Medical Engagement and the NSW Whole of Hospital Program

A summary of existing literature discussing Medical Engagement by Dr Sally McCarthy, Clinical Lead NSW MOH Whole of Hospital Program, June 2013

" Working together to provide the right Healthcare for people in NSW every day"

Background and context

In the language of organisational theorists such as Henry Mintzberg, health care organisations are professional bureaucracies. One of the characteristics of professional bureaucracies is that front line staff have a large measure of control over the content of work by virtue of their training and specialist knowledge. Doctors share large amounts of specialised knowledge which outsiders (including non-medical managers and leaders) often have little access to.

Control is achieved primarily through horizontal rather than hierarchical processes. In health care organisations, professional networks play an important role in ensuring control and co-ordination, both within and between organisations, alongside peer review and peer pressure. Collegial influences depend critically on the credibility of the professionals at their core, rather than simply the power of people in formal positions of authority.

Three implications for leadership follow. First, in professional bureaucracies, professionals play key leadership roles, both informally and where they are appointed to formal positions.

Second, professional bureaucracies are characterised by dispersed or distributed leadership. In health care organisations, clinical microsystems are a particularly important focus for leadership and there is a need for large numbers of leaders from clinical backgrounds at different levels.

Third, much of the evidence highlights the importance of collective leadership in health care organisations. Such organisations are characterised as having strong horizontal linkages, and therefore change must be influenced in a bottom-up way and not just through the top-down application of formal authority.

Why is medical engagement important for the WOHP?

Current evidence confirms that individual doctor excellence is necessary but no longer sufficient to generate good patient outcomes. Features of high performing organisations delivering excellent patient care include leadership commitment and a supportive culture. They also add a number of structural factors (physician involvement, sufficient resources, careful program management, and training) and a strategic focus on customer needs.

Hospitals where clinicians are more engaged in strategic planning and decision making perform better than in hospitals where clinical personnel are not engaged in the change process. A number of studies have shown that little real progress is possible in clinical process redesign without the involvement of doctors and other clinical staff.

Review of the literature has shown that by enhancing the engagement of doctors in leadership there is potential for positive impact on both clinical and organisational performance. Organisational systems and strategies play a crucial role in providing the cultural conditions under which the individual's propensity to engage at work is either encouraged or inhibited.

> **"*If I was to do it all again I would start with an analysis of the hospital's organisational capability; Listen to staff priorities; Analyse clinical engagement*" Frank Daly Executive Director Royal Perth Group WA**

What is medical engagement?

Medical engagement has been defined as:

- **the active and positive contribution of doctors within their normal working roles to maintaining and enhancing the performance of the organisation which itself recognises this commitment in supporting and encouraging high-quality care**
- **a measure of a physician's emotional and intellectual commitment to an organization.**

A physician is considered to be engaged when they display all three of the following engagement behaviours:

- **consistently SAY positive things about the organisation as a place to practice**
- **intend to STAY and continue practice at the organization**
- **STRIVE to achieve above and beyond what is expected in their daily role**

Important assertions have been made about the concept of medical engagement:

- **engagement is a two-way process involving organisations working to engage employees and the latter having a degree of choice as to their response**
- **engagement is measurable, with some variability in the evidence gained by different measurement tools**
- **there is a compelling case that engagement correlates with performance and innovation. There is a distinction between competence and performance in the context of work behaviour. Competence may be thought of as what an individual can do, but this is not the same as what they actually do; the two together equal performance.**

Measurement of medical engagement measures two types of engagement scales:

- **Organisational opportunity scales which reflect the cultural conditions that facilitate doctors to become more actively involved in leadership and management activities, and,**
- **Individual capacity scales reflecting perceptions of enhanced personal empowerment, confidence to tackle new challenges and heightened self-efficacy.**

Conflicting views about the term "medical engagement" exist

"We are not trying to control the doctors, we are trying to get the doctors to control the system."

"…when administrators talk about physician engagement, they are generally speaking in code for what they would like physicians to do but cannot get them to do; but when physicians speak about engagement, they are speaking in code for what they already give that is not appreciated, valued or supported by the administration."

"From executive management's point of view of course, it's "them". "They" are difficult. They won't toe the line. They won't attend the important meetings even though they are invited. They don't manage their departments well. They don't control costs. They don't care about the health service as a whole. It's a common litany of complaints about how difficult and unyielding doctors are.

From the doctors point of view it's also "them", but a different them. It's executive management. "They" don't understand how we manage patient care. They only care about the bottom line. They only invite us to meetings in a tokenistic way as the meetings are always at the time of clinic or operating theatre sessions. They don't provide us with appropriate data so we can manage our costs. They don't really care about our opinion."

Considerable research on drivers of engagement has identified a variety of factors, some of which are particularly pertinent to doctors in health services. These include:

- **Perceptions of the ethos and values of the organisation**
- **Regular feedback and dialogue with superiors**
- **Quality of working relationships with peers, superiors and subordinates**
- **Effective internal communications**

The drivers clearly identify that this investment is a two way process. This means a partnership where if the health service wants doctors to invest, then the health service must in turn demonstrate that it also invests both emotionally and intellectually in its medical staff.

Partnership means that we work together for the greater good.

Partnership involves:

- **Mutual trust and respect**
- **Clear common goals where both partners work together and support each other to achieve these**
- **The culture of the organisation providing the context in which these mutual obligations and supports can flourish**
- **Continuous nurturing from both partners to maintain mutual trust and respect**

Investigating the Links between Medical Engagement and Performance

"If doctors are engaged in management and leadership then organisational performance will improve and if there is good organisational performance there is likely to be high levels of medical engagement."

A systematic examination of the links between medical engagement and performance revealed statistically significant associations between levels of medical engagement and performance across a wide range of established performance indicators.

A fundamental question was whether doctors have a differential impact from other staff groups. The research suggests doctors have the most influence when it comes to implementing operational changes that can lead to improved performance. Without doctors, attempts at radical large-scale change were doomed to fail.

The evidence also suggests that medical management has often been under resourced and the incentives for doctors to become involved in management and leadership have been weak.

Importantly, all high performing organisations emphasised that engagement efforts should be proactive and persistent, and should be extended to the entire medical workforce, not just those in designated leadership roles.

How to achieve medical engagement

Securing greater engagement is a cultural change rather than a structural one, although structural changes may be needed to realise the cultural changes sought.

Different frameworks for achieving medical engagement used in high performing health organisations include:

US Institute for Healthcare Improvement framework:

This framework has six key phases:

- **Discovering common purpose, eg, reducing hassles and wasted time**
- **Reframing values and beliefs, eg, making physicians partners, not customers**
- **Segmenting the engagement plan, eg, identifying and activating champions**
- **Using 'engaging' improvement methods, eg, making the right thing easy to do**
- **Showing courage, eg, providing back-up all the way to the board**
- **Adopting and engaging style, eg, involving physicians very visibly and valuing their time**

McLeod Regional Medical Centre South Carolina USA: methods for engaging and clinically integrating doctors:

These include the following.

- **Asking doctors to lead**

  The mantra is 'physician-led, data-driven, evidence-based', with every major improvement initiative led by a physician and reporting to the board upon completion

- **Asking doctors what they want to work on**

  Physicians recommend the list of priorities to the board. 'They are working on things that are meaningful to them, AND to the institution'.

- **Making it easy for doctors to lead and to participate**

  McLeod provides good support staff to optimise the time that doctors devote to leading any improvement initiative. The key is that McLeod does not waste doctors' time.

- **Recognition for doctors who lead**

  Physicians who have led or been involved in improvement initiatives are recognised in many ways, including having the opportunity to present their work to the board for approval and adoption.

- **Support for medical staff leaders, with courage**

  Inevitably, many improvements meet with resistance from physician colleagues or other clinical professionals. McLeod provides strong support to doctors leading improvement initiatives when they are confronted by difficult colleagues or other obstacles.

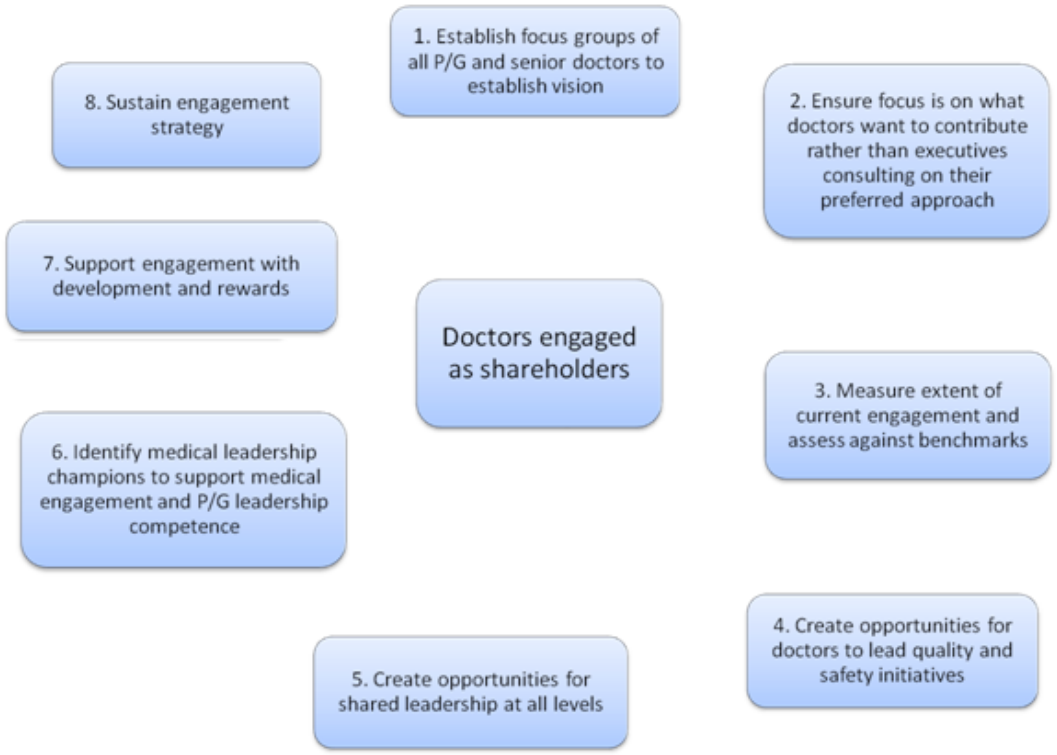
- **Opportunities to learn and grow**

  McLeod provides support to those physicians keen to learn more from the research and literature on quality, safety and human factors.

This is very much in line with their paradigm that it is not about getting physicians to engage with organisations and their projects, but more about *'getting physicians to engage with each other in improving quality, safety and value'*, which of course should also be the organisation's strategy.

NHS medical engagement project

A framework for achieving greater medical engagement



The Australian Medical Association: Overarching principles for doctor engagement

Doctors' engagement and positive patient outcomes are best supported when decision - making about hospital management and health service planning follows these principles:

- **there is a genuine commitment by Ministers, hospital owners and/or health administrators to listen to and implement doctors' recommendations about health care service planning and delivery;**
- **health care services are organised and administered as close as possible to the actual delivery of services and people affected by funding decisions (patients and their families, administrators, doctors, nurses and allied health staff) are involved in them;**
- **decision-making is evidence-based, equitable and transparent, takes a long-term view and is focused on improving patient health outcomes;**
- **decision-making facilitates the right care being provided to the patient at the right time and in the right place; and**
- **'red tape' – such as excessive administration, performance reporting and accountability requirements – does not take precedence in terms of time or resource allocation over the delivery of patient care and health services.**

Enablers for medical engagement

Chief executives interviewed described a number of activities which were helpful in promoting medical engagement:

- **Seek and arrange informal opportunities for face-to-face meeting with medical staff**
- **Have fixed formal meetings with clinicians outside the medical staff committee structure. These sessions need to be planned with a formal agenda including a continuous focus on quality and safety and involving the whole senior management team. The structure should be a dialogue, not a one way session.**
- **Participate in all consultant appointments through informal meetings and sitting on panels. This includes taking part in all consultant appointments. This may involve: informal meetings, participation in panels and in the best cases developing more extended, perhaps competency based, assessment frameworks that go beyond clinical skills.**
- **Meet all newly appointed consultants/principals as part of their induction programme. Clearly signal interest in doctors by seeing all doctors as part of an induction programme in their first week and again for one-to-one meetings two to three months after appointment when they have had an opportunity to form views about the service. Use these meetings to listen to doctors' ideas for the service and to set out organisational expectations.**
- **Spend a significant amount of time involving doctors in all aspects of running the business. Chief executives from the high performing NHS trusts understand that only 20 per cent of doctors want to be involved in strategic planning, but expect all doctors to be engaged in improving services for patients.**
- **Devote resources to organisational development through talent management. The highest performers actively pursue talent management, succession planning and understand that organisational development is essential to effective organisations.**

No single activity is the answer. Enhanced engagement is a cultural issue for organisations and needs constant support and reinforcement.

How medical engagement can be undermined

Solicitation of employee suggestions for improvement is a central tenet of the Toyota Production System principle of Kaizen, continuous improvement. Toyota reports not only that it receives over a million employee-generated ideas for improvement, but also that the majority of these (95 per cent) were put to practical use. In contrast, a recent survey of junior doctors in the United Kingdom found that only 10.7 per cent reported that they had had their ideas for change implemented, sending a strong message that their involvement in system improvement is not really valued, irrespective of any rhetoric to the contrary.

All health services have developed values. However, very few health service organisations use these values consistently to underpin decision making and strategy. In some organisations decisions appear to be made in clear contradistinction to the values. As a result of this, medical staff have a perception that executive management is hypocritical. This has an impact on trust between executive management and medical staff.

Often the organisation does attempt to consult medical staff, but only does this when there are strategic decisions to be made. There is the lack of an ongoing open dialogue that builds the relationship and engenders mutual trust and respect.

Emotional and intellectual investment depends on knowing what is happening in the health service organisation and understanding how it impacts on individual doctors and patients. Poor internal communication can be highly detrimental with mixed messages and misunderstandings that alienate doctors and confirm their views about perceived organisational values and executive management's underlying agenda.

Of the many impediments to medical leadership discussed two are particularly relevant. One is simply that doctors have often not been asked to lead. Senior leaders have been unable or unwilling to pass power on down to the medical front line. However, as the focus in health care systems increasingly shifts to 'value' and outcomes in health care delivery, clinical leadership becomes more important. Doctors unwilling to lead in organisations focused on efficiency of resource allocation may be more willing to take a role in those focused on clinical outcomes.

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