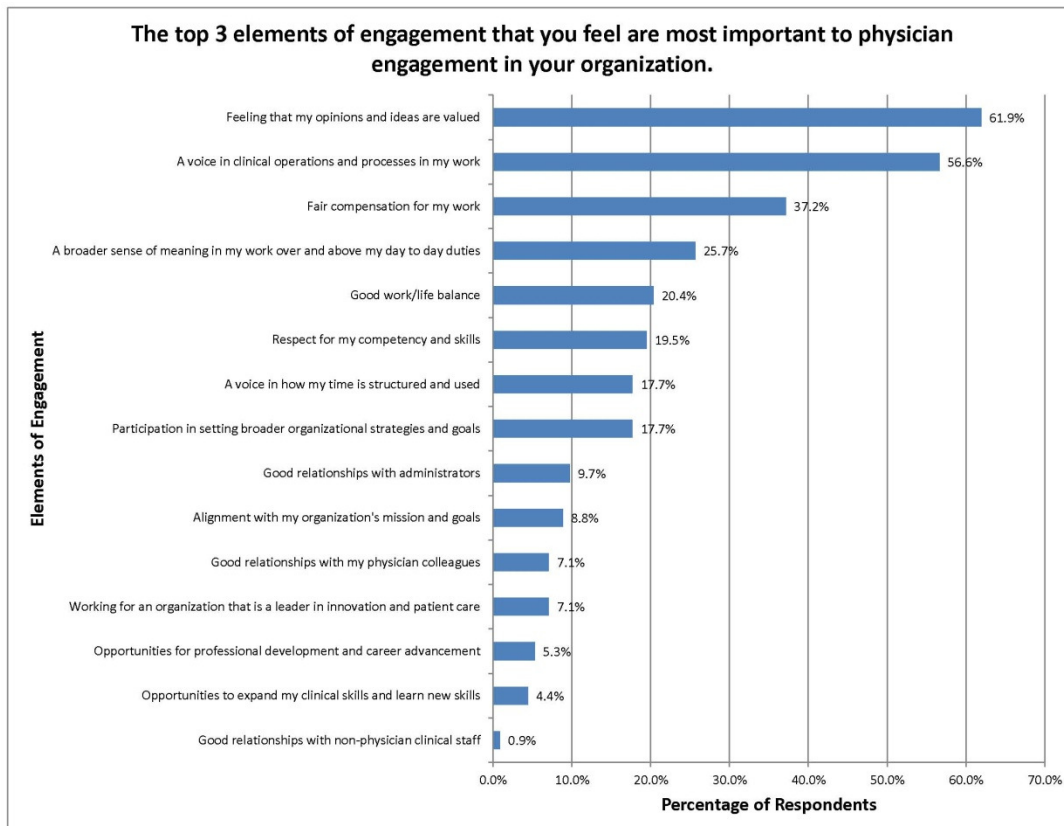
<b><u>Element of Engagement:</u></b>	<b><u>Score (Rank), Important to Feeling Engaged</u></b>	
	<b><u>Physicians</u></b>	<b><u>Administrators</u></b>
Respect for my competency and skills	9.2 (1)	9.2 (2)
Feeling that my opinions and ideas are valued	9.1 (2—tie)	9.3 (1)
Good relationships with my physician colleagues	9.1 (2—tie)	8.8 (5)
Good work/life balance	9.1 (2—tie)	8.6 (7)
A voice in how my time is structured and used	9.0 (5)	8.7 (6)

The least important in administrators' perspectives were opportunities for professional development and career advancement (7.6 average score vs. 8.6 for physicians), alignment with the organization's mission and goals (7.9 for administrators vs. 8.2 for physicians) and working for a leader in innovation and patient care (8.1 for both).

A different picture emerges with respect to the question around whether or not the element was provided by the organization. Administrators scored their organizations lower in providing the elements of engagement compared to their importance scores for physicians, mirroring physicians, who scored what was true of their current practices at lower levels than their scores for the importance of the element of engagement. However, administrators were more positive in their assessment of what their organizations provided (average scores ranging from 6.7 to 8.5, falling mainly in the 7 level) compared to physicians, who scored in the 5.8 to 8.0 range, with scores concentrated more in the 6 level.

Consequently, the gaps between what they felt were important to their physicians compared with what they provided were significantly narrower, from .3 to 1.3, with most at 1.0 or less, compared to the respective gaps with physicians on this metric, which ranged from .9 to 2.6, with most at 2.0 or higher.

As with the physicians, administrators were then asked to indicate the top three elements of engagement that they felt were most important to their physicians, as well as what they felt were the three least important attributes to them. These results are given below:



The top three elements of engagement ranked in relative terms differed between physicians and administrators:

<u>Element of Engagement:</u>	<u>Rank, Top 3 Elements of Engagement:</u>	
	<u>Physicians</u>	<u>Administrators</u>
Good work/life balance	1	5
Fair compensation for my work	2	3
A broader sense of meaning in my work over and above my day to day duties	3	4
Feeling that my opinions and ideas are valued	4	1
A voice in how my time is structured and used	5	7

As with the absolute scoring, administrators largely tracked with physicians when asked which they felt were the three most important elements for physicians to feel engaged, insofar as which were included in the top tier, although the order was different. There was only one—a voice in how physicians’ time is structured and used—which was in the top 5 ranked elements for physicians, but was scored lower in the ranking by administrators.

The three least important elements of engagement for physicians, based on administrator perceptions, were:

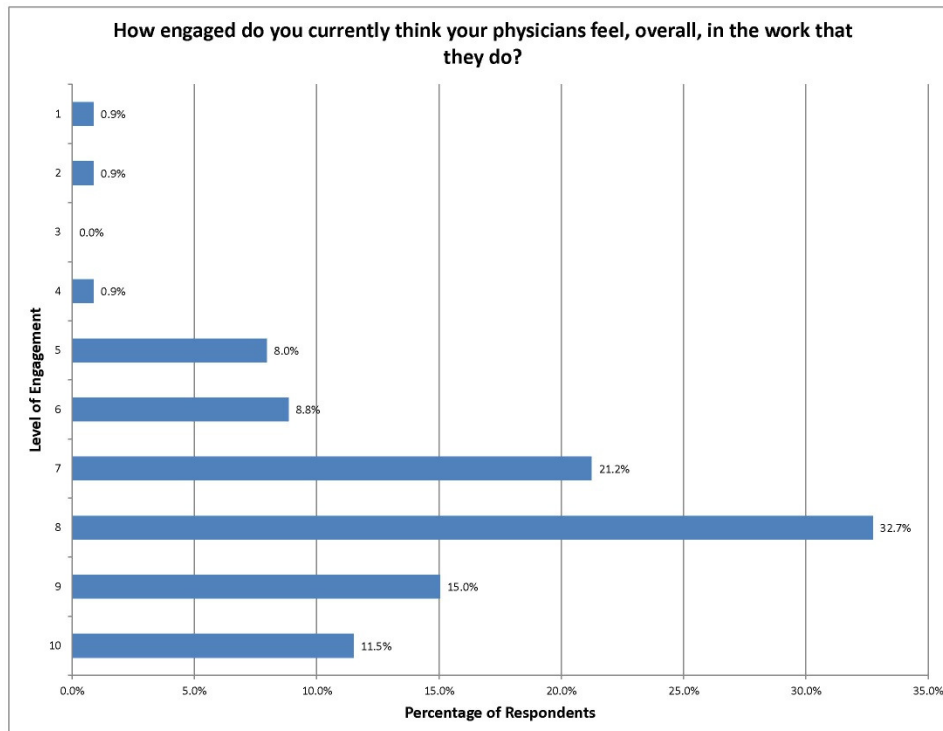
- Good relationships with non-physician clinical staff
- Working for an organization that is a leader in innovation and patient care
- Opportunities for professional development and career advancement

Other than working for an organization that is a leader in innovation and patient care, which physicians also scored as second-least important, the other two elements which administrators deemed would be least important to physicians actually were scored in the mid-range by the physicians, themselves.

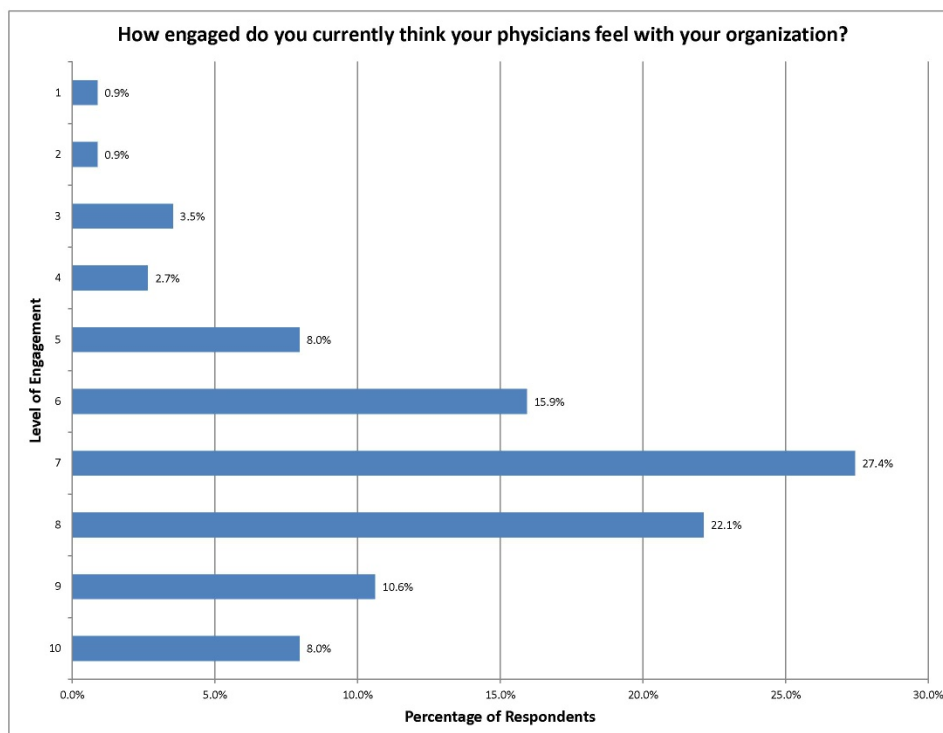
### **Results: Sense of Engagement**

The final set of questions paralleled those asked of physicians, dealing with sense of engagement, but from the perspective of the degree they felt their physicians were engaged with their work and organizations, and how it impacted retention and recruitment of physicians.

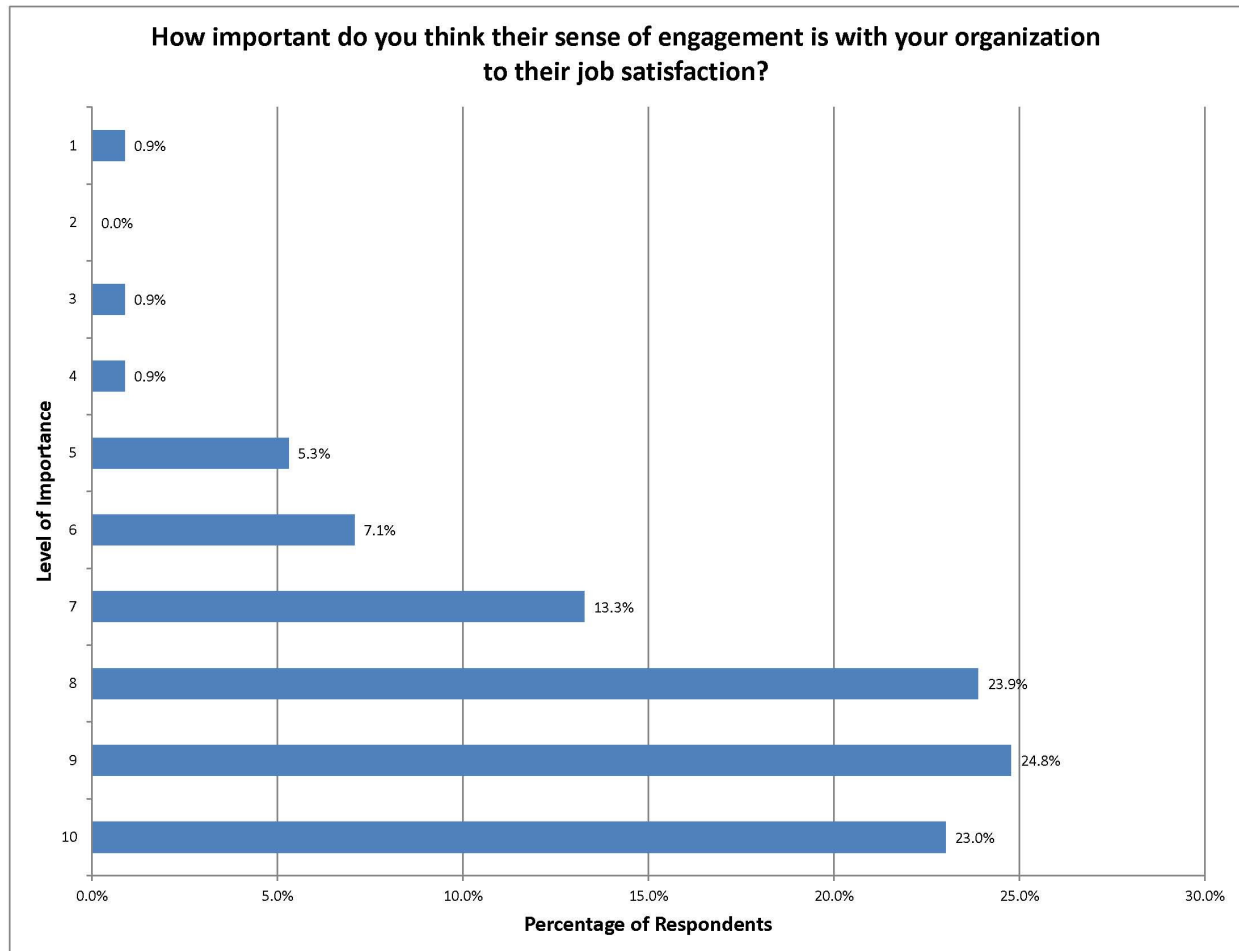
The first question asked how well administrators thought their physicians felt they were engaged, overall, with their work. Administrators gave an average score of 7.6 regarding the degree of engagement they thought their current physician population felt in the work they were doing. This tracked very closely with physicians’ self-identified sense of engagement with work at 7.7.



The second question asked how well administrators thought their physicians felt they were engaged, overall, with their organization. Administrators gave an average score of 7.0 regarding the degree of engagement their current physician population felt with their organization. This was higher than physicians' self-identified sense of engagement with their organizations at 6.4.

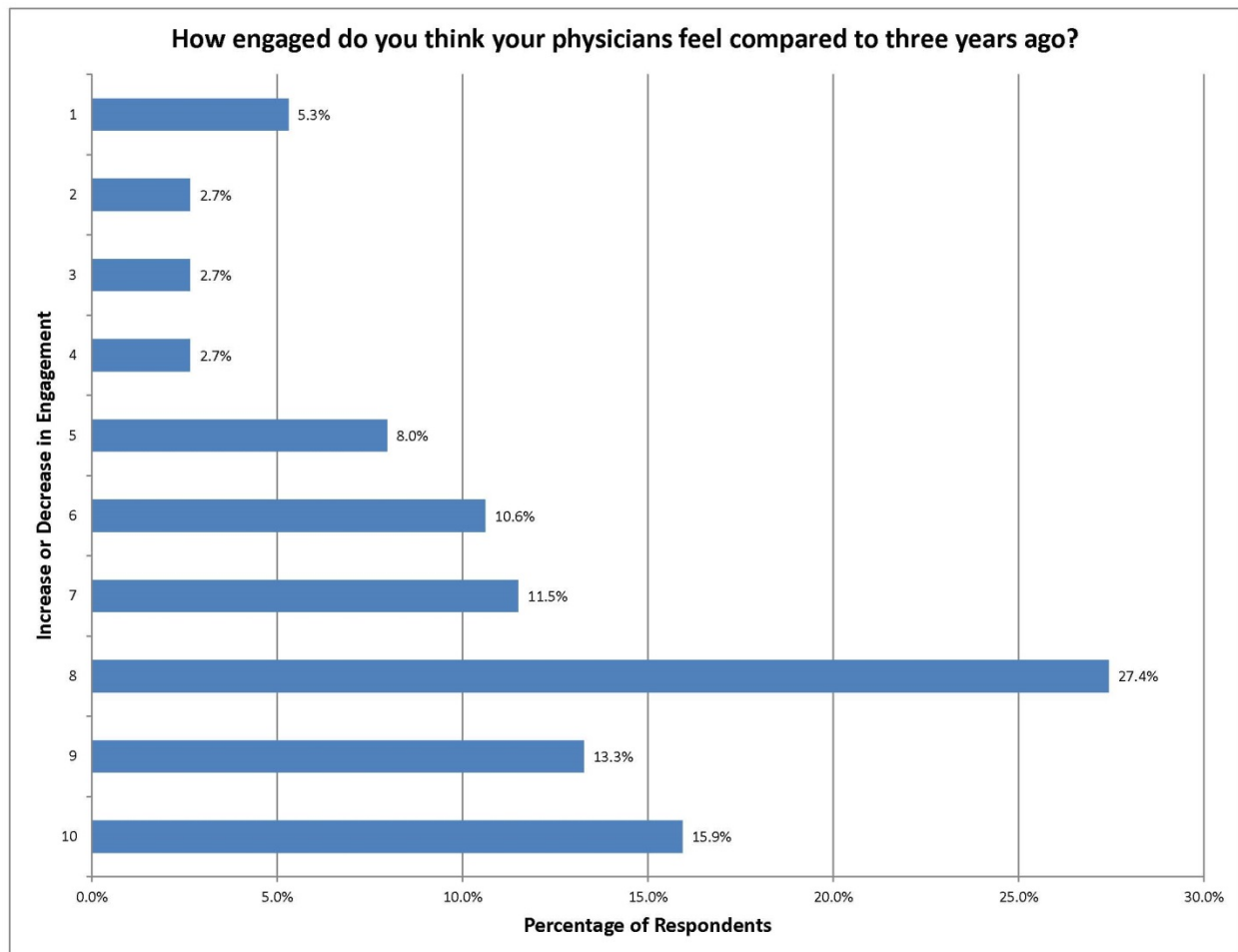


The next question was around how important administrators thought that physicians felt a sense of engagement was to their job satisfaction. With an average score of 8.1, it was almost identical to that of the physicians' average score of 8.0 for this question

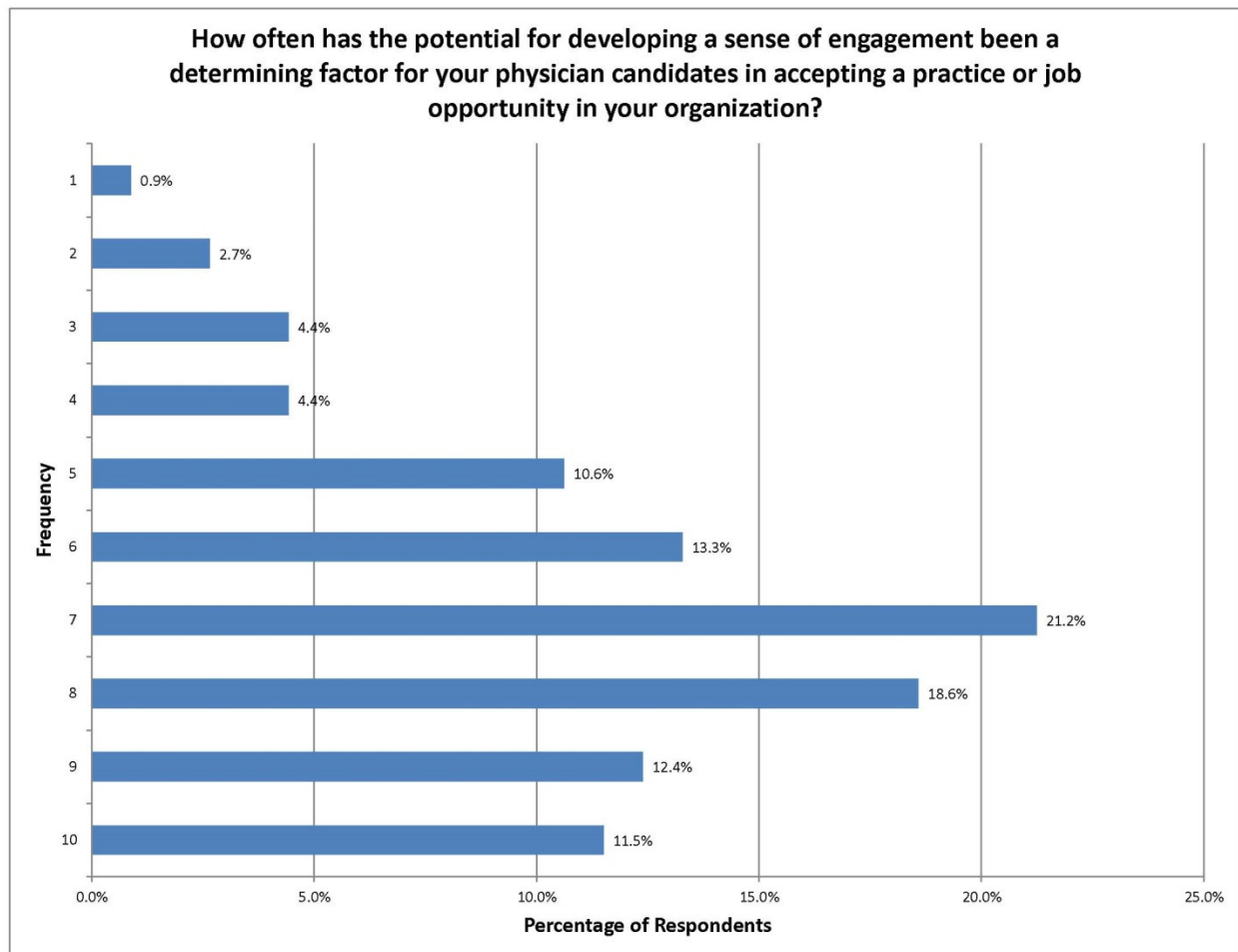


The following question was what they thought physicians felt about how their sense of engagement had changed compared to three years ago. With an average score of 7.1 compared to physicians' average score of 6.1, it indicated that administrators believed more strongly that physicians felt they were more engaged compared to three years ago versus the physician respondents, who were more ambivalent about this.

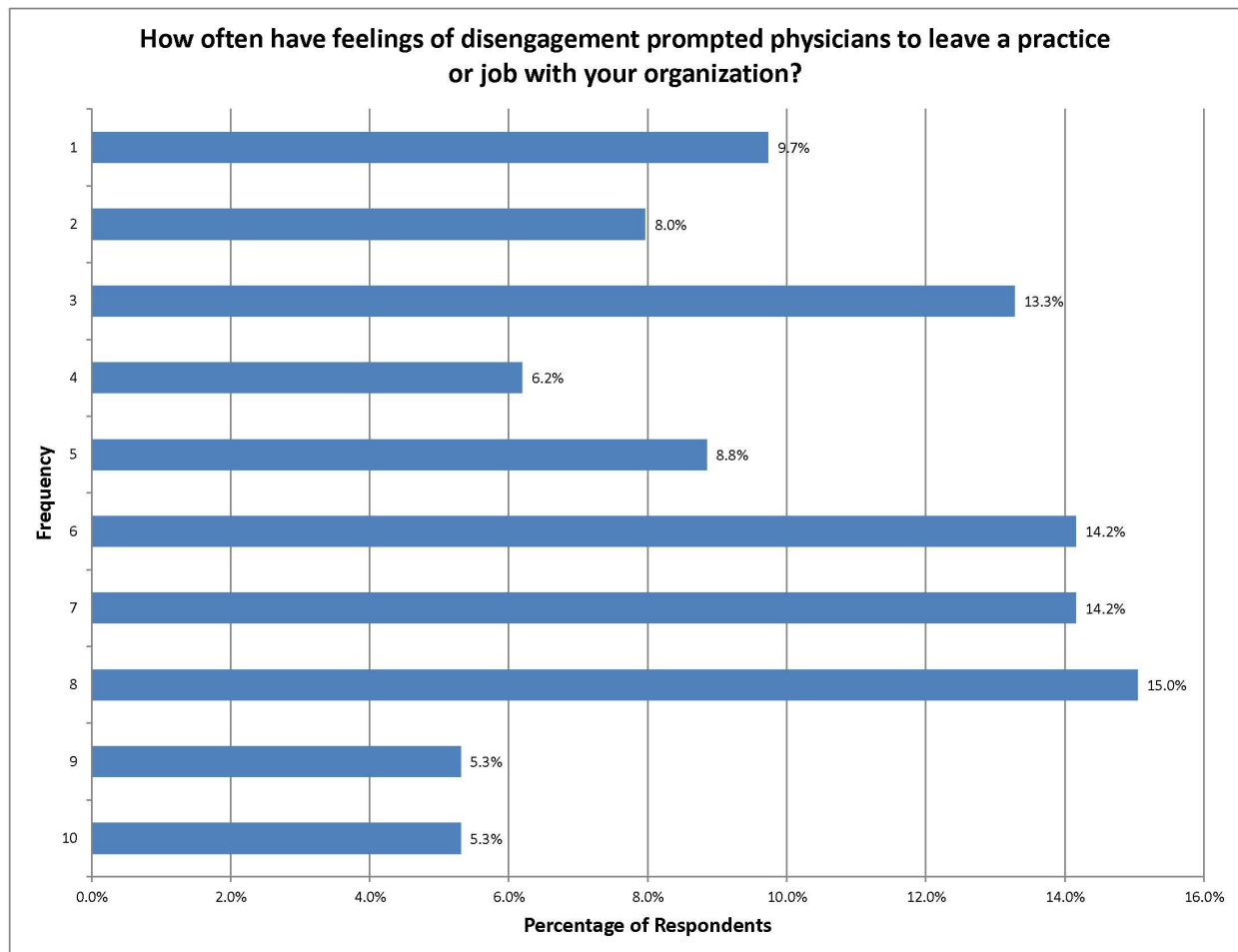




Regarding the impact of engagement on job or practice choices, the next question asked how often (on a “never” to “very often” scale) they thought the potential for developing a sense of engagement had been a determining factor for physician candidates in accepting a position with their organization. At an average score of 6.9, this indicates a moderate sense that this had been a factor for their candidates. This is somewhat lower than the 7.3 average score physicians gave for how they felt about this in their own experience. Notably, almost 20% of physicians gave a 10 score for this question, compared with 11.5% for the administrators



The last question addressed the other side of the employment equation—how often feelings of disengagement had prompted departing physicians from their organization to leave a practice or job. With an average score of 5.4, indicating they felt it had somewhat of an impact, it contrasted with the 6.3 average score of physicians on the impact disengagement had on their decisions to leave. As with the previous question, the distribution of responses gives additional insight, as 22.4% of physicians scored a 10 for this question compared to just 5.3% of administrators. And, 43.7% of physicians scored in the high range (8 to 10) compared to just 25.5% of administrators.



## Comments by Physicians and Administrators

There were two open-ended questions in this survey—first, we asked if there were other elements of engagement which were important to physicians that were not covered, and then we asked for general comments. These are listed comprehensively in Appendix A (Physicians) and Appendix B (Administrators). Here are some selected comments, among the hundreds received, that demonstrated common feelings or added interesting insights to the discussion.

### Physicians:

Engagement is about control: control over time, the direction of my career, the number and type of patients I see, the midlevel staff and support staff that I work with. Engagement is a kind of part ownership.

I left my previous employment largely because of unreasonable expectations, and lack of recognition as a physician leader. This survey makes sense in that engagement is crucial.

I think a formal process of engaging physicians in setting organizational priorities is important for organizations.

Physician engagement starts from the first day of work. I took a new job for better life/work balance (decided to work part time,) and neither my employer nor the practice I work in thought it was important to tell me how things are done in the practice. I have said this experience feels like hazing, which in the long run, rarely results in a long-term relationship based on respect. Best investment in terms of physician engagement is to spend a little time in the beginning helping the new doctor understand procedures, expectations and processes. Throwing the new doc into the mix without support will rarely result in a happy ending.

Being engaged, to me, means being part of the team. It means knowing the goals and direction of the organization as well as being a part of the process.

[Engagement is] critical to the success and satisfaction physicians will experience as we go through the changes we will encounter in medicine in the next several years. Those systems whose physicians are fully engaged will succeed at the highest levels.

For many institutions, including mine, engagement is just a concept administrators use to proceed with the difficult, undesirable, but necessary task of working with physicians on running a hospital. They cite it when they want something, ignore it when it will make proceeding more laborious. An administrator who wants you engaged wants something from you, frequently for free.

I was in a practice for 12 years and left it behind for a new opportunity because I felt my partners did not respect my opinions or value me enough to change the status quo to help me feel more engaged. I am in a new practice now where my thoughts and ideas are valued and where we all truly work as a team. My job satisfaction has increased exponentially since this change and I feel it has benefitted me and my family in multiple ways.

Many hospital admins seem to think they can demand engagement. In my experience it is a function of mutual respect, good communication and a mission that at its heart supports good patient care. No substitutes exist.

The definition of engagement varies at every stage of training from residency to fellowship to early career development to later career folks. An employer who respects and understands the needs of these groups is the best type of employer. Just because some people are young or new doesn't mean they can't be the catalyst for change and innovation. Engage them early!

The physician is NOT valued at all. There is an epidemic of physician disengagement.

We can handle no as an answer. Tell us the process and let us help work through it. If you hide everything and treat physicians as young children, we will begin to act like them. We need to be partners and both sides need to know what is going on.

### **Administrators:**

As a hospital-based practice, it is extremely important for our doctors to feel like they are part of the solution to problems and that solutions do not become "watered down" by hospital administration. Doctors want to know that they are making a contribution and that their efforts are making a difference (improvement).

Physicians are not trained in the area of practice transformation and in particular the area of leading a team of healthcare professionals. Our physicians need to be engaged on a higher level as we seek to transform the practice of medicine to a patient-centered team-based approach in which the physician leads a team of highly trained healthcare professionals who together meet the needs of patients.

Physicians need to realize that they are part of a team of caregivers and to respect and value non-physician input. Incentives for physicians need to be aligned with the organization in order to be successful. As money gets tighter in healthcare, hospitals will not be able to subsidize physicians to the extent they have in the past and productivity will need to be improved. Finally, cost-effective care will be the key for future success and that is the biggest struggle we will have in the future.

As physicians migrate toward employment, we have lost the sense of ownership and accountability in the practice environment. Efforts to instill a mindset of ownership without legal ownership is a constant challenge that needs repair.

Physicians are focused on seeing patients and providing care. Unfortunately, they are not as engaged in looking ahead as they should be!

Physician engagement is a key component of organizational culture. Organizational culture absolutely must be aligned with strategy and structure in order for an organization to fulfill its strategic plan and goals, achieve its vision and sustain its mission. Our organization assessed its current and defined its ideal culture in 2009 and has been culture shaping ever since. We believe cultural change is likely a 7-10 year process and we have another four years to go. We have made incredible change but still have a way to go. What has helped us enjoy incredible positive and meaningful change quickly is the fact that we included the physicians from the start and they and their culture are leading the way. Based on our last pride survey, our physicians have higher levels of engagement than our staff. It is because they have every opportunity to be involved in clinical, operational and strategic decisions and we made a conscious effort to improve their relationships. We are now taking the same approach to all of our employees.

## **Discussion**

The survey results make it clear that engagement is a key issue for physicians in their work lives, and is a major factor in their evaluations of potential employers as well as in decisions regarding their tenure with their employers.

With regard to the elements of engagement presented in the survey, all were deemed important to physicians' overall satisfaction—in all cases, the average scores were in the uppermost quartile of

scoring. This was also true of the administrator respondents. It should also be noted that several of the comments referred to having time with patients as being key to feeling engaged.

Key observations we can draw from the survey findings are as follows:

**1. Engagement is very important to physicians, in general, and all the elements of engagement are very important to them.**

As noted earlier, on a 10-point Likert scale, all 15 of the elements of engagement were important to physicians' feelings of engagement, with all in the top quartile and all but one element scoring above 8.0. Looking at the distribution of scores, 10 was always the highest score, often by wide margins. Moreover, when asked explicitly how important their sense of engagement was to their job satisfaction, the average score was 8.0—and a quarter scored a 10. Two-thirds scored in the high range (8-10).

However, when asked how engaged they were with their organizations, currently, they scored a lukewarm 6.4 (administrators scored 7.0 on how engaged they felt physicians were with their organizations—higher, but hardly a ringing endorsement). Physicians felt somewhat more engaged with the work they were doing with an average score of 7.7, but neither score fell into the high range, which should cause concern to administrators who are looking for a stronger partnership with their physicians. And, with an average score of just 6.1 on the question of how engaged they feel compared to three years ago, strong gains are not being made on the engagement front with physicians.

**2. There are sizable gaps between what is important to physicians to feel engaged and what they perceive they are experiencing in their current practice—and also with the ideal.**

This is demonstrated in the table (below) which outlines the size of the gaps (based upon a 10 point Likert scale) between:

- A. How important an element of engagement is to physicians to feel engaged vs. what they perceive they are experiencing in their current practice
- B. What they are currently experiencing vs. the ideal (i.e., a 10 score on the Likert scale)

<u>Elements of Engagement, Top 3 Rank Order (% of Total Responses)</u>	<u>Score Gap, Physicians (10-Point Likert Scale)</u>	
	<u>A—Importance vs. Experience</u>	<u>B—Experience vs. Ideal</u>
Good work/life balance (40.5%)	2.4	3.3
Fair compensation for my work (39.7%)	2.4	3.5
A broader sense of meaning in my work over and above my day to day duties (29.9%)	1.7	3.0
Feeling that my opinions and ideas are valued (26.5%)	2.6	3.5
A voice in how my time is structured and used (24.8%)	2.4	3.4
A voice in clinical operations and processes in my work (21.5%)	2.4	2.7
Opportunities to expand my clinical skills and learn new skills (19.5%)	1.6	2.9
Good relationships with my physician colleagues (19.3%)	1.2	2.1
Opportunities for professional development and career advancement (19.1%)	2.0	3.4
Respect for my competency and skills (18.8%)	1.9	2.7
Participation in setting broader organizational strategies and goals (10.3%)	2.1	4.2
Good relationships with non-physician clinical staff (6.8%)	0.9	2.0
Working for an organization that is a leader in innovation and patient care (6.3%)	1.5	3.0
Alignment with my organization's mission and goals (4.6%)	1.4	3.2
Good relationships with administrators (4.1%)	2.0	3.6

At its most basic level Column A represents the gaps between what is most important to physicians and what they are experiencing. Ranging from .9 and 2.6, there are some sizeable gaps. Over half of the elements of engagement—eight of the fifteen—saw gaps of 2.0 points or higher. Notably, the larger gaps are clustered around the most important elements in rank order.

Column B represents the gaps between what physicians say they are experiencing and the ideal which, it can be argued, is their real expectation. Indeed, given that a) the average absolute scores on the importance of the elements were all in the upper quartile, b) a third were in the 9-10 range, and c) the scoring distribution peaked at 10 in all cases, it indicates that a 10 is the expectation, in fact, for a plurality of physicians. These gaps were large, ranging from 2.0 to 4.2, with most in the 3 to 4 range. The question, then, for organizations is if they want to strive to meet expectations—or exceed them.

**3. Administrators essentially understand the degree to which specific elements are important to physicians' feelings of engagement, but tend to overstate how well their organizations are providing what physicians want.**

This is illustrated in the table (below) which outlines the gaps between the perceptions of physicians vs. administrators with regard to:

- A. The importance of the different elements of engagement to physicians
- B. The degree to which physicians are experiencing the elements in their practices vs. administrators feel their organizations are providing them with what they want

<b><u>Elements of Engagement, Top 3 Rank Order (% of Total Responses)</u></b>	<b>Score Gap, Physicians vs. Administrators (10-Point Likert Scale)</b>	
	<b><u>A—Importance to Feeling Engaged</u></b>	<b><u>B—Experience in Their Practices</u></b>
Good work/life balance (40.5%)	(0.5)	0.9
Fair compensation for my work (39.7%)	0.2	2.0
A broader sense of meaning in my work over and above my day to day duties (29.9%)	(0.2)	0.1
Feeling that my opinions and ideas are valued (26.5%)	0.2	1.5
A voice in how my time is structured and used (24.8%)	(0.3)	0.8
A voice in clinical operations and processes in my work (21.5%)	0.3	1.4
Opportunities to expand my clinical skills and learn new skills (19.5%)	(0.5)	0.2
Good relationships with my physician colleagues (19.3%)	(0.3)	0.0
Opportunities for professional development and career advancement (19.1%)	(1.0)	0.1
Respect for my competency and skills (18.8%)	0.0	1.1
Participation in setting broader organizational strategies and goals (10.3%)	0.3	1.5
Good relationships with non-physician clinical staff (6.8%)	(0.7)	(0.2)
Working for an organization that is a leader in innovation and patient care (6.3%)	0.0	1.1
Alignment with my organization's mission and goals (4.6%)	(0.3)	0.8
Good relationships with administrators (4.1%)	0.1	1.6

Note: Numbers in parentheses are those where the administrators scored lower than the physicians

Administrators were within .5 points in terms of average scores on the question of what was important to physicians to feel engaged for most elements. There were two elements on which there was a more substantial underestimation by administrators about what physicians valued:

- Good relationships with non-physician clinical staff
- Opportunities for professional development and career advancement

However, no gap exceeded 1 point. This indicates that administrators, for the most part, understand what is important to physicians.

There were larger gaps between what physicians and administrators felt on the question of what organizations were providing. In most cases administrators over-projected the degree to which they were delivering what physicians wanted, compared to what physicians, themselves, felt they were experiencing currently. There was just one element—good relationships between non-physician clinical staff—where physicians felt their organizations were providing more than the administrators felt they were, and one at parity (good relationships with physician colleagues). The rest of the gaps showed organizations underperforming, ranging from .1 to 2.0 points, with the largest for fair compensation for their work—which was in the top 3 elements of engagement for almost 40% of physicians.

Administrators, through their scoring, showed 1.5 to 3.3 point gaps between what they were providing vs. the ideal of 10 points. This again raises the question of whether they should strive to meet physicians' expectations—or exceed them.



#### **4. Feeling engaged is a prime driver of physician satisfaction and dissatisfaction with their jobs.**

A plurality (43.5%) of physicians responded with a score of 8, 9 or 10 indicating that feelings of disengagement prompted them to leave a practice and over half (51.9%) likewise said that the potential of developing a sense of engagement was a determining factor in their accepting a practice opportunity. So, it's a significant factor for most of the physician respondents to this survey.

Organizations place themselves at a significant recruitment disadvantage and risk for turnover if they do not create a strong sense of engagement in the areas that physicians value.

Administrators appear to underestimate the role that engagement plays for a physician considering a practice opportunity. Average scores regarding the role of engagement in accepting a practice opportunity were lower for administrators (7.3 for physicians vs. 6.9 for administrators) and showed a more significant gap on the question of its impact on physicians' decisions to leave a practice or job (6.3 for physicians vs. 5.4 for administrators).

Turnover and prolonged vacancy can cost a practice upwards of \$100,000, when all recruiting expenses and human resource costs are combined with the investment in practice start-up costs and lost revenue during the vacancy.<sup>4</sup> Given the importance that physicians place on engagement as a factor in their decision to join—or leave—a practice, organizations should address engagement on a continuous basis: before, during and long after the recruitment process is complete.

Turnover among physicians in the first three years with a practice averaged 14.3%<sup>5</sup>, which represents an operational and financial cost that few practices can afford. The return on investment available through an effective recruitment assessment, onboarding and mentoring program can pay dividends.

It's clear that physician engagement and the specific elements that drive it warrant a much closer look by healthcare organizations and administrators as a way to encourage greater physician satisfaction and the attendant benefits around meeting organizational goals and participating more fully in important initiatives.

### **What Can Be Done?**

Each organization and its physician population is unique. Even though there was almost universal agreement by the respondents to this survey around what was important to physicians to feel engaged, and how important that was to their job satisfaction, there will likely be some degree of variability between individuals, workgroups and other subpopulations, e.g., employed physician staff vs. those with privileges. This extends to degrees of engagement that they are currently feeling with their work and organizations.

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<sup>4</sup> AMGA and Cejka Search Physician Retention Survey

<sup>5</sup> Ibid.

## **Are Your Physicians Engaged?**

So, the first step for organizations is to take a pulse check on their physicians—how engaged they are feeling, and what the drivers are of engagement for them. Deploying an online survey such as this one is ideal—responses can be collected anonymously to encourage higher response rates. We also encourage organizations to dig deeply into specifics, as this survey did, to learn as much as possible about what your physicians find the most important—and where they see the gaps.

Then, take the first meaningful action that will demonstrate a commitment to your physicians that the organization is taking engagement seriously by sharing the results with them. Ideally, do this in forums that encourage discussion and interaction. Get reactions, and start the conversation around how to change things so that engagement can increase.

## **Prioritizing Elements of Engagement for Improvement**

At this point, there are two major considerations for organizations.

1. The first is that even if there are a lot of gaps, it's unrealistic to tackle all of them at once—there will be issues and potential constraints or barriers around time, resources, leadership and, most fundamentally, the fact that organizations and individuals have limits in terms of how much change they can handle at once.
2. The second consideration has to do with the immediate situation within the organization. Are there current initiatives that demand a particular focus that tie to certain elements of engagement? Has the organization just made an acquisition or undergone a merger that has or may have an unusual impact related to some elements of engagement?

The objective is to prioritize what elements to focus on initially, and tackle them in a manner that is deliberate and transparent, taking into account the varying considerations unique to your particular organization. This may be based upon factors—alone or in combination—such as:

- Those elements of engagement showing the largest gaps
- Those elements which are ranked the highest in importance
- Those where the organization can deliver an “easy win”—ones that can be more quickly and easily implemented
- Those where there is broad agreement about what needs to be done and a clear path to achieving successful implementation
- Those where there is an obvious champion or thought leader who can guide the process and encourage participation—ideally, a physician

As tempting as it will be to create a quid pro quo between the elements to focus on and specific organizational goals and initiatives, administrators will need to accept that in some cases this will not only not be possible, but may be counterproductive. Given the nature of some of the elements of engagement, creating a stronger sense of engagement will be analogous to a making a long-term investment that will create a more solid foundation that will pay stronger dividends—such as in increased trust and a sense of shared values—over time.

## **Effecting Improvements in Engagement: Best Practices**

After prioritizing which elements of engagement to pursue initially, follow a defined path toward achieving meaningful and positive change. Before you begin, assign a physician champion to each element—someone who is passionate about that topic or area, commands respect among their colleagues and has a good working relationship with administrators, and is willing to invest in the time and work needed to effect the necessary changes. Be sure to provide adequate time for your physicians to work on these initiatives. Simply adding committee meetings and additional work without placing value (monetary or otherwise) on their time and the initiatives developed will be counterproductive.

Pair the physician champion with an administrative partner. Make sure that there is an honest discussion around roles and any real constraints or barriers that need to be acknowledged or overcome as part of the work to be done.

Then, the first step for each element of engagement is to ensure that there is agreement about what it actually means in everyday terms between and among physicians and administrators.

For example, “a broader sense of meaning in my work over and above my day to day duties” was chosen by 30% of our survey respondents as one of their top 3 elements of engagement. But, in order for organizations to make an impact in this area, they need to know what that means in real terms for their physicians. For instance, it may mean receiving more support around issues with grief and loss. Or, it may mean support in being able to strengthen the doctor/patient relationship. This may require additional exploratory work, especially for more abstract concepts such as this, compared to more tangible elements such as “opportunities to expand my clinical skills and learn new skills.”

Interactive discussions or focus groups can be very helpful in drilling down for more specifics, led by an internal or external facilitator. For each element of engagement there will ultimately need to be agreement around what day to day behaviors and actions support it at the individual, workgroup and organizational levels. Where there are key organizational initiatives in process or planned, it can be helpful to identify what the need for and impact of increased physician engagement could mean for these programs.

Once there is clear definition, develop a roadmap on what needs to change, communicate it and act on it. Make it as tangible as possible, and provide tools and resources to support those who are impacted.

- Ensure that physicians are involved in decision-making at every step, and if possible, leading key initiatives and activities.
- Provide training to leaders on how to identify and address barriers effectively—both with physicians and senior administrators.
- Leaders may also need help in creating new and different solutions and resources that they can make available to address physician engagement concerns, e.g., creating a sabbatical program so physicians can go on medical missions, or receive advanced training or education.
- Discuss agreed-upon initiatives and changes related to the element of engagement openly, at the individual and group level, including physicians and key stakeholders. Again, sometimes outside facilitators can be helpful in encouraging openness and creating a safe environment to share ideas and concerns.

- Ensure that there are clear benchmarks and accountability around each initiative—who is responsible, time frames, how progress or success will be measured.
- Measure progress periodically and adjust tactics, as needed. Communicate results honestly and constructively.

Once significant progress has been made on the first couple of prioritized elements of engagement, it would be a good time to take another pulse check—and then work on the next elements on the prioritization list.

### **Helping the Disengaged Physician**

As with the survey respondents, your physicians will very likely be at very different levels of engagement across your organization at the start of this work. For those who are feeling more disengaged, you may wish to provide more focused assistance before or during any more formalized efforts around addressing engagement across the organization. These physicians may be experiencing performance or behavioral problems, or may even be at risk for leaving the organization.

We have found that they may need assistance in dealing with their feelings more constructively and in identifying specific areas where they can use help or could make changes. Oftentimes, especially after feeling this way for longer periods of time, a sense of malaise can set in and the physician feels increasingly discouraged and frustrated.

Providing resources such as individual coaching and mentoring in such instances can be very helpful on multiple levels:

- There may be underlying issues around depression, stress and burnout, problems at home, or issues or relationships at work that, if identified and effectively addressed, can have a positive carryover effect on their perceptions around how engaged they are feeling.
- Peer coaching can be especially effective by providing a safe and confidential means to help physicians identify key issues, normalize what they are feeling, and discuss different approaches to creating positive changes in their lives and practices.
- Achieving good work/life balance was a major area of importance for survey respondents. Again, peer coaches can provide individualized advice and support around ways a physician can find ways to develop greater balance given the specifics of the physician's life and practice, and also direct them to available resources.
- For newer and younger physicians, there may be challenges in learning new processes, acclimating to a new organizational culture, and developing good relationships with staff at all levels which can quickly lead to feelings of disengagement and discouragement without intervention. Assigning an internal mentor can be helpful in addressing many of these issues. An external coach can also help in providing confidential advice and guidance until the physician feels a greater sense of belonging and engagement.

We have also found that the degree and pace of change which is occurring within healthcare has been overwhelming for many physicians, contributing to feelings of disengagement. Provide training and education at the individual and workgroup levels in areas that support the change, e.g., communication skills, civility and behavior coaching, conflict management, coping skills around stress and burnout,

developing resilience around change, can be important ways for organizations to acknowledge what physicians are experiencing and provide skills and tools to more effectively deal with change.

### **Creating Stronger Engagement from the Start**

Respect for a physician's time, training and talent is the theme that permeates the quantified ratings that they assigned to specific elements of engagement. Given the influence that engagement has when most physicians decide to join or leave a practice, it is clear that successful recruitment and retention depends on strong engagement throughout the career cycle, starting with recruitment and onboarding. Setting the stage for engagement begins before recruitment, with an objective assessment of how your organization addresses the elements of engagement that physicians most often rated as the most important. The good news is that you can focus on the top-ranking elements of engagement to identify gaps and improve your chances of hiring and keeping the physicians of choice.

Work/life balance and fair compensation tied—and were rated by a significant margin—as “most important” to physicians. Here are some suggestions for what you can do to set the stage for optimal recruitment and retention:

- **Promote work/life balance with flexible scheduling.**
  - Encourage a desirable lifestyle by offering a 4-day work week, part-time schedules, job sharing or reduced call.
  - Establish clear work expectations for flexible and part-time schedules to create the best working environment.
  - Provide the resources of hospitalists and advanced practitioners, as well as the technology required to ensure clear communication around patient status.
- **Offer competitive compensation in your recruitment package.**
  - Provide a competitive salary based on national benchmarks—and evaluate on an ongoing basis—to ensure your providers are compensated on par with their peers.
  - Recognize and financially reward other contributions to the practice—such as working on special projects or leading quality initiatives.
  - Communicate transparently with physicians and show them how they can maximize reimbursement while achieving quality and efficiency goals.

The next top-rated elements are indicative of your culture—another controllable factor that has a strong influence on recruitment and retention. Engagement depends on physicians finding broader meaning in their work, having their opinions and ideas valued, and having a voice in how their time and work are structured.

Tangible and specific tactics should support the engagement of physicians from recruitment, through onboarding and beyond:

- **Reinforce and nurture a healthy organizational culture.**
  - Recruit for cultural fit. Develop assessment tools and processes to ensure that physician candidates understand the organizational culture and demonstrate their ability to fit in and support the culture.

- Use behavioral interviewing techniques to drill down with candidates regarding such things as conflict management, teamwork and communication—making sure they tie clearly into the desired cultural attributes.
- Incentivize the behaviors and attitudes that support the desired culture. Incorporate them into performance appraisals and assess them objectively.
- **Structure a year-long onboarding program that keeps the physician at the center.**
  - Begin onboarding when the employment contract is signed—but don't wait until the start date to keep communication flowing.
  - Assign an onboarding specialist or navigator who is the new physicians' single-point-of-contact for questions, concerns and progress through the onboarding process.
  - Provide clear expectations, milestones and benchmarks for the development of his or her practice.
  - Schedule and document onboarding activities and check-points that enable you to give and receive feedback.
  - Develop a mentoring program with specific roles and accountabilities for the mentor and the mentee.
- **Choose physician leaders who personify positive cultural attributes, motivate their colleagues and raise morale.**
  - Avoid rotating these positions based only on seniority or other benign qualities.
  - Offer real incentives to keep your excellent physician leaders in these roles for extended periods of time.
  - Facilitate engagement through surveys, focus groups and social interaction in which physicians and the entire organizational team can take the time to invest in building relationships, deal with change, participate in continuous learning and create the culture of engagement that will enable your organization to grow.

## **Conclusion**

As the survey results and discussion illustrate, physician engagement is important to physicians' satisfaction and impacts their career decisions at a time when it's never been more important to have them contributing in a more meaningful way to your organization's goals and objectives—while growing strong practices. It may seem like there are a lot of things to tackle to improve physician engagement at a time when there are already more new initiatives than you have time and resources to manage.

However, by approaching physician engagement systematically and thoughtfully, the positive results can add immeasurably to your organization's performance across multiple metrics. Conversely, the cost of not doing anything will ultimately be reflected in higher physician turnover at a time you can least afford it, as well as lower morale and sub-optimal performance operationally and clinically. And, by not meeting physicians' expectations around engagement, your organization will be at an increasingly significant competitive disadvantage as the physician shortage continues and the best physicians opt to work where they feel the most valued.

## **Appendix A**

### **Physician Open-Ended Responses**

- Are there any other elements of engagement that are important to you that we did not cover? If so, please share them with us.
- Please share any comments you might have on this topic.

**Are there any other elements of engagement that are important to you that we did not cover? If so, please share them with us.**

1. a) Patient feedback/satisfaction. b) Feedback from colleagues and staff. c) Incentives to motivate change and growth. d) An environment that recognizes holistic development of a provider. e) Collaboration between specialties rather than further subdivisions and isolation
2. The 3 laws of performance relate to this great inquiry. Steve Zaffron wrote, "Listening is key in leadership."
3. A patient clientele that has the ability to engage in treatment and take some responsibility for their outcome.
4. A responsive administration. Provider opinions, skills, competency, etc., may be "valued" but if the organization is not responsive (patient safety and satisfaction and) provider satisfaction wanes.
5. A sense that someone has your back rather than throwing you under the bus daily.
6. a) Progressive, repressive and excessive government interference in healthcare—this is negatively affecting many physicians who are waiting for the current federal government administration to end (as soon as possible). b) The associated trend (fostered by the current federal government administration) to devalue and de-emphasize the importance of U.S. physicians in healthcare today, and to treat physicians as mere commodities, little different than the furniture in the examination rooms.
7. Ability of the practice and help for me to weather changes in the medical system while still enjoying medicine as much as possible.
8. The ability to do my best work based on necessary equipment and personnel being present.
9. The ability to think about future opportunities and strategies during work time, a commitment to health and well-being, and leadership that tries to engage the workforce to do something good for society.
10. Active participation in quality improvement.
11. Adequate Social Work and Case Manager Support and access to community resources are key in helping most patients in my community. Not having them in certain situations creates much more stress in my practice and for my patients as I must spend much less time on "medical decisions" and more time serving as a pseudo-social worker.
12. Administrators who do not practice medicine should not be making decisions over physicians who do practice medicine, and whose foremost concern is the well being of their patients and maintaining effective forms of communication between care providers, and value of the physician's time; too much wasted on electronic systems data entry, emphasis on efficient BILLING instead of efficient use of MD's time to take care of patients. Computerized "systems" should help us take care of patients, not hinder us.
13. Administrators are increasingly marginalizing senior clinical staff. I think this is nationwide. That will not lead us anywhere good. Administrators have too much power and say in how things are run in healthcare today. It is pointless talking about engagement until that paradigm changes.
14. Administrators look at money as the "only" factor, not adequate patient care.
15. All the individually important things you discussed in first section would be less so in the situation of 20 years ago when there was a standard of practice, no computers and more stability in the workplace. To call each little thing that is important and then try to rate it is a bit difficult. It is important that in general there is respect and communication and the ability to address everyone's needs and to be efficient. How that happens in the current primary care



setting of computers which take up time and decreasing education of assistants, etc., is another matter.

16. The amount of time spent on meaningless toil—coding, meaningful use, etc., severely saps engagement.
17. An understanding of the administrative side of the equation and the challenges both fiscal and regulatory faced by the non-clinical leaders. We are gaining greater insight and understanding "why" at a basic level, which definitely changes the tone of the conversation.
18. Anesthesia gets the blame of all other doctors' incompetence. We have responsibility with NO power.
19. Appreciation of the patients that I serve.
20. As a leader in my group I have had more opportunities than most to be engaged with every aspect of the practice.
21. As practice owner I must be engaged.
22. As a primary care physician, it is not so much about the pay as about making the resources available to support the effort—more nurses, etc.
23. Autonomy.
24. Autonomy, time for patient care, and placing the patient before productivity.
25. Available opportunities for engagement provided by the hospital or clinic, etc.
26. Being able to forge ahead into a more holistic/functional medicine approach—my current group has been appropriately accommodating and accepting.
27. Being engaged in the selection and evaluation of non-physician employees.
28. Being recognized for outstanding service, achievements and accomplishments within my organization makes me feel engaged.
29. Being treated fairly.
30. Benefit package should be offered or advised to take such pressures off.
31. Bureaucracy is killing physicians. We need to be able to spend time and interact with patients rather than a computer wanting the right check marks in the right box. When physicians can once again be the autonomous professionals they are educated to be, they will feel more engaged and satisfied!!
32. Business thought has ruined the practice of medicine & surgery.
33. The call schedule and weekend shifts.
34. Collegiality and respect from patients and peers, the chance to contribute to innovation and having a voice.
35. Communication within the hospital departments.
36. Community engagement from my organization is important.
37. The community the practice is in, and relationship to children's school and friends.
38. Competency reflected by board certification.
39. Compliant patients.
40. Community outreach.
41. Connection with your patient population.
42. Connectivity between productivity, value and worth to the organization.
43. Covered well. My setting is not well explained with the choices you have. I am a hospice and palliative medicine physician with primary training in family medicine. I work at a medical school primarily.
44. Covert age discrimination is rampant. This is congruent with most corporate cultures, unfortunately.
45. Comparison of current responsibilities with lifetime goals.

46. Culture has a large impact on engagement. When organizational culture conflicts with a professional's value system, dis-engagement always follows.
47. Current constant changes in healthcare environment.
48. Direct interaction with patients vs. paperwork.
49. Diversity of clinical cases.
50. Engagement in research. Engagement in quality improvement and patient safety.
51. Engagement is about control: control over time, the direction of my career, the number and type of patients I see, the midlevel staff and support staff that I work with. Engagement is a kind of part ownership.
52. Engagement sounds like HR speak for good teamwork and constructive goal-directed human interaction to me. It's important but as old as tribal social interactions.
53. Engagement with my patient population is a very important aspect that was not mentioned in your survey.
54. Engagement with a support group which allows patients to interact with each other with similar illness.
55. Entire questionnaire assumes "engagement" with some "organization". I am solo, no such org.
56. Ethics of medical practice.
57. Extreme stress at work especially in urgent care.
58. Face-to-face time with patients and healthcare team members is the most rewarding time in the day. Time filling out forms, time spend in front of a computer are less rewarding/engaging. Frustrations regarding spending inordinate amounts of time wading through paperwork, bureaucracy, attempts to maintain "compliance" with various regulatory agencies, etc.—all combine to make me wonder if I will remain in medicine for my entire career.
59. Fair play among physicians. Recognition for work well done and not because I am someone's friend.
60. Family's perception of what you do.
61. Feedback!
62. Feedback and constructive criticism about your performance from colleagues and patients. Understanding that women and men sometimes have different work-life balance concerns and can have differing trajectories of success as a result.
63. Feeling a broader sense of purpose in my work.
64. Feeling I am a respected part of a team with a single mission is extremely important in my patient care.
65. Perceptions of inequality with compensation and work schedule is one of the most important reasons why people leave any organization.
66. Fickle patients.
67. Financial burdens and sky-rocketing malpractice coverage are the main reasons to over-work.
68. Flexibility in roles at work.
69. Flexibility in terms of time off, coming in late or ability to leave early. Time flexibility.
70. Flexibility of the schedule.
71. Focus on excellence in patient care and not just the process.
72. Generally, I do not like the percentage of time we are spending on computer tasks as opposed to before EMR—it's a very different allocation of time and we really seem to be spending more time for same amount of patient care.
73. Good communication with administrators.
74. Good fitness program for physicians and more work-life balance.

75. Good luck quantifying this stuff. My sense of engagement or satisfaction comes from my patients and excellent results, not so much any of your categories. Never heard of the term prior to this with respect to my line of work. Guess I am just an insensitive surgeon.
76. Good patient care.
77. Great relationship, rapport with my patients, doing good for the community.
78. Having a community that is in need of and appreciates minority physicians.
79. Having active leadership that allows you to share your sense of passion in becoming a part of the collective vision of the organization.
80. Having adequate resources is a key factor for engagement—whether it is office staff, computers or supplies.
81. Having co-workers to consult with professionally.
82. Having monthly or quarterly meetings with the administrators will help understand the ongoing changes in the organization.
83. Having the support to complete non-physician administrative tasks so I may focus on the clinical and personal aspects of taking care of my patients. I have been most frustrated when I could not provide social or other supports to my patients and most engaged when I had the time to really explore their illness and their lives, to identify ways to help them feel better.
84. Healthcare organizations are corrupt and not at all about the patient experience, safety or outcomes.
85. Hospital administrators need to be transparent.
86. Hospitals commonly talk engagement and transparency but mostly behave to disengage (it is my way or the highway) and consistently keep everything opaque.
87. I am engaged when I feel I am making a difference in a patient's life.
88. I am more engaged in my encore career and still enjoy my practice as an income.
89. I am not sure where this really falls, but I am getting really burned out by the paperwork and over-emphasis on excessive, repetitive documentation, having to sign so many things that should not require my signature, being forced to take patients with crappy insurance that do not value my time, skills and knowledge base.
90. I answered these as a solo practitioner. I used insurance carriers instead of the organization as my "boss" so to speak.
91. I built a single specialty practice over 30 years and recently sold it to a very large healthcare organization. The transition has been difficult because of the large corporate focus on regulation, liability and profit, with physicians dedicated to patients but the systems dedicated to business. The tension between the two is frequently difficult to rationalize.
92. I cannot work where patients are not the number one priority. That is why I left my job as director of a NICU in a public hospital. I took a job teaching/administrating at a local medical school and have a limited pediatrics practice, which I feel defines me. Do I miss the NICU... you bet! Some things are not negotiable.
93. I don't think physicians are meant to be employed. We must have an autonomous practice to be happy.
94. I entered medicine with the idea that it is the practical, immediately impactful, application of science. Over the years, I am not sure I hold this same opinion.
95. I hate medico-legal aspect of it.
96. I have been displaced by corporate medicine which has recruited an exclusive group of two surgeons.
97. I left my previous employment largely because of unreasonable expectations, and lack of recognition as a physician leader. This survey makes sense in that engagement is crucial.

98. I think a formal process of engaging physicians in setting organizational priorities is important for organizations.
99. I think protection from changes in the healthcare system.
100. I think that building up a feeling of trust is very important to both patients and doctors.
101. I think you've captured the most important elements for me, which are to have the autonomy to serve the patient directly and to be fairly compensated.
102. I was thinking about possibly including questions on work place climate. I think climate promotes or discourages engagement—and therefore cursory questions about climate may provide a frame for the engagement responses.
103. I will probably leave in the next 1-2 years if things don't improve.
104. I work for myself. That explains many of my answers.
105. I would ask physicians how the specter of ACA implementation is leading to greater or lesser engagement.
106. If I have enough rest/sleep... I feel invigorated and can be exponentially more engaged at work. I can do so much more in a shorter amount of time. I think this is very important to realize with younger physicians, especially those who are starting out a family. Both men and women share home life duties, AND men want to be more involved with their children these days so they are not just going home and patting their children's heads and going to bed. Just like working women, they are involved in educating, feeding, cleaning, playing, etc., with their children. Thus, when we say work/life balance, we are not just talking about having more personal time to spend with the family doing fun things, but also having enough time to rest and get sleep, so that when we are at work, we are as efficient as possible. Performance suffers/deteriorates with chronic sleep deprivation, and having a young family takes a lot of physical and mental effort.
107. I would like to know if social life has an effect on engagement with one's job.
108. I'm the boss, no disgusting hospital administrators to deal with.
109. In a specialty group practice, knowing that I have similar goals/ethics of my partners (don't have to be the same, just some similar).
110. Insulation from unwarranted patient complaints.
111. Insurance forces the limitations, the reimbursements for work.
112. Integrity is important. It is one thing to have a written mission, another to see it in action in the culture and actions of the organization. Ethics and accountability in the C-suite seem to rearrange around the money.
113. Intrusion of 3rd parties, government, insurance companies, hospitals into day to day life.
114. It seems to me that whenever administrators and politicians talk about having MDs be more involved in policy and healthcare administration that it is purely an illusion. Until we can get the right kind of physicians involved in the highest levels of decision making, the idea of engagement is purely lip service.
115. It would be nice to be able to see patients without feeling as if you may see them in court.
116. It's so important to have enough support staff that allows us to focus exclusively on physician duties. We also need enough resources to adequately treat our patients.
117. Job security—regardless of disagreements with administration.
118. Job stability.
119. Knowing that I am making a difference in the lives of people for whom I care, and society in general. (I feel a responsibility to my patients and society to utilize cost-effective care and to NOT make them pawns in the game of generating revenue.)

120. Lack of flexibility in understanding physician's perspective of the issues in day to day practice/work place.
121. Lack of good support staff affects engagement. Also excessive unnecessary documentation interferes with it because it leaves lesser time for my goals.
122. Lack of respect for call.
123. Leadership position in the organization based on fair assessment of skills.
124. Leadership, control of one's work and lifestyle all are important.
125. Less structured dictation of upper management will and wants down the throat of how clinical decision makings are made.
126. Level of mutual trust and engagement of all employees with ultimate goal for the benefit of institutional interest.
127. Little respect by administration for length of service and dedication to service.
128. Looking at other institutions.
129. Looking for 90% billing collection ratio and 90% production incentive bonus.
130. Many organizations are run by administrators and their bottom line is different from that of physicians. It seems that physicians are like ATM machines for them.
131. May help to further define "engagement."
132. Meddling by the government in healthcare. They lead to inefficiency and they rip me off.
133. Medical malpractice environment; professional liability insurance costs; arbitrary policies of liability insurance companies; arbitrary policies of many State Medical Boards; selective, arbitrary, and insufficient investigation of medical fraud and abuse; lack of uniform professional qualifications standards (i.e., Physician's Assistant with a PhD degree, RN with a "specialty," Physical Therapist are all misrepresented to unsuspecting patients as "Doctors").
134. Methods of communication seem to have a large impact on engagement.
135. Might discuss the spread of power such as LEAN Management.
136. Mission Control of my day, exceptional patient and family centered care and adequate nursing staff with low turnover.
137. Mutual respect from all members of the team (allied health professionals).
138. My perception is that the institutional culture does not include engagement in its mission. Unfortunately, making money is the driving factor.
139. My sense of engagement comes from my interactions with patients.
140. Need better job flexibility for working mothers.
141. Night call.
142. Obamacare and EHR is creating a lot of frustrations in general... no wins!
143. On call and long hours (the biggest burnout factor affecting doctors), competency and availability of support staff, effects of Obamacare, working in a hospital with nonunion employees vs. hospital where employees are union workers, etc.
144. One important element of engagement is the feeling that your organization truly cares for your job satisfaction.
145. Opportunities for teaching residents and medical students. Opportunities and time for research and/or to participate in national levels of leadership.
146. Opportunities to meet leaders in the organization.
147. Opportunity for physicians to have input in strategic planning in organization. There's no ability to control cost or payment in today's insurance world—only in cosmetic surgery environment.
148. Organization willing to acknowledge professional liability and risk for those practicing in non-affiliate practice sites.

149. Our work is so tied up with so much that needs to be documented that we are having less and less time taking care of patients. This is the most frustrating part of our work. Documentation has to be simpler and should not be tied with how much we get compensated for our work.
150. Ownership does not imply engagement, but organizations need to construct mechanisms to develop that link. "Does/how does your organization foster engagement?"
151. Patients receive what will make them better.
152. Participation in discussions of quality.
153. Patient appreciation for what you do for them is another—it is motivating when I hear that a patient likes me, since I work with kids.
154. Patient appreciation/respect is an important aspect as well.
155. Patient population.
156. Patient population/demographics.
157. Patient satisfaction.
158. Patient satisfaction.
159. Patient satisfaction. Administration acknowledging aspects of successful practice.
160. Patient's relationship with their physician care team. Also, patient's family involvement in their loved one's care.
161. Personally I love to practice pediatrics. I never had problems with co-workers. The issue of dissatisfaction is the amount of paperwork that we have to do. I expend my clinical time seeing patients. I refuse to use the computer while I am in the room with patients. That left me with paperwork in my free time. I am unhappy with that because I feel that I have not enough free time.
162. Physical fitness and mental fitness studios inside the hospital/workplace campus is a must...only a mentally and physically fit physician can be a healer to sick ones, contrary to that now I am witness to sick healing the sick everyday because they think they study research and practice evidence-based medicine.
163. Physician autonomy.
164. Physician autonomy has suffered horribly. This is the primary demotivating factor. I blame increased centralization of payment/insurance sources, along with paranoia over potential litigation.
165. Physician engagement starts from the first day of work. I took a new job for better life/work balance (decided to work part time,) and neither my employer nor the practice I work in thought it was important to tell me how things are done in the practice. I have said this experience feels like hazing, which in the long run, rarely results in a long-term relationship based on respect. Best investment in terms of physician engagement is to spend a little time in the beginning helping the new doctor understand procedures, expectations, and processes. Throwing the new doc into the mix without support will rarely result in a happy ending.
166. Positive feedback, true collaboration.
167. Professional behavior in the workplace regarding how peers and subordinates are spoken to by more senior staff, which is a problem at my institution.
168. Profit over patient care was the value at two jobs I worked at recently which were in for-profit healthcare organizations. My last job was at Fort XXXXX treating children of enlisted active duty soldiers. The recently retired military psychiatrist I was working under had 20 years less clinical experience, refused to give me training I was required to have to document evaluations and follow-up appointments, ignored my civil rights as a medically disabled physician with diabetes, and terminated me after replacing me with another physician who was due to start the next week. I had closed my private practice to work at Fort XXXXX and had to reopen it.

169. Promotion within academic medicine being more fair, very discouraging to see that people are promoted by volunteering before others have opportunity to voice interest.
170. Proximity to family—but perhaps that's tied into the work-life balance.
171. Quality in patient care and caring for the patient in empathetic and sympathetic manner.
172. Racism.
173. Receiving positive feedback from supervisory staff, physicians and colleagues. Receiving positive feedback from patients.
174. Recent policy changes have tipped the power balance towards administration. They are using this to manipulate and dismiss physicians.
175. Recognition for time spent in training to accomplish board certification in my specialty.
176. Recognizing that the good work that we do is for PEOPLE not an institution. That's engaging.
177. Relationship with patients is very important, as well as how well they are following the treatment plan.
178. Relationship with administration in a hospital is backwards, we work for them rather than vice versa. This is a disturbing trend that will prompt me to take action if an opportunity to do so ever arises.
179. Relationship with business/physician partners.
180. Relationships with other physicians and the staff are very important to me.
181. Respect for women in clinical practice.
182. Respect from administrators. Especially the way hospital practices are changing. Administrators feel that they own physicians and they can abuse them in whatever way or form they want.
183. Respect rather than being treated as a FTE.
184. Respect, and help with mundane things like phone calls, filing, typing endlessly, etc.
185. Respecting the physician's knowledge and experience to help with the global changes in medicine.
186. Role of physician leadership as opposed to business administrators.
187. Safety in the work place vs. personal and political attacks and petty hatreds; a chief of surgery/boss that I can trust and feel secure and safe working with.
188. Satisfaction. I am very heavily involved (president of Medical Staff at a 480 bed medical center). But very unsatisfied with the relationship. Is that "engaged but unhappy"? Or "un-engaged but trying"?
189. Sense of community and willingness to be involved and participate in outside events that are indirectly related to work environment.
190. Sense of professional and financial liability for factors beyond your control.
191. Sense of team that permeates all spheres of work, i.e., office, consults, OR, labor and delivery.
192. Sense of teamwork. Clearly defined mission, vision and guiding principles.
193. Service opportunities to help the poor.
194. Sharing our ideas.
195. Sharing similar goals as other physicians in the same practice. Financial transparency of the organization (my salary compared to similar physicians in the practice).
196. Social and cultural events together.
197. Something about being engaged with the local community.
198. Supervisory capacity—of mid-levels, nursing, rooming staff, receptionists—even file clerks. I have no idea even if my license is being used to underwrite the PA's practice.
199. Teaching is a very important aspect of my career.
200. Teaching med students and residents.

201. Team-building among everybody working in a service: RN, RT, PT, MD... more than separate "good relations" with colleagues vs. admin vs. an RN...
202. That the facility one works for nurtures the environment the practitioner is in to enable him or her to provide excellent care for the patients they serve.
203. That this is a bunch of meaningless semantics developed by people who don't know anything about clinical practice and waste my time and theirs pursuing this.
204. The "culture" of the organization, how it tolerates dissenting opinions, how it incorporates and rewards new or innovative ideas, how well it practices evidence-based medicine, how ambitious it is (or isn't) for improvement.
205. The ability to engage with my colleagues and peers on an intellectual level. Case discussions or otherwise engaged.
206. The administrators at the hospital are terrible!!!!!!
207. The business aspect of medicine has taken the enjoyment and security away. You are left feeling like employee status forever... expendable at any time!
208. The challenge and joy of solving patients' problems or teaching them how to cope with them.
209. The company should be a community leader. We (physicians/healthcare workers) exist to serve and improve our community. We live to help others here and abroad. I find it extremely important to be able to give back to those who have helped me become who I am today. However, there must be a balance between work and family needs. I must be able to be there for my family. Children are the hope and the future. The most important job that I have above everything else is to be a mother first.
210. The conflicts of physician leaders and administration.
211. The continuous encroachment of administrative duties on clinical activities.
212. The decreasing availability or respect for physician administrators. More often physicians are being treated as a commodity, not a partner.
213. The discrepancy between the way senior physicians and younger physicians are treated.
214. The doctors have to have the main say in clinical practice algorithms, period. No other non-doctor should even have a vote. Otherwise healthcare keeps going south. Fix insurance and payment other ways like other businesses.
215. The greatest sense of engagement comes from the relationships I develop with the patients. My ability to change their lives, to better their lives, brings the most satisfaction and sense of engagement in my work.
216. The influence of politics to engagement. Those who are politically connected seem to be clinically disconnected.
217. The issue of non-clinical mandates. I love clinical patient care and developing a practice for a growing population of end of life patients. I do not like the bureaucratic barriers to the delivery of care. Insurance company mandates, increasing DEA regulations, and the other regulations that are becoming a barrier to health care delivery.
218. The level of engagement with patients is a very important element to me. With the increasing division of labor and the delegating of more activities to lower paid employees and the decreased time of actual patient contact per visit with the goal of making rapid decisions on medications and treatment leads to increasing disengagement because we do not get to know our patients as well, what is really important to them, what drives their compliance or lack of compliance, etc. I believe that this is having a negative impact on the quality of care that we provide as well as the motivation to go the extra step or "mile" in our practices. Another element that is very important to me is health insurance. Micromanagement that many times is geared to the health of the insurance organization, not their patients, unwieldy, time



consuming prior approval processes, conflicting and or illogical reasons for denials and or "automatic denials" done within the insurance organization. (I have contacts within some of the insurance organizations and know that at times certain percentages may be denied purely in order to delay payments or to reduce backlogs resulting because of lack of staffing to appropriately review submissions.) These types of things greatly impact the level of engagement in practice. Another element of engagement that is important to me is the increasing involvement of politics in the medical profession. This has the potential to impact the level of engagement in practice in major ways.

219. The organization's attention to physician wellness.
220. The possibility of being actively disengaged.
221. The practice of medicine is turning to crap. Nobody is curious anymore to make the correct diagnoses, terrible things happen to patients and our hospitals are run by businessmen.
222. The system needs to let physicians be physicians. Why else go through so much education just to be told what to do by a computer? And pay me what I am worth!
223. There has been a shocking shift away from the patient and to the pursuit of looking good on paper for third party interests. This alone in past 2 years or so has been the biggest factor in being "engaged" or not.
224. Timely and informative response to my questions to administration.
225. Transparency.
226. Transparency in an organization and servant leadership are both important elements which impact engagement.
227. Trusting the organization is key, so elements of building trust (transparent and frequent communication, checking in with clinical thought leaders, and verifying physician support before implementing the "flavor of the month") are key attributes.
228. Turf issues have been ignored or dealt with unfairly. Support staff morale has dropped which directly impacts morale of physicians.
229. Uncertainty about the future of the hospital leads to widespread disengagement among the physicians, especially employed physicians.
230. Uncertainty with future in medicine especially given Obamacare.
231. Valued as a contributing and vital member.
232. We are viewed as assembly line factory workers. All the hospital cares about is profit, turnaround time and productivity. The constant push to read cases faster, cut staff, cut hours, will lead to increased medical errors. No one cares. The administration has made it clear that my group can be replaced at any time they wish, and that has hugely diminished my loyalty to the organization. Also, if doing the test or task right takes more time, they punish you in various ways. They punish you for caring. They are devaluing the senior experienced employees, presumably because young new ones are not only cheaper but also easier to control. Any time the hospital talks quality what they really want is profit.
233. Well-covered in the questions.
234. When leadership changes at the top, it is important to communicate down to the bottom what direction an organization is moving in.
235. Whether administrative systems actually help me do a better job (or not). Do I spend my time doing what I was trained to do?
236. Work-life balance and some voice in operational issues are my main concerns. Due to the fee for service model, employers are mainly interested in volume and this is not the priority of most physicians. We want to provide quality care at each encounter

237. Working as a team with other MDs and staff in ICU, so that we are all on the same page no matter who is working that day.
238. Working location coordinates with lifestyle.
239. Working with physicians and clinical staff to improve processes to streamline patient care and clinical duties/tasks in the goal of overall improved performance and patient care.
240. Yes, when a hospital purports that its mission and values are one thing and they are really interested in another—only the bottom line and more and more productivity. Then, when you “call” them on that, they tell you it reflects good stewardship. You cannot win. They seem to do their best to make the practice of medicine as annoying and irritating as possible. Which is why I will not renew my contract in a few months. I will stay so that they don't charge me for malpractice insurance. The nurse I used to work with had a CVA and of course had to quit. The big question the hospital had been, “how can we increase my productivity.” Well, I will tell you in a few months. Hire someone else. Thank you.
241. Yes, you ask about alignment with organization, but most people quit their boss. I suggest asking about both alignments with organization at large and also with your boss. For independent practice docs, define what organization you mean. Is it their practice group or the hospital? Is it who pays them? Who do they identify themselves with?
242. Yes. Relationships with patients weren't covered at all. I wonder what your researchers would think of a series of questions that discusses PHYSICIAN decisions regarding care, testing, and/or hospitalization, comparing to their INSTITUTION'S motives—e.g., profit, community service, safety, efficiency? I believe this conflict is closer to the root of "engagement" issues, than your survey would suggest.
243. Yes. Focus on patient care and providing service to the community is incredibly important to me, and I feel that our organization at times feels focused solely on prestige within the community, recruiting more high profile patients, and neglecting the needs of many primary care providers and patients.
244. You did not cover paperwork, insurance not wanting to pay for CT, MRI and extra work that we need to do, non-compliant patients, prior authorizations required for even test strips, etc. I think we have to spend more time on these things today than we do at our job.
245. You should ask if those completing the survey had any direct financial interest in the success of their organization—that creates engagement!

## Please share any comments you might have on this topic.

1. A cluttered mind is a confused mind. To keep clarity of vision, goals and achievements, the organization can help by easing the burden of nonclinical engagements such as insurances, retirement, etc. It will spare time for more clinical work concentration.
2. A patient and their family must feel directly involved in their care and decision-making. Without the involvement of the family and the patient in their care, full engagement will not be achieved.
3. A sense of engagement is important for a fulfilling career. I was fortunate enough to have experienced over 40 years of a very satisfying, rewarding career. At this point in my life, time trumps work!
4. Academic medicine and research innovation are becoming a thing of the past. It may only happen due to the personal sacrifice of the individual with no institutional support.
5. Administration cares about money and how they get it and don't care about using the physician and their skills to get to their goal. If the physician doesn't get the hospital what they want (money), then they will get another one. They believe that everyone can be replaced and unfortunately, they are correct.
6. Administrators and government are skilled at seductive misinformation or advertising-type tricks that lead physicians and patients to believe they are being heard. The greed of hospitals, government and insurers is astronomical.
7. Administrators are becoming more and more intrusive in our work for the wrong reason. Those reasons are more political and centered on their advancement than on patient care.
8. Administrators are businessmen and don't have the soul for healthcare. I feel they could be running a shoe business and be the same. It affects delivery of care and the affects the needed crucial decisions for good patient care.
9. Administrators should be at least semi-versed in medicine.
10. XXXXX XXXXX Hospital is throwing away their best resources because they never asked the "why" behind the explanation...
11. Although engagement is extremely important, the term is essentially defined by the hospital as they represent the lion's share of power. In this sense, engagement can be interpreted as unilateral and thus a physician's "engagement" is valued by how he/she fits into a role that is not self-defined but has the potential to have career-shaping consequences.
12. An organization that pays lip service to organizational goals and aspirations, and then expects physicians and caregivers to deliver, but without any support or resources, should just not bother putting the goals forward.
13. An overall sense of potential litigation on a day to day basis is my primary source of disengagement.
14. Anesthetists are forced to anesthetize patients too sick for a procedure just so the hospital and the surgeon can make money
15. Answers to most questions are intuitive, you should engage the survey taker a little more.
16. Articles on how to get more engaged should feature in the dialogue magazine instead of details about who lost their license.
17. As a colleague put it, I feel physicians in my organization are being systematically reduced to "factory workers" whose sole value is to produce RVUs and while following increasingly complex rules and regulations.
18. Being able to work in a safe, harmonious place, free from threats and attacks from colleagues and administration. Working for a chief who recognizes my value to the institution and

respects and rewards me so I feel safe and so I can function. These are the most important things. You can be paid well; you can live in a wonderful city, but if you are not safe in your work place, you won't be happy and you will eventually have to leave.

19. Being engaged, to me, means being part of the team. It means knowing the goals and direction of the organization as well as being a part of the process.
20. Between local administration and governmental interference and mandates, medicine is becoming less engaging and more drudgery.
21. By the nature of their work, the goals of healthcare providers and administrators are often at odds. I think additional exploration of this factor might yield interesting results. It seems that we are entering a time when money, politics and unrighteous administrative dominion are preeminent. I have recently left a job for that reason and will leave the practice of medicine altogether when forced into another hospital or corporate bureaucracy. I'm sure other providers feel the same, and I'd be interested to have a better understanding of the magnitude of the problem.
22. Call is a bigger issue every year.
23. Compensation is decreasing. Expectations and physician strain are increasing. Work and family balance are always a tough balance to find.
24. Corporate medicine has made absurd demands with no comprehension of the actual demands of clinical practice and with no interest in the needs of patients or in the organization of a medical practice. This to me is the worst element I have experienced in the transitional phase of medicine.
25. Corporate medicine has taken over and is incompetent and only cares about money.
26. Critical to the success and satisfaction physicians will experience as we go through the changes we will encounter in medicine in the next several years. Those systems whose physicians are fully engaged will succeed at the highest levels.
27. Current health care economy/legislation continues to devalue physician contribution to health care delivery. Too much of the decision making has been taken away from physicians and placed in the hands of administrators or third party payers. I feel that my work has less value despite it being essential to quality patient care, and continued decreased reimbursement despite increased demand for my time makes me feel less engaged. I am continuously searching for a way to leave the profession altogether.
28. Current restructuring of the health system into corporate structures will make engagement very hard. I have had experience of true private practice with ownership and can carry that perspective over. Newer physicians may never get that. Professionalism and engagement are related as well.
29. Desire to fulfill my calling through another setting.
30. Developed "compact" with hospital administration years ago to identify agreement regarding ongoing relationship. Unfortunately, the hospital did not adhere to compact agreements, thus physicians did not either. Physicians lack positive feeling or hospital organization. Some of it is generational as well, regarding participation by physicians.
31. Difficult finding time to get more involvement in community outreach and provide lecture to the groups at risk for cardiac disease!
32. Direct communications and documentation of such, have played a large role in everyone's busy lives. Electronic documentation, both for medical recording, and day to day conversation by e-mail has surpassed human interaction and creates dissatisfaction and disengagement.
33. Electronic medical records are mostly stupid umpteen-page documents with 95% of the content having no clinical bearing, and we have to type them out.

34. Engagement is a complex issue. As a result, there are multiple components. Three components were not enough! You're "Good" as it relates to relationships with administrators. Other physicians and non-physician staff can have several meanings. Good working relationship, I believed the relationship needed to be clarified! Engagement as it relates to my profession, my voice, opinion, collaboration and input all are important—not exclusive of each other but as a combo pack.
35. Engagement is important on both sides.
36. Engagement is non-existent at the hospital I work for.
37. Engagement is related to sense of belonging and recognition of one's talents. Working with a group of people with a similar overall mission and knowledge that one's talents will lead to career development and advancement are the most important factors to me.
38. Engagement is subjective and the values depend on how much effort you place on your job.
39. Engagement-disengagement is always in flux. We MUST anchor our focus on patient-centered care to fully realize the emotional rewards of our profession.
40. Feeling a sense of connection, meaning in your work, and respect by peers, administration, etc., and having a great QOL...having what you do be meaningful and being allowed the freedom to serve, not just work and collect a paycheck, but serve people, and having your institution do whatever it takes to make serving others more efficient, enjoyable and successful.
41. For better management and improvement.
42. For many institutions, including mine, engagement is just a concept administrators use to proceed with the difficult, undesirable, but necessary task of working with physicians on running a hospital. They cite it when they want something, ignore it when it will make proceeding more laborious. An administrator who wants you engaged wants something from you, frequently for free.
43. Good luck. Like politics we need some statesman/woman and not politicians to run hospitals with a goal for the common good. The finances of third party payors should also be evaluated.
44. Great questions for developing a pre-employment questionnaire screen.
45. Has anybody else noticed that IT is on a power trip with significant disregard for clinical experts?
46. There have to be concrete professional rewards and not just lip service.
47. Healthcare is used by political special interests groups (lawyers, non-physician medical lobbies, the insurance industry, and the pharmaceutical industry) for their personal and corporate gain, and against the best interests of the public.
48. Honestly, this philosophical inquiry seems a little artificial. I think people are happy in their jobs as long as they get a decent wage and no one aspect of their employment is truly horrible.
49. Hospitals should have physicians as CEOs. My CEO is a bloodsucking phlebotomist. I'm a surgeon, and he has absolutely no idea on what an OR is, does, and the revenue that it can generate. He's so enamored with the family practice group who did not refer to my predecessor or to me and wants to shine with another hospital instead. I'm leaving because I'm afraid my hospital will sink, and after nine years of hard work, I can't stand to watch it.
50. How to improve our practice?
51. I am a part owner of my practice. This is the main driver of engagement in the day to day of work. But I also love the field I chose. It is rewarding.
52. I am concerned that physician autonomy will be significantly reduced in the near future.
53. I am currently a resident and so have very little voice or control over my work and life. You should have a bubble to click for residents since some of the questions don't apply to us given the fact that you don't even get to choose where you go necessarily.

54. I am currently looking for a new practice opportunity because where I am has tried to dictate treatment decisions and has bounced paychecks to me and now refuses to make good on them. This, while practice owner chose to spend \$20000 on a Bar Mitzvah but not pay his employees office or clinical. Engagement is extremely important.
55. I am happy with my current patient population, but other ethnicities or socioeconomic groups may be more or less challenging and rewarding.
56. I am late enough in my career to not be interested in the organization's "goals" which are mostly to increase the administrators' bonuses.
57. I am leaving my current job in two months. They outsourced us and I do not want to sign with the new company. I am happy to have found a better situation with nice people that I trust but I have not felt as engaged by my field ever since PACS came out about 12 years ago and it removed me from being a part of the medical team. I am hoping to really feel a valued part of the community at my next place.
58. I am most "engaged" when I am able to do work that I enjoy and when I am valued for that work.
59. My biggest concern is reduced reimbursement and finding a way to avoid bankruptcy.
60. I am not sure whether I wish to maintain a career in clinical medicine long-term, and am contemplating a return to basic science, altogether different from my current field of practice. I am currently only in the contemplative stage of this process.
61. I am pro-standard of care for all patients that request care.
62. I believe engagement is critical. I have been extremely engaged on many professional fronts for over 3 decades and have had a most rewarding career. However, I think it is becoming increasingly difficult for physicians to be engaged because of the corporatization of medicine and the role of insurance companies. I am now transitioning from private practice to corporate healthcare because I fought the battle but think it's over. The government and business have won. Medicine will continue to become less personal for patients and less professional for physicians in the foreseeable future. A complete transition to a different system may, over the next few decades, bring an improved system, but I believe the transition will be very challenging for everyone. Currently, I think it's just a complete mess. I will continue to practice based on my value system based on commitment to my patients and professionalism as long as possible, and then quit entirely. I have intellectually accepted the current reality, but it has been very disappointing to see what I would consider to be the downward slide of medicine over the past quarter century.
63. I believe it is important for physicians to have a say in ACA implementation.
64. I believe that in the past 5 years, our American culture as a whole has placed excess emphasis on financial outcomes in business (including healthcare, education, etc.,) while downplaying the importance of work-life balance in productivity. In short, I feel burned out by the demands for productivity by my employer and am seriously considering a career change. Working 10-hour days has left me feeling as if I am on an assembly line and my stress level is no longer being balanced by any sense of accomplishment from helping patients.
65. I don't actually blame my healthcare organization for my "dis-engagement." They are being pulled in so many directions with meaningful use, accountable care, being judged on patient satisfaction, readmissions, etc. Healthcare is a MISERABLE field to be in. All the joy of practicing medicine has been overshadowed by paperwork, clicking boxes, government regulation. I don't think anyone is getting better care.
66. I feel more disengaged as government, insurance companies, and employers increasingly encroach on the doctor-patient relationship.

67. I feel that there is a decline in the decision-making capacity that physicians have in the hospital setting, compromise in patient care driven by goal for profit is the most disappointing.
68. I generally regret entering medicine, and would like to leave, but I feel trapped.
69. I have been hired to work 3 full time jobs and one half time job over 4 years. Prior to that, I had never been terminated in my life. The 2 for-profit jobs put profits ahead of patient care which led to patients coming to be harmed although none under my brief (6 weeks -11 weeks) period of care for them. Being employed at a state (Texas) and federal level exposed me to administrative physicians very junior in experience to me but willing to terminate me for attempting to stop practices that harmed patients (even if a federal lawsuit had been filed against that system for unnecessary use of antipsychotic medications). My seniority in experience was obscured with my difficulty mastering the electronic medical records, even though no or minimal training in EMR was provided to me during the orientation before I started treating patients. I also wonder if the mostly male medical leadership accounts for the institutional greed and arrogance. Will medical school classes of over 50% female students change employment for physicians for the better in years to come? We can only hope!
70. I have been struck by the unethical motivations behind many healthcare organizations, with the administration and some providers putting their own well being before that of the patients, sometimes even to the detriment of the patients. This has had a deep impact on my own sense of satisfaction and engagement at a position. It is hard to be engaged in the direction opposed to that of the organization. Each time I was in line with the stated "mission and goals" of the organization, but not with the ones that actually drove the group.
71. I have considered leaving my current position due to lack of ancillary support staff, especially case managers, and increasing mandates by regulatory agencies to accomplish care goals that are well-intentioned by those who developed them, but in practice are not actually helping patients. Also there is definite "age-ism" in my current institution, and inability of administrators to seek input from experienced staff, listen to them, and avoid making the same cycle of mistakes over and over again. My patients who depend on me and my colleagues and mentors have helped me to stay engaged. Also it is a challenge being at an academic medical center. I have been frustrated but I have never been bored.
72. I have recently decided to job share. I feel the time I spend taking care of patients is toxic to my personal health. I can keep working, retire and drop dead the next day or find a way to work less and live with less income. After all these years, the diminishing revenue, increasingly demanding patients and families and I suspect, my age, have led to this decision. I have no confidence that efforts to recruit a younger physician to do my work will be successful.
73. I hope surveys like this change the way administrators see physicians on the work force.
74. I loved the work I was doing but the environment was toxic.
75. I moved to a new city after my wife completed her residency. We wanted to move closer to family as we had no ties to the city we lived in previously. I LOVED my prior job. Sadly, the new job I started after the move is much less desirable. I thought all inpatient PM+R jobs were the same. Boy was I wrong.
76. I recently decided to leave a practice due to differences in practice philosophy with my physician partners and difficulty getting hospital administration to support my department/clinical service line with appropriate capital expenditures for equipment needed for patient treatment. The lack of responsiveness of the administration despite my active "engagement" as an elected member to the hospital's medical staff governance committees was extremely disappointing. Administrators seemed more concerned about short-term profits than long-term goals and strategic planning to improve care and stay ahead of the curve with

regard to the changing landscape of medical practice with regard to EMRs, ACOs and mandatory quality programs.

77. I see this as a very common trend, when physicians are no longer a driving force in healthcare delivery, but rather employees hired to deliver what they have been asked.
78. I think if one is in the right job and loves what they do, they can work around the negatives and keep going. I am committed to my individual practice, get paid well for what I do, and have a personal mission for what I am accomplishing. My organization supports me in doing this.
79. I think it is important to help physicians to find balance work and improving their careers and life style.
80. I think it is more important to feel engaged in my day-to-day work than in the larger organization.
81. I think most people are disengaged due to being overwhelmed with the number of patients and the ridiculous amount of paper work and documentation and frivolous stuff that complicates patient care. It takes more time to do the other stuff associated with patient care then actually seeing the patient.
82. I think that a real involvement with the day to day practice is very important to me and should be to others.
83. I think that engagement at the onset of employment is important; the longer you work for an institution without a say, the harder it gets to create communication. Once you have grey hair, everyone wants your input. Before that, all that institutions want is to tell you how high to jump!
84. I think that these issues—health insurance mandates and governmental regulation of practice—are going to drive more physicians out of the practice of medicine. It is such a barrier to good medical practice that it is eroding the capacity to deliver good patient care.
85. I think the happiest physicians are independent practitioners who have disengaged from taking health insurance.
86. I think the Hospitalists as a group should get more respect and not be treated as residents. The nature of our work may be that of a resident but we do a lot of work and shoulder a lot of responsibility and that needs to be recognized. Mutual respect and better communication from the consult services would make the work flow better.
87. I think this topic is really important and administrators need to acknowledge it.
88. I think you have this very well covered. I am considering leaving my current primary location even though the job is fairly good, but they are not wanting to grow the direction I know we could grow the field I am a part of.
89. I was in a practice for 12 years and left it behind for a new opportunity because I felt my partners did not respect my opinions or value me enough to change the status quo to help me feel more engaged. I am in a new practice now where my thoughts and ideas are valued and where we all truly work as a team. My job satisfaction has increased exponentially since this change and I feel it has benefitted me and my family in multiple ways.
90. I was out on disability for shoulder surgery #3 and did not feel like the department or school had any interest in my returning despite 18 years of hard work—a mere cog in the wheel and easily replaced.
91. I went to a great medical school that really fostered learning and individually-directed projects, now I'm a work-horse at a residency program that seems to punish ambition or inquisitiveness. It's unfortunate and not a great learning experience.
92. I wish the company I worked for could separate their religious beliefs with legal, evidence-based medicine.



93. I work for a large organization where the administrators are not MDs. They run it (albeit poorly) as a business, forgetting about the lives and welfare of our patients. They do not seek out the opinions or input of the providers. MDs are viewed as a difficult group to satisfy and respect is no longer there for us. It is assumed that we cannot run businesses and so we are pushed into a corner and told to simply do our "jobs." We have become tools in a large machine. I fear that this will be the future of medicine, where every patient has a dollar sign on their forehead.
94. I worked in a socialized medicine system. I'm old, I don't care about my future—your children and grandchildren will pay for the stupidity of many.
95. I would not recommend working for a clinic that is not owned by an MD(s)—which is the problem with this job.
96. I'd like to feel more engaged with my co-workers at work, but I'm starting to feel that my values just don't fit with most people in medicine. I still love practicing medicine, and helping patients, but I don't like most people in medicine. I aim to attract more people like me to it though!
97. If you see a piece of trash on the floor in the hospital—do you kick it, leave it, or pick it up and throw it out? I am engaged and would pick it up.
98. In addition to respect, support, openness and transparency are other components I feel will help to get physicians engaged.
99. In an era of diminishing physician prestige and public regard, it is key for physicians to feel valued at work and appreciated for the work that they do.
100. In general, I felt more engaged when I was in private practice compared to my current employed position.
101. Insurance coverage for diagnosis and treatment.
102. It changes day by day. Today is a weekend and I am not working after a bad day at work. On another day, my answers could be very different.
103. It is difficult to engage if you have offered suggestions to administration without even acknowledgment of the value of your suggestion, or administration's direction being the opposite of your suggestion without communication to you, i.e., burn me once shame on you, burn me twice...
104. It is good to be able to live and work near other members of one's extended family.
105. It is hard as a physician to stay engaged with an institution that demands more while providing less.
106. It is harder now to stay engaged as the practice of medicine has moved to a model where more physicians are employed and decisions about the business of medicine are often made by non-clinical business people who frequently do not understand clinical challenges or patient care. It makes me just want to put in my time and go home rather than dedicating my heart to medicine. (I'm not saying it is necessarily bad. It is simply a huge change from medicine 10-15 years ago.)
107. It is important for a healthcare provider to be appreciated not only as a provider who sees patients, but as a human being.
108. It is very difficult to rate the bottom 3 least important areas of engagement—they are all essential.
109. It is very important to identify the issues in general and have some guidelines for the administrative people/officers to have better understanding of the issues in physician's point of view, not just economics or efficiencies.
110. It might be nice to see whether only those who are looking to change their position respond, versus a broader since of what motivates practice decisions.

111. It might be useful to figure out how to have a time element as part of understanding this issue. For example, I may have felt disengaged at a previous employer, but that was more than a decade ago. As another example, many physicians have unrealistic expectations about the time frame for "professional advancement" (not to mention widely varying ideas about what that term means). Good luck.
112. It will be better.
113. It's all going to be driven by costs and bottom-line in the future, so why bother with these surveys?
114. It's better to work for yourself.
115. I left an academic practice last year partly due to this issue.
116. Let me be a doctor and rein in these insurance companies. It's a damn joke.
117. Let the physicians be the leaders instead of non-physicians.
118. Listen to what we are saying, and don't forget the patients.
119. Look like an administrative survey!
120. Many hospital admins seem to think they can demand engagement. In my experience it is a function of mutual respect, good communication and a mission that at its heart supports good patient care. No substitutes exist.
121. Medical practice has become more profit- than patient-oriented.
122. Medical school affiliation is helpful.
123. Medicine should start at the patient not at the administration.
124. Medicine as a whole has been harder to be "part of" with increased demands for production above patients. Now the patients are dissatisfied, so we are being "graded" (salary compensation) on survey data too.
125. Medicine has become a business wherein many times patients' well-being is not in consideration.
126. Medicine is a calling not simply a career. Though I am aware of being underpaid (relatively) I would do it regardless.
127. Money.
128. More and more I see non-physicians making medical practice decisions that I feel they have no business making. Physician leadership is falling by the wayside in both the hospital setting and the outpatient setting. Rather, business types are running/ruining healthcare. A colleague of mine called it "REVENGE OF THE C STUDENT."
129. More autonomy of practicing medicine; after all it is an art—but it seems like they forgot about that and now is a cook book where one solution fits all.
130. Most physicians engaged in administrative roles are there to deal with regulatory issues, not patient care.
131. XXXX will not engage its physicians in any project or mission until the physicians feel valued. I have worked here for 3 years and my enthusiasm has waned and been beaten out by the general culture of XXXX. The theme seems to be to push physicians to produce more clinically without providing fair compensation or adequate/efficient hospital infrastructure to take care of patients. I can tell you that physician burnout is rampant and clearly under recognized by administration. No initiative will work if your employees feel undervalued. Personally, in the three years that I've been here, my dissatisfaction has grown to point that I am looking for another place of employment. Despite my attempts, I haven't received any compensation from my starting salary—no bonus, not even cost of living increase. I've invested a lot of time outside of clinical duties to improve the educational process of trainees, the process of delivery of care to patients, and general scholarly activities that improve the knowledge and skill of my

partners. It seems none of that has been appreciated, or even simply recognized. Moreover, it seems the hospital has cut back on ancillary staff, cut corners on tests, etc. When the infrastructure is poor, it puts a burden on the clinicians to compensate for system inefficiency. From a clinical standpoint, I've already expressed concern that we are understaffed but it doesn't seem that any changes will come about. There was nearly a year that our department was short FTEs. During that time, my partners and I worked more hours beyond what was "sold" when I started the position. Again, we received no additional remuneration for that extra clinical duty. Inquiry regarding future compensation has been ambiguous and uncertain. As trainees are required to work fewer hours, my department has been trying to get more physician extenders to adequately care for patients. The administration has blocked these efforts so we are continually stretched thin at expense of patient safety. When I started 3 years ago, I was promised basic office furniture. Still after countless requests and follow up, I still don't have the office furniture. I don't know if your survey is really looking for this or will capture similar experience from other physicians. But I can assure you that my sentiments are not unique. Many physician colleagues have expressed the same to me.

132. My current group is fair and our pay is good here. However, we have to be excessively lean to keep costs down and see way too many patients during the day to make ends meet. Ridiculous. Not why most of us went into medicine. Not good for patient care either. I'd love to charge cash for the unique things I offer but don't want to lose the majority of my patients who probably wouldn't choose that. The system is utterly broken. Thank God I love helping people, enjoy the medicine and still feel like I'm making a difference. A shame that we have to look to other ways of making money to make ends meet. Once again, not what we were trained to do in med school and residency.
133. My family's needs are more important to me than my engagement at work.
134. My hands are tied and limited by insurance to continue to progress on self improvement for my staff and myself. The quality of staff will drop if things continue the way they are.
135. I need to feel respected and paid fairly and equally as in partnership.
136. Need to focus on the physician's family life as well.
137. Night call should be limited and varied within a group practice (those who want to earn more can take more calls).
138. Obamacare will kill physician engagement. We are losing ownership of our small business to be a voiceless salaried cog in some theoretical scheme called an ACO.
139. One of my friends interviewed at one of the hospitals for the position of pulmonary/critical care where the CEO and CFO had an attitude that they can ask physicians to do whatever they want and physicians shouldn't say no to them. He said, "I will make sure that whatever I ask is done otherwise they should be ready for the consequences." The way he said above statement was extremely authoritative.
140. Organizations and staffs are money and power oriented. If we shift our ways of working from money-oriented to quality-of-life-oriented, from curative medicine to preventative medicine not just for patients but for physicians as well, I would highly appreciate it.
141. Organizations have taken over the practice of medicine, aligning themselves with 35-52 year olds and ignoring older physicians.
142. Organizations need to engage their MDs better!
143. Our credentialing process does not make me feel engaged. We should have good reports from Epic so I don't have to keep track myself.
144. Participating in improvement.
145. Partnership work requirements and financial partnering.

146. Physician job stability and fair compensation is one of the key elements to keep practice running properly and is consistent with better patient care.
147. Physicians and patients are the prey, administrators are the predators.
148. Physicians are being treated worse than janitorial staff by most hospital administrators, at least at small to medium sized hospitals.
149. Physicians are currently regarded as employees by many administrators.
150. Physicians are going to be generally less engaged in the future as they feel they are being devalued by society.
151. Physicians are losing power. We have increasing responsibility and less authority.
152. Physicians as a profession will become less "professional" and willing to make sacrifices as they lose control of leadership in a work place setting. For instance, my place is out of control in regards to administrators. A rule has been made that one cannot text in the hallway. If seen doing so punishment occurs. This represents weak physician leadership and lack of respect for professional medical workers. Indeed, I have taken a poll and most texting is work related.
153. Physicians need control over patient care, respect for what they do and adequate compensation to feel engaged.
154. Physicians should be in every aspect of care delivery within the hospital—and any aspects of hospital patient care that requires decision-making needs to be led by an MD, not an administrator.
155. Physicians ultimately want ownership in their destiny. Acquiring that needs to be accompanied by some element of business training. Otherwise physicians make big mistakes based on beliefs in conjecture.
156. Poor leadership in a healthcare organization is a primary problem.
157. Poorly worded questionnaire. Garbage in = garbage out. "Engagement"?
158. Population health, patient experience, value in healthcare.
159. Practicing medicine now is more horrible than anyone's worst nightmare and will only get worse.
160. Private practice is a dying breed unless we can get single payor systems in place! Insurance companies and contracts have too much power in our daily lives as healthcare providers.
161. Read Future Perfect and learn how healthcare could be peer-progressive. Hosting conversations that matter is key to engagement. <http://www.artofhosting.org/home/>
162. Reimbursements from insurances and patient population might also impact physician engagement.
163. Removal of the significant fear of malpractice would make a huge improvement in the level of engagement.
164. Respect for my efforts and clinical work, fair reimbursement, not getting the impression of being cheated by the administration.
165. Self starting a private practice is not an option for immigrant physicians until they obtain their permanent residence. This could take years.
166. I should have full freedom to take care of my patients rather than following policies made by some pen pushers!
167. Still not sure what engagement is. Patient care is still enjoyable and I'm engaged with my patients. The "system" gets in the way and peppers my day with emails, phone calls from 4 different hospital vice presidents hired in the last year who know NOTHING about private practice. They ignore suggestions to improve patient care, marketing, and cost saving techniques and then don't answer my emails and phone calls about why I missed a quality bonus! What engagement!

168. Tactical flexibility of my practice and surgery center, and innovation are key to success.
169. Thank you for asking. I took a course from landmark education called power and contribution. It's Contributionist and has me engaged.
170. The almost complete lack of engagement with my last organization led to my leaving and starting a new position within the last year. Had I known that this particular multi-specialty clinic had a long history of physician dissatisfaction causing high turnover, I would have stayed clear. Lesson learned.
171. The defensive medicine practice.
172. The definition of engagement varies at every stage of training from residency to fellowship to early career development to later career folks. An employer who respects and understands the needs of these groups is the best type of employer. Just because some people are young or new doesn't mean they can't be the catalyst for change and innovation. Engage them early!
173. The greatest lack of control in medicine will be from government interference. Nothing can overcome the mess that is coming.
174. The influence of politics to engagement. Those who are politically connected seem to be clinically disconnected.
175. The lack of respect and the bullying and threats that are directed toward doctors, in hospitals, by nurses, administrators, and PA's/NP's is unbelievable. If I could do a video-cam of what I go through on a daily basis, in the hospital, you would be shocked. (Or would you?)
176. The metric used is now and forever financial. Life is beyond the mere symbol of currency.
177. The organization has not made good business decisions for years and now it is so bad patient care is being directly affected. I have grave concerns about viability of this organization.
178. The overall predatory relationship of government, insurance companies and hospital administration that has developed in dealing with doctors has severely eroded and is rapidly destroying the medical profession. Physician leaders are complicit in this trend.
179. The physician is NOT valued at all. There is an epidemic of physician disengagement.
180. The problems are national. This is my 4th health system in Wisconsin and they all have the same problem.
181. The team is key. The whole staff is essential. The community, patients, neighbors and other healthcare personnel are part of the team. No man is an island. The whole patient in his environment must be considered using all of these resources and skills.
182. There are many aspects of healthcare and its delivery that physicians are responsible for and held accountable for over which we have no control. Administrators, whether physicians or other, generally do not seem to consider this.
183. There is a complete lack of alignment between administration and the delivery of medicine which is affecting engagement.
184. There is an increasing dissociation between physicians and administration that is frustrating.
185. There is gender bias in medicine. The inner admin circle is often made up of men who see women in supporting roles. Also there is an expectation that women must be "nice" and being assertive is equated with aggressive and viewed negatively. Ineffective men rise to the top far more than effective women.
186. There is no perfect job but at least I can look for one that closely fits my expectations.
187. These people can control the ultimate care of patients and the operations of the practice.
188. They punish you for caring. Medicine now is a game the clinical employees cannot win. There is plenty of revenue stream now in healthcare. It is just not being shared with those who actually care for the patients. I mean not just MDs and nurses, but technologists, transport, scheduling, registration, NPs, PAs, housekeeping. All these employees are having their pay and

hours cut and basically have to take it in silence because the economy is so poor right now. I have never in 30 years seen morale at such a low point nor have I seen so many medical workers looking to get out of medicine entirely. I would right now if I could. It is not worth the constant struggle daily to do what is right for the patient and buck the tide. That is the culture at my hospital and many more where I do locums.

189. Third party payors, liability concerns, and the government have been steadily eroding the ability to feel like the "professional" that I envisioned in my early development.
190. This hospital makes it very clear that physicians are not at all important. They constantly shove it down our throats. I didn't even want to take the time to complete this survey because I know they won't pay attention and don't care.
191. This is a very interesting topic that doesn't seem to be well published, amongst healthcare workers.
192. This is an excellent topic to be addressing as it is a huge factor in physician burnout and poor quality of care overall. How to improve this as a workplace environment is an ultimate challenge. But engaging this awareness is extremely powerful. Thank you all.
193. This is an important topic and clearly related to physician burnout. I left a position because I was stressed and could not articulate why until I took this survey—thank you!
194. This is important—we need everyone engaged to get the situation to be more effective.
195. This is somewhat skewed because I am a resident. I expect as an attending I will have some more control over some aspects of my job that, appropriately, are not available to me now.
196. This job is supposed to be about the patients, not the administrators, the insurance company, or me.
197. Timely and valuable thing to do. Any hospital that wants to be successful has to engage with its physicians.
198. Too much politics are involved here. People who are not doing their job are being protected.
199. Today, there is so much time wasted on components unrelated to patient care. It is pathetic.
200. Too selective and does not cover key issues.
201. Transparency.
202. Until physicians again lead medicine there will not be any true improvement in care nor cost containment. So much time and effort is now spent on "work" that does not involve care of people. I spend much more of my day at a computer than I do with a patient. It all comes at an economic cost but more importantly at a human cost and quality of life cost.
203. Very important in this current climate that all be engaged and aligned appropriately for the best outcomes in patient care.
204. We can handle no as an answer. Tell us the process and let us help work through it. If you hide everything and treat physicians as young children, we will begin to act like them. We need to be partners and both sides need to know what is going on.
205. We do similar "engagement" surveys here now. I'm not sure why "engagement" is all the rage now—I think what would be more useful would be a "motivation" survey—what motivates workers to be their best. Engagement might be one factor in that but so might money, prestige, sense of helping people, etc. I don't think managers can get the most out of their people unless they understand what motivates them to do their best. Frankly, I think I could be completely happy and productive at work but almost totally "disengaged" as far as the organization goes as long as I am doing things that interest me.
206. We have no say—no hiring/firing/training input whatsoever. All the power rests with administrators for whom we are simply the money-makers with no determinism as to who, what, or how those monies are used.

207. We've been sold a "bill of goods" with respect to electronic records systems, bar code systems for lab tests, electronic physician order systems that nobody looks at; notes that nobody reads. These systems are for data input—which again is not an effective use of MD's time—and not for extracting data that's important for a patient's healthcare needs. There was a lot positive about the "paper chart" that read like a book, and was all there in one place, and from which a lot could be gleaned in a glance with its "full page" capacity, its logical orderliness, and notes written in English that actually reflected what the physician THOUGHT.
208. What makes you get up at 3 am and run without hesitation after 15-20-30 years of this? God only knows, but it still feels good, so it must have been right.
209. When I started working for the Department of Corrections, my experience and expertise were thought to be valuable. Over time, politics began having more impact determining the level of medical care provided, and disagreements with administration increased. I was no longer paid for working overtime, which resulted in lack of job enjoyment and increased frustration. The job changed from clinical medicine to political medicine.
210. When there are opportunities to improve care, the institution is frequently slow to respond or ignores the opportunity due to cost.
211. While all of the intangibles are important for engagement, if fiscally undervalued there is not much that can compensate for that, particularly when I'm in hospital more than 70 hours per week.
212. Why don't administrators undergo 360 degree evaluation by the physicians who they burden?
213. With so many more issues challenging my physician colleagues, working to get physicians engaged by the administration and medical leadership has become an extremely important activity. Showing genuine interest toward general staff is going to take a lot of daily work from leadership. Simply show the staff that you care is going to have positive lasting effect.
214. Working for a boss who micromanages helps create a feeling of being watched and not being trustworthy.
215. Working women and minority faculty members have unique job flexibility. Very motivated to work. Loan repayment for subspecialist would help greatly.
216. You cannot foster engagement if there is no room for ideas that are out of line with the goal of making money rather than serving patients to their level of need.
217. You have to try and want to be engaged.
218. Your values are not practical and real life is more complicated than couple of sentences.

## **Appendix B**

### **Administrator Open-Ended Responses**

- Are there any other elements of engagement that you feel are important to your physicians that we did not cover? If so, please share them with us.
- Please share any comments you might have on this topic.



**Are there any other elements of engagement that you feel are important to your physicians that we did not cover? If so, please share them with us.**

1. Annual recognition, or more frequent recognition, in the company of their peers.
2. In an IDS such as ours, it's very important we promote the physicians in service lines or programs and not the hospital or the program itself as the entity providing value.
3. Increased leadership development.
4. Increased leadership opportunity.
5. Minimizing organizational changes with respect to highly regarded leaders.
6. Most of the doctors feel tolerated rather than valued and respected.
7. Increased recognition and reward.
8. Help the doctors feel that they are more than just an employee.
9. As a hospital-based practice, it is extremely important for our doctors to feel like they are part of the solution to problems and that solutions do not become "watered down" by hospital administration. Doctors want to know that they are making a contribution and that their efforts are making a difference (improvement).
10. I did not score connection with the mission and values of the organization being aligned with the MDs goals and values, but this is important as well for longevity and commitment. This is important in addition to the items mentioned.
11. Leadership domains: Does the organization value the voice of the physician and does the organization value physician leaders and what investment do they make to grow physician leaders?
12. Our physicians see their patients as THEIR patients, so that helps with engagement.
13. Physicians are not trained in the area of practice transformation and in particular the area of leading a team of healthcare professionals. Our physicians need to be engaged on a higher level as we seek to transform the practice of medicine to a patient-centered team-based approach in which the physician leads a team of highly trained healthcare professionals who together meet the needs of patients.
14. Physicians will work for less pay as long as they have CONTROL over how many patients they see (connects with Quality Measures).
15. Engagement is a path towards leadership. Engagement is good, leadership is better.
16. Our physicians are all partners and we meet regularly. No issues go unresolved.
17. As interim CEO I am a physician (only physician CEO in the state) so I hope that, in my tenure here, I can help mold the culture favorably.
18. Physicians need to realize that they are part of a team of caregivers and to respect and value non-physician input. Incentives for physicians need to be aligned with the organization in order to be successful. As money gets tighter in healthcare, hospitals will not be able to subsidize physicians to the extent they have in the past and productivity will need to be improved. Finally, cost-effective care will be the key for future success and that is the biggest struggle we will have in the future.
19. Physicians want to have the tools to do their jobs efficiently and with PCMH and meaningful use EMR requirements many burdens have been added without additional resources to accomplish them and sacrificing work/life balance.
20. Some physicians are more engaged than others. Some want to be involved in operations and administration and others just want to see their patients and stay out of organizational decision making. Our structure allows that.
21. There's a tremendous amount of uncertainty out there.

22. We are the primary provider in the marketplace with no real alternatives for hospital based practice. As such, I believe the physicians feel "trapped" in working with us. This has led to less engagement rather than more. They could have tremendous influence on the work processes and direction but choose not to.
23. Compensation incentives that are aligned with corporate goals.
24. Financial rewards.
25. Maintaining compliance with federal regulations; P4P Incentive payments.
26. Work/life balance. Access to technology.
27. The sense of trust that the organization will live up to its commitments in terms of practice support.
28. Connection of their families with other provider families. Opportunities for fun.
29. Studer principles are a good place to start.

## **Please share any comments you might have on this topic.**

1. "Engagement" for hospital-based practices is primarily focused on being engaged with hospital process improvements and cost containment. "Engagement" for an office-based practice (physician owned) is focused on practice process improvement, revenue improvement, etc.
2. Physicians used to have "ownership" in their practices and work. Today, if they do not feel engaged by the organization, they are not likely to stay the long term.
3. Engagement of physicians retains the direction setting, control and final decision-making in the hands of non-physicians. Engagement is drawing physicians into someone else's agenda. Leadership is setting the agenda and direction. We need engaged physicians, but we also need, maybe have a stronger need for physician leaders that are engaged.
4. Besides a survey, you should provide specific ways for administration and MDs to improve engagement—concrete examples.
5. I am looking for a tool to measure physician engagement.
6. Celebration of the positives and challenging the chase to the organizational goals—making them personal goals is the real trick.
7. As physicians migrate toward employment, we have lost the sense of ownership and accountability in the practice environment. Efforts to instill a mindset of ownership without legal ownership is a constant challenge that needs repair.
8. Constant leadership changes result in insecurities and loss of focus of purpose.
9. Everyone is concerned about Obamacare and the impact it will have on us staying in business.
10. The main problem is highly compensated, bonus driven administrators with few physicians in equal positions—quality suffers, recruiting is limited.
11. Physicians are focused on seeing patients and providing care. Unfortunately, they are not as engaged in looking ahead as they should be!
12. Physicians will need to learn that engagement is a two way-street. It is not about getting whatever they want which has happened too often in the past. There has to be a balance to provide the highest quality care at a price that we can afford to pay for.
13. There is a very independent physician community who only care about themselves.
14. We have just completed a survey of our physician engagement and my responses are primarily from those survey results. Our physicians have a very low opinion of the medical staff as a whole. We have contracted but not employed physicians on our staff.
15. It was difficult to answer some of the questions globally, particularly around the impact of leadership and/or development opportunities on physician engagement. I believe there are a subset of physicians who care about this and for whom this would greatly impact engagement, and others for whom it would not.
16. Regarding the question on Professional Development and Career Advancement. Docs are interested in Professional Development from a clinical standpoint, but most have no interest in career advancement as they are already the owners and don't want day to day management responsibilities
17. I am not sure our organization has given any thought to physician engagement or burnout.
18. Our organization is attempting to go through a cultural transformation. We have several physicians who seem to be on all the committees and want to provide input to the strategic plan. We have others who only want to see patients and have no desire to be part of setting the agenda.
19. Our practice is independent and democratic. Our physicians would not feel nearly so "engaged" if they were hospital employees or employees of a staffing company.

20. Physician engagement is a key component of organizational culture. Organizational culture absolutely must be aligned with strategy and structure in order for an organization to fulfill its strategic plan and goals, achieve its vision and sustain its mission. Our organization assessed its current and defined its ideal culture in 2009 and has been culture shaping ever since. We believe cultural change is likely a 7-10 year process and we have another four years to go. We have made incredible change but still have a way to go. What has helped us enjoy incredible positive and meaningful change quickly is the fact that we included the physicians from the start and they and their culture are leading the way. Based on our last pride survey, our physicians have higher levels of engagement than our staff. It is because they have every opportunity to be involved in clinical, operational and strategic decisions and we made a conscious effort to improve their relationships. We are now taking the same approach to all of our employees. I could go on and on about this... it's a passion of mine.
21. This is an area that we are trying to address in our organization. Since arriving here 8 months ago I detect that the physicians, especially the employed ones, do not feel a part of the strategic plan. They put in their time and go home. We need to change this in our organization.
22. Very timely. Well done. I think when a business is ill (healthcare) we need to look to our internal support mechanisms and look at their wholeness (medical leaders).

## **Appendix C**

### **Physician Specialties**

## What is your primary area of practice or specialty?

