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Physician Engagement



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*Driving Quality Health Services
Force motrice de la qualité des services de santé*



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Physician Engagement and Outstanding Care



Increasingly, health care leaders recognize that staff engagement is a key quality and cost driver for health care services, and that efforts to improve workforce engagement must actively include physicians. The most accurate way to measure engagement is to use an organizational survey that provides a single engagement score by combining several questionnaire items measuring emotional, rational, and behavioural dimensions.

High-performing health care organizations have exceedingly engaged staff. Increasingly, health care leaders recognize that staff engagement is one of the main quality and cost drivers. So far, efforts to improve workforce engagement have focused on employees. A comprehensive workforce engagement strategy must go further, however, by actively including physicians. Without fully engaged physicians, no health care organization will be able to achieve its vision of providing outstanding care.

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as health care providers. The most accurate way to measure engagement is to use an organizational survey that provides a single engagement score by combining several questionnaire items measuring emotional, rational, and behavioural dimensions.

The concept of engagement gets at workplace issues that physicians and employees alike consider important. For both groups, their effectiveness in providing patient care depends on organizational systems, resources, management, and work environments – the foundations for creating an engaged health care workforce.

Different meanings of engagement

There are two perspectives on engagement. Fostering a highly engaged workforce has become a mission-critical organizational goal. Used in this way, engagement is an outcome — the result of well-designed, people-oriented policies and effective practices within an organization. From this perspective, engaged medical staff bring enthusiasm, energy, motivation, and dedication to their roles.

The other perspective emphasizes the importance of involving (that is, engaging) physicians more fully and meaningfully in improving the quality of care – what is sometimes called “medical engagement” (Spurgeon, Mazelan, & Barwell, 2011; Sears, 2011). In this sense, engagement describes organizational processes that will better connect physicians to decision making, developing strategy, and implementing change.

Measuring engagement

Within health care, engagement is sometimes measured by surveys that document work experiences, working conditions, and perceptions of management practices and organizational supports. Indeed, “engagement survey” has become a generic label attached to many employee attitude surveys.

Engagement has emotional, rational, and behavioural dimensions (Gibbons & Schutt, 2010; Macey & Schneider, 2008; Harter, Hayes, & Schmidt, 2002). Engagement taps into how individuals feel, think, and act in their roles

What we know about physician engagement and disengagement

There is far more research on employee engagement in general than on physician engagement. Still, it is possible to itemize the benefits and costs of physician engagement. The strongest evidence of an engagement–performance link comes from research in England’s National Health Service (NHS). The NHS conducts an annual staff survey and results for both employees and physicians led to two powerful conclusions: 1) high levels of staff engagement are directly related to positive patient outcomes and other measures of organizational performance; and 2) high engagement can be achieved by implementing good people–management practices (West and Dawson, 2012).

Compelling evidence of the cost of low levels of engagement is found in research on physician burnout (Leiter, Frank, & Matheson, 2009; Shanafelt, Balch, Bechamps, et al., 2010). Organizational psychologists view burnout as the negative end of a work experience continuum, with engagement on the positive end. When physicians are burned out, or close to it, they are disengaged from their professional role. The cynicism, emotional exhaustion, and lack of professional efficacy that characterizes burnout exists as the polar opposite of the energy and sense of contribution experienced by highly engaged physicians.

Figure 1. Engagement measures in the OHA-NRC Picker Canada Physician Engagement Survey

Engagement dimension	Questionnaire item*
Emotional	I am proud to tell others I am part of this organization. I find that my values and the organization’s values are similar.
Rational	Overall, how satisfied are you with your current job? Overall, how would you rate this hospital as a place to practice medicine?
Behavioural	How frequently do you look forward to going to work? This organization really inspires the very best in me in the way of job performance.
*Each item is answered on a 5-point agree/disagree or satisfied/dissatisfied response scale.	

OHA—NRC Physician Experience Survey

The Ontario Hospital Association (OHA) – NRC Picker (NRC) Physician Experience Survey is one of the tools in use that was designed specifically for physicians within hospital settings. It complements the OHA-NRC Employee Experience Survey and both have comparable engagement measures that can be combined into a scale (Lowe, 2012). Figure 1 shows how the three dimensions of engagement are measured with six questionnaire items.

AHS — Workforce Engagement Survey

Some health care organizations, notably Alberta Health Services (AHS), prefer to use a single survey tool. AHS conducted a Workforce Engagement Survey in 2010 and 2012, and invited all employees, medical staff, and volunteers to participate (AHS, 2012). This inclusive approach facilitated comparative and trend analysis. For example, between 2010 and 2012 medical staff engagement (combined positive ratings on six items measuring different aspects of engagement) increased from 26% to 39%, compared to an increase of 35% to 52% among employees. The AHS survey identified critical drivers of engagement, such as physician involvement in decision making, clarity of vision and mission, opportunities for innovation, open communication, control over workload, and recognition of good work. Actions in these areas are central to the engagement improvement strategies being developed in many organizations.

Qmentum — Worklife Pulse Tool

The Accreditation Canada Qmentum program works to help organizations improve the preconditions for engagement. The updated Leadership Standards, for example, require that organizations monitor the quality of employee worklife using the Worklife Pulse Tool (WPT) or other employee and physician surveys that meet Accreditation Canada criteria.

Recent changes to Qmentum include a revised Worklife Pulse Tool (WPT) and an optional physician version of the tool, which was developed in consultation with the Accreditation Canada Physician Advisory Committee. The revised WPT is still a pulse check (with only 30 items), and its results were

designed to be more actionable and have a greater emphasis on the determinants of worklife (e.g., job content, work environment, organizational supports).

The Physician WPT includes statements assessing the practice environment, team work, the organization’s senior leadership, workplace health and safety – all factors that can influence engagement. It also measures professional satisfaction, which itself can be viewed as one dimension of physician engagement. A final, open-ended question asks respondents for suggestions on how the organization can become a better place to practice medicine. These comments can help prioritize specific improvements that could result in a more engaged physician group.

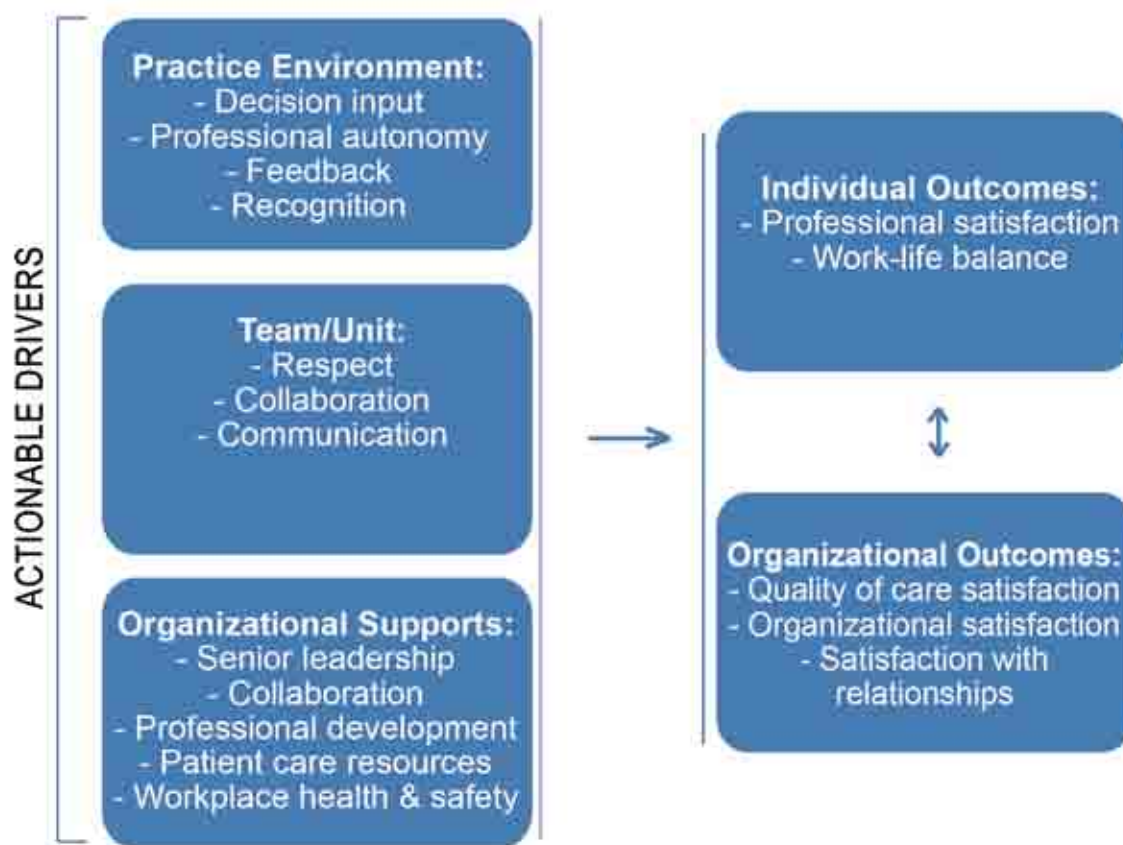
The concepts measured in the physician version of the WPT tool are summarized in Figure 2. While the physician version is brief (with 25 items), it will help health care organizations identify actionable drivers (or determinants) of key outcomes tied to physician engagement.

Toward a culture of engagement

Qmentum’s new Leadership Standards (released in 2011) emphasize an integrated approach to quality improvement. Essentially, this means the leaders of health care organizations make quality improvement central to everything they do. These revised standards emphasize some of the same management practices identified in the NHS studies as keys to a highly engaged workforce.

What’s needed, above all, is a strong organizational culture that values the contributions of all care providers and staff, encouraging collaboration and innovation in the interest of patients. Physicians can and must play an active leadership role in fostering this culture of engagement. Without concerted efforts to improve the work experiences of employees *and* physicians, it will be difficult for any health care organization to achieve and sustain high-quality, safe, and cost-effective care. Q

Figure 2. Physician Worklife Pulse Tool Concepts



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