CHAPTER 8

# How Physicians Feel Engagement; How Leaders Enhance It

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*It was a young guy, and the two teams had a big fight about it. He had a tibial fracture, and the popliteal artery was transected. The vascular surgeon wanted to repair the artery first, but the orthopedic team wanted to go first and stabilize the fracture first. I told them if they waited any longer, they might have to amputate. There wouldn't be any leg to save. They agreed to let the vascular guys go first, and then the orthopedic surgeon took his turn. And I was with both teams. My work is always controlled chaos, but this time, it felt like a controlled dance. Almost like they were just mechanics fixing parts of a machine, but I was the real doctor who knew what was going on with the patient.*

—Anesthesiologist describing monitoring a patient during two procedures that took eight hours

Engagement is one of the most positive aspects of human experience and well-being. Workplace engagement has been studied and dissected for years from the leadership and management perspective. These studies generally stress the needs of the organization and the leader's performance. This chapter will investigate the other side of the issue, uncovering how engagement, or lack thereof, affects physicians and what both organizations and individual physician

leaders can do to enhance it. Engagement is a two-way street—it cannot exist effectively without both parties' understanding the other's experience.

Lack of physician engagement is not a new problem. Studies going back several decades note the lack of physician engagement as a challenge common to hospitals and other healthcare organizations. From an organizational perspective, Gallup (2021) defines engaged employees as "those who are involved in, enthusiastic about, and committed to their work and workplace." Or to put it more precisely, HR Zone (2020) states that "employee engagement is the emotional attachment employees feel toward their workplace, their role and position in the company, their colleagues, and the company culture and the effect this attachment has on an employee's well-being and productivity." Employees who feel emotionally connected to their positions are more likely to go the extra mile, remain loyal, and perform to the best of their ability. This emotional connection is the anchor that keeps employees motivated during difficult economic and personal times. While there may be some differences between employee and physician engagement, these definitions can provide great guidance when a leader is considering how to address physician engagement challenges.

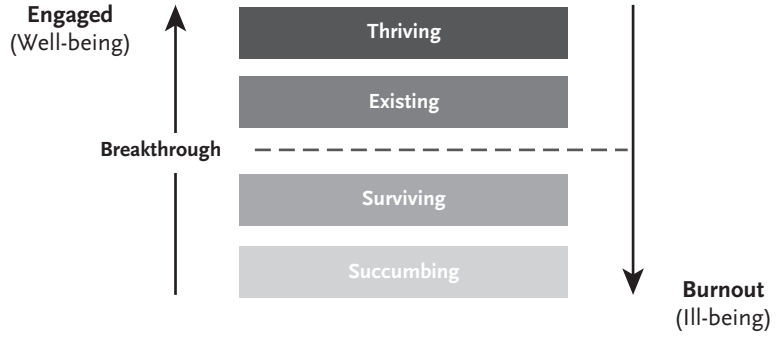
Though engagement can be defined easily, lack of engagement is an elusive condition difficult to identify. Few leaders wake up in the morning feeling the need to engage physicians. And fewer still stay up at night worrying about a lack of engagement. Yet the fallout from poor engagement shows up clearly in three categories: employee turnover and satisfaction, leadership performance, and customer satisfaction. And a sizable amount of money is tied to the success or failure of these measures.

Engagement measures exist on a spectrum. Gallup provides one of the larger sets of databases on engagement and ongoing updates on its engagement measures. Writing for Gallup, Harter (2020) summarizes some engagement numbers: "Combining Gallup's measurements for 2020 so far—a sample of 30,278 U.S. workers—36% of employees are engaged and 14% are actively disengaged or a ratio of 2.6-to-1 engaged to actively disengaged workers. If this level of

employee engagement were to continue until the end of 2020, it would represent a slight increase from 2019 and another new high in the percentage of engaged workers from Gallup's historic measurement." However, this same article shows that the measures have gone through a roller coaster of ups and downs. Additionally, Harter (2020) observes that "Gallup research has shown that employee engagement is very changeable inside organizations when leaders focus on the right practices."

Here, studies by Maslach and Leiter (2014) provide a bridge between organizational engagement and individual engagement. The Maslach Burnout Inventory (MBI) and its twin, Areas of Work/Life Survey (AWS), measure engagement on a spectrum from engagement on one end to burnout on the other. In between are the employees who are ineffective, overextended, and disengaged. Just as the components of burnout are exhaustion, cynicism, and inefficacy, the opposite—energy, involvement, and efficacy—are the components of engagement. The burned-out people on one end of the spectrum succumb to their situation, whereas engaged workers on the other end thrive (exhibit 8.1). The leftover 53 percent in the middle are languishing, neither fully burned out nor thriving at work. This view focuses organizational understanding of engagement on the individual.

**Exhibit 8.1 Burnout to Engagement**




*Source:* Harjot Singh, MD (www.HarjotSinghMD.com).

## ENGAGEMENT AT AN INDIVIDUAL LEVEL

Engagement at an individual level has been studied for nearly five decades. The one field that has contributed the most to this study is positive psychology. Most of the early empirical studies in the mental state of engagement were conducted by Mihaly Csikszentmihalyi, who popularized the concept of flow. In his years of research into creativity and productivity as well as his interviews with people who were successful in a wide range of professions, he discovered that the secret to their optimal performance was their ability to enter a state he called *flow*. Flow is so named because during these interviews, several people described their "flow" experiences using the metaphor of a water current carrying them along (Csikszentmihalyi 1975).

Csikszentmihalyi defines flow as "being completely involved in an activity for its own sake. The ego falls away. Time flies. Every action, movement, and thought follows inevitably from the previous one, like playing jazz. Your whole being is involved, and you're using your skills to the utmost" (Geirland 2017). Flow, characterized by complete absorption in what one is doing, results in a loss of sense of space and time.

Consider this state of flow on an individual level. When immersed in certain activities, people often report completely losing track of time. Perhaps they are participating in a beloved activity like playing music or a sport, where hours pass by without notice. Times like these are not passive, leisurely, or relaxing, but they are not unpleasant; rather, they are active moments when body and mind are stretched in pursuit of achieving something difficult and worthwhile. Those in a state of flow may not describe the experience as fun or happy. In fact, the sense of enjoyment is an aftereffect, during which a person recognizes the time as essential for growth and mastery. The experiences don't have to be unpleasant—but they are active moments when our bodies and minds are stretched to their limits in active pursuit of something challenging and rewarding.

This altered state, colloquially termed as being in the zone, is accurately described by one of the participants interviewed in the

earliest stages of flow research: "My mind isn't wandering. I am not thinking of something else. I am totally involved in what I am doing. My body feels good. I don't seem to hear anything. The world seems to be cut off from me. I am less aware of myself and my problems" (Csikszentmihalyi and Csikszentmihalyi 1992).

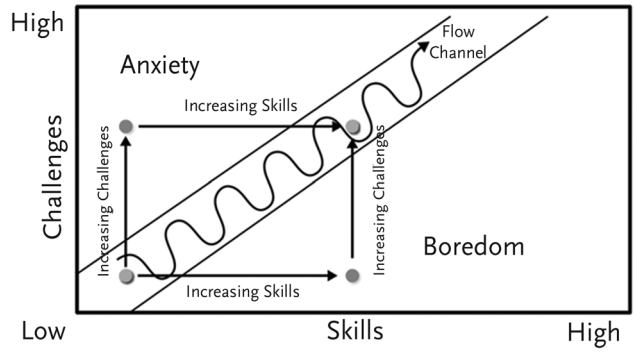
Returning to individual engagement, data collected by Daniel Goleman shows that most people are either bored or stressed at work, where "15% never enter a state of flow on a typical day and only 20% enter flow at least once per day" (Goleman 2013). Note that flow-producing situations occur more than three times more often when people are at work than during their leisure time. This difference arises because, as previously stated, flow is most easily accessed when engaged in a challenging activity. In this study, Goleman (2013) recorded any time that participants scored above their personal average in both the challenge faced and skills being used at the time of study. Another important element is that flow experiences at work occur at all levels of employment: among managers, clerical staff, and blue-collar workers alike (Csikszentmihalyi 2009).

The phenomena of flow and engagement have a few major elements. Across many studies, people reflecting on experiences of flow mention at least one, often all, of several building blocks. The following sections will examine these essential elements.

## Challenges That Require Skill

The match between a person's skills and challenges creates an optimal state where flow can occur. This is also the state of engagement where active and effortless activities happen. Exhibit 8.2 illustrates the balance between the level of challenge and the level of skill necessary to achieve flow (Jain 2018). Enjoyment and engagement are experienced precisely when the opportunity to tackle a challenge is equal to an individual's skill level. If the challenge exceeds an individual's skill level, people will experience anxiety. And if their skills exceed a particular challenge, boredom sets in. Engagement

**Exhibit 8.2 Flow**




*Source:* Jain (2018). Used with permission from Saurabh Jain.

occurs just in between boredom and anxiety, where challenge and skill are perfectly balanced.

When a challenge and an individual's skill are mismatched, flow and engagement are disrupted. For example, a medical resident in early training may feel anxious when asked to engage in individual patient care, since the person has little experience and skill in that area. However, this physician may feel boredom with the same work after ten years of doing the same thing. The challenge has diminished, and the physician's skill set has exceeded it. When and where a person reaches a flow state will necessarily shift over the individual's career.

## Blend of Action and Awareness

During flow, there is a merging of action and awareness. When individuals have all the relevant skills, their attention is absorbed by the activity. They become so involved in what they're doing that their actions appear automatic. Additionally, they are not aware of themselves as separate from their actions, which take place seamlessly, without self-questioning or other doubts. From the outside,

the experience appears to be effortless, when in reality it requires stamina, hard-earned skill, and focused mental energy. The experience is much like how a pathologist is absorbed in interpreting valuable information from what look like blobs of ink to an observer.

## Clear Goals and Feedback

People experience flow when they are given clear and immediate feedback. Even if their goals are long-term and take months or years to accomplish, short-term goals and feedback are extremely important. Unfortunately, clear goals and immediate feedback are not always available at work, and physicians must often use their own experience and support to develop this feedback internally.

Short-term feedback that a surgeon receives during surgery is a different experience from that of a psychiatrist who seeks long-term functional improvement. The surgeon may consider the blood, the incision, or the vital signs the most important feedback, whereas the psychiatrist considers small changes in the patient's mental status significant feedback. Without this feedback, over time, the work becomes meaningless and lacks the ability to engage the individual doing the work. As the comparison of the surgeon and the psychiatrist clearly shows, feedback and goals must be individualized to be effective.

## Concentration on the Task at Hand

When the mind is engaged, it requires complete focus that leaves no room for irrelevant information. During day-to-day life, the mind is preoccupied with multiple thoughts, worries, and other distracting, unwanted drains on concentration. When experiencing flow, the mind has exquisite focus that improves the quality of experience by diminishing the interference of chaos. At any given moment, a great deal of information is available to every individual.

Yet psychologists have found that the mind can only attend to a certain amount of information at a time, about "110 bits of information per second" (Csikszentmihalyi 2008). That may seem like a lot, but simple daily tasks like decoding speech take about 60 bits of information per second, over half an individual's capacity! For the most part, people decide where they want to focus their attention. When in a flow state, the mind is completely engrossed with the task at hand and, without consciously deciding to do so, loses awareness of all other things: time, people, distractions, and even basic bodily needs. According to Csikszentmihalyi and Csikszentmihalyi (2000), this loss of awareness of other matters occurs because all the attention of the person in the flow state is on the task at hand. There are no more attention resources left to be allocated.

## Heightened Sense of Control

As a practitioner's skill set grows, the person develops a sense of mastery of it. Then, the individual takes on a new set of challenges and gradually, with practice and training, gains more control over even tougher challenges. At one level of expertise, resetting a broken bone feels like the height of achievement, and at a greater level, a triple bypass feels like a no-brainer. While people are in the state of flow, they feel in control and are aware of exercising that control.

## Loss of Awareness of Self

Typically, people spend a great deal of time thinking about themselves. It is human nature. This preoccupation with the self absorbs much of a person's time and energy, especially when an individual perceives a social or physical threat to the self. As mentioned, flow invokes an intense focus, allowing the rest of the world to disappear from awareness. Simultaneously, there is also an obliviousness to

the sense of self. This loss of self is sometimes described as a feeling of oneness with the environment. And even after such an episode is over, "one feels more together than before, not only internally but also with respect to other people and to the world in general" (Csikszentmihalyi 2009). Stress is a common threat that exposes our vulnerable self to constant worries. During flow, especially if the activity has clear goals and if the challenges are well matched to a person's skills, there is no threat to self.

## A Changing Sense of Time

Subjectively, people sense the passage of time in different ways. The Greek language explains this phenomenon by using two words for time: *chronos* and *kairos*. *Chronos* refers to measurable, objective time, whereas *kairos* refers to the subjective experience of time (Liddel and Scott 2007). Sometimes this subjective feeling is forced on us. For example, "my whole life flashed before my eyes" is a common statement made after near-death experiences. Individuals often describe a slowing sense of time during this ordeal. This sensation, obviously, is not flow or engagement. An individual feeling flow has entered such a state voluntarily and, if the conditions are suitable, may repeat the experience again and again. During a procedure, a fully engaged physician still knows how much time has passed and how much is remaining. The individual is aware of time and yet simultaneously outside of it.

The key element of the flow experience is that it is an end in itself. The activity is intrinsically rewarding. Csikszentmihalyi (2009) describes it as an *autotelic* experience (*auto*, "self," and *telos*, "goal"). It is done not with expectation of some external benefit but because the doing is the reward. While seeing patients and helping them get better is not necessarily autotelic, doing so because one enjoys seeing them and interacting with them can be. During such an experience, the physician is focused on the activity for its own sake and not on its consequences. Throughout it all, people describe

flow as a highly pleasurable event. They enjoy being in control of a task and the ongoing feedback they receive, and they find what they are doing highly self-rewarding. Engaged employees are those with the opportunity to experience flow at an individual level at regular intervals during their work.

## THREE PERSONAL BENEFITS OF FLOW

Besides the many organizational benefits from having engaged physicians and physician leaders, the physicians themselves gain personal benefits when they are in a state of flow. We will look at three main advantages in the following sections.

### Personal Well-Being

Since the turn of the new century, the concept of flow has been integrated into the five elements of well-being: positive emotions, engagement or flow, positive relationships, meaning, and achievement (PERMA) (Seligman 2018). These five elements constitute the state where human beings flourish. The construct of well-being is conceptualized in two ways—subjective well-being and psychological well-being. Both types are necessary for survival, are strongly related to each other, and affect each other. The subjective type of well-being focuses on the hedonic aspect of well-being: the pursuit of happiness, pleasure, and fun. The psychological type, on the other hand, focuses on eudaemonic well-being: the fulfillment of human potential and search for a meaningful life.

Engagement, the experience of flourishing and thriving, is an essential part of psychological well-being. Engagement helps humans flourish by broadening their experience and building the foundation for future experiences. To help people move from burnout to engagement at work, leaders need to understand the human experience of engagement.

## Personal Productivity

Having flow makes life more meaningful, improves positive emotions, gives a sense of achievement, and improves overall well-being. Naturally, in such a positive environment, individuals are more productive, as they enjoy what they do.

## Reduced Chance of Burnout

Long-term studies show that burnout has no cutoff but instead exists on a spectrum. Maslach and Leiter (2014) recognize person–job mismatch as the root cause of burnout and lack of engagement and outline six different types of burnout: workload (too much work, not enough resources); control (micromanagement, lack of influence, accountability without power); reward (inadequate pay, acknowledgment, or satisfaction); community (isolation, conflict, disrespect); fairness (discrimination, favoritism); and values (ethical conflicts, meaningless tasks). A pediatric neurologist who later sought coaching for burnout describes many of these elements of burnout:

> I was at this hospital for two years. I saw patients from four states because I was the only pediatric neurologist within 150 miles in any direction. I was busy, and every month, there was one more thing I was told to do. Nobody asked me what I thought of it. I had many ideas on how we could make things better. My staff was always leaving because they would get more money somewhere else. One of them wrote me up when I tried teaching them their work. That was the last straw. I didn't want to be labeled a disruptive physician. I said the heck with it; I can't take it anymore. When I told them I was leaving, there was nothing they could offer me that could've kept me there.

The higher the mismatch between the person and the job, the greater the burnout. In light of these observations, any burnout

mitigating strategy cannot simply aim to lower burnout but must also include opportunities to increase engagement as an equal or even a primary goal.

## COMMON MISSTEPS IN EFFORTS TO ENHANCE PHYSICIAN ENGAGEMENT

In preparing to engage physicians, leaders face a complex mosaic of people, environments, and goals. With this in mind, they must be careful to avoid the common mistakes outlined in the following sections.

### Lumping All the Physicians Together

Engagement is an individualized and personal experience, especially for physicians. Each physician is a separate human being who has spent years accomplishing some of the most demanding physical and intellectual tasks to get to this level of expertise. Each has unique reasons for becoming a physician and has spent years honing critical skills. The individual's physical, emotional, financial, and spiritual needs are distinct from one another. And in the same way, the experience of feeling engaged at work is individual as well. To help their physicians find flow daily, a leader must understand their unique needs and challenges. A fresh graduate with a young family has vastly different engagement needs from those of a physician nearing retirement.

Additionally, each physician on a leader's team contributes anywhere from a few hundred thousand dollars to a few million dollars to an organization's revenue. Owners of champion horses that garner this kind of revenue have special diets, groomers, caretakers, and strategies for each of their horses. The owners understand each animal's individual temperament, and they design care around the horse's needs. They would not expect a win from a poorly fed,

overworked, and neglected horse—especially one whose individual needs were ignored. Although people are obviously not horses, the comparison is solid, and physicians must be considered individual assets in a similar way. This observation leads to another mistake often made by healthcare leaders.

## Ignoring the Business Case

To ignore the financial aspects of physician engagement, or lack thereof, is a rookie mistake. No margin, no mission. As noted earlier in this chapter, each physician is a clear monetary asset to an organization. In this data-driven world, no emotional appeal holds water against the realities of money in an organization. Engaging physicians undeniably improves an organization's bottom line by boosting productivity, reducing turnover, improving patient outcomes, improving patient satisfaction ratings, reducing violence in the workplace, reducing medical errors and litigation, and lowering burnout. Currently, healthcare organizations spend copious amounts of money to improve *patient* experience, with new clinics and buildings. But these process improvements boost organizational performance by only a little. Buildings and patient experience cannot have a lasting impact with a team of disengaged and burned-out physicians.

## Search for the Perfect Survey

A survey is the starting point for many physician engagement initiatives, and rightly so. Whatever gets measured gets the money. In fact, a properly done survey will give a leader the first flavor of the things to come. However, many leaders get sidelined by searching for the perfect survey, wasting months of precious time. Of course, leaders must plan how the survey will be administered. Such questions as how to ask physicians to complete the survey, how to encourage participation, and how to communicate the results should be

explored thoughtfully. Additionally, leaders should consider using a survey with an included action plan. For example, both the MBI and the AWS also provide actionable data. Leaders should also be cautious to use surveys that have direct applicability to physicians. Standard employee engagement surveys often have little relevance to physician matters.

## Not Having an Engagement Plan

Worse than administering a poor survey is taking no action afterward. Before the survey, leaders should have a preliminary plan in place and then use survey data to adjust the implementation of the plan, as necessary. A physician would not take a patient's temperature or order an MRI without a plan about what to do with the results. A leader risks increasing cynicism and lowering engagement by not having an engagement plan in place and by not communicating or implementing it. Another common mistake is an unending search for a perfect plan. In organizational psychology, a phenomenon called the Hawthorne effect "concerns research participation, the consequent awareness of being studied, and possible impact on behavior" (McCambridge, Witton, and Elbourne 2014). A similar effect is often seen in clinical trials, where attention and observation alone improve clinical outcomes. A physician engagement plan bears some similarity to the well-known placebo effect. Simply put, any plan is better than no plan. A strong leader may begin with a pilot and adjust it along the way, but the fact that any attempt is being made will have its own positive effect.

## Short-Term Approach

An effective engagement plan takes time—time for physicians to trust the goodwill of both the leader and the organization and time for physicians to share their pains and observe what leaders do with

that information. There are no shortcuts. The most energy, effort, and perseverance are needed up front, when doubt is high and trust is low. During any space shuttle launch, for example, the most fuel energy is spent in the first phase of takeoff. Once the shuttle reaches orbit, the spacecraft needs little fuel to stay there. Implementing a physician engagement program is similar. Think of executing an engagement plan as an S curve. It is a steep climb in a short period to go from the lower curve of the S to the upper one. But eventually, the system previously functioning at a low level begins to function at a higher level, with much less time and energy overall.

Further evidence to keep in mind is that approximately 29 percent of healthcare organizations already have an engagement program (MGMA 2018). Typically, these programs are disjointed and separate from other programs that have direct bearing on physician engagement. A common example is a burnout or well-being program completely separate from an engagement program. The lack of coordination between the two programs ignores the important twin truths that burnout is the opposite of engagement and that engagement is a fundamental element of well-being.

In the current healthcare climate, physicians in most organizations typically speak to their CMO or medical director in one of three situations:

1. **A group meeting.** At these sometimes-optional group gatherings, messages from the top are delivered. Depending on the physicians' style, temperament, or experience, they may choose to attend or not. No matter how much the leader self-identifies as a democratic person, a group meeting is an extremely inefficient use of everyone's time. It contributes little to physician engagement. Physicians come to dread these meetings not just for their futility but also because these occasions are usually when they are told about the next burden they will have to carry.
2. **The physician has messed up.** There is usually an informal or a formal meeting whenever issues must be

addressed and, often, whenever liability is involved. Although this sort of meeting can be an opportunity for engagement, in reality engagement is rare. The atmosphere is charged, and the participants are looking out for their own safety instead of for one another.

3. **The physician is unhappy.** After many requests, a physician is finally able to schedule time alone with "the boss." Because other opportunities to improve engagement were never implemented successfully, this meeting often devolves into desperate ultimatums from the physician. For example, "If you don't pay me X dollars, I am going to leave." This encounter may be the only time when even a haphazard attempt is made to genuinely find out what can be done to make things better, but it is often too little too late.

How many of these three encounters do you think are conducive to engage a physician? Clearly, the answer is none. How many of these meetings give a CMO or another leader a true measure of how engaged the physicians are? Again, none. How many of these meetings allow a leader to understand what creates flow or engagement for a physician? Readers know the answer by now.

This kind of communication infrastructure is a prescription for deteriorating engagement, increasing disengagement, and growing burnout. It moves physicians from well-being and thriving to languishing, and from languishing to ill-being and burnout. It also creates stress for the CMO and medical director because they are unable to improve performance because of high turnover, reduced full-time employees, low productivity, and failed implementation of initiatives.

## Systemic and Personal Hurdles to Engagement

Beyond the hurdles already discussed, physician engagement also faces systemic and personal hurdles. During medical training, most

physicians and physician leaders have not participated in conversations or programs to improve flow and create engagement. Experientially, they have no memory of any help or guidance in this area. And after their training, most physicians work in places that also lack these conversations. Then, the physicians promoted to leadership positions receive little or no training about how to engage their team. This skill rarely comes naturally. Most physician leaders are too busy already. Unless there is a clear incentive to spend time on conversations that engage, engagement will not happen on its own.

Conceptually and practically, the plan must be executed at both the broader, strategic leadership level and the day-to-day tactical managerial level. This is an important distinction. For physician leaders, the boundary between leaders and managers is often fuzzy. In building physician engagement, both physician leaders and physician managers may be responsible for enhancing physician engagement. Practically, consider a CMO as someone in a leadership role and a medical director in a managerial role. Both must be committed to the same strategy and objectives.

The central element of any engagement program must be communication. Susan Scott (2017) writes, "While no single conversation is guaranteed to change the trajectory of a career, a company, a relationship, or a life, any single conversation can." A committed leader will plan a series of communications that will not only target engagement but also tackle burnout and create a connected community that delivers results. The central goal must be to help physicians experience the flow in their daily work. Each conversation should aim to find out the unique challenges and skills of each physician. This information allows a leader to see where each physician is struggling or thriving.

## KEY QUESTIONS TO ENSURE THAT ENGAGEMENT HAPPENS

**Can physician engagement be made a strategic priority?** Prioritizing engagement requires a commitment of time and money.

If a leader is merely paying lip service to this effort, there is little chance of success. Additionally, the bulk of daily communication to enhance engagement will fall on the person in the manager role. Is leadership willing to train the managers to communicate effectively? Some managers may need ongoing coaching, internal or external, to do so. Will the organization budget time and money for that?

**How can organizations create flow for physicians?** Developing opportunities for flow is a slow and individual investigative process. It must be done one physician at a time. Engagement cannot be enhanced as a monolithic "them." Leaders must directly provide opportunities for engagement; the process cannot be outsourced or otherwise delegated.

## ORGANIZATIONS WITHOUT PHYSICIAN ENGAGEMENT PROGRAMS

Without a formal physician engagement program, individual leaders can still increase engagement. If an organization does not formally assess engagement, a leader can nevertheless use many common data points to understand the team's engagement needs. Physician turnover, physician productivity, recruitment woes, staff complaints, patient satisfaction, patient outcomes, and burnout—all these measurements are directly correlated with physician engagement. And any of them can be used to track success or failure of interventions made or programs implemented. Hence, engagement is not the only element to track. The other measures show progress or lack thereof and are an important part of communication back to the physicians a leader wishes to engage. Therefore, at a managerial level, leaders can begin to engage physicians and combat burnout through meaningful communication, whether an organization has a formal physician engagement plan or not.

## CONCLUSION

Finally, implementing meaningful engagement measures is an opportunity for leaders to create flow in their own work while simultaneously creating engagement for others. This pursuit of engagement is necessary on both organizational and individual levels for workplace effectiveness, physician job satisfaction, and patient experience. Investing time and money in more successful communication between leaders and physicians—and in programs that address physician well-being, burnout, and engagement—will strengthen workplace culture, lower turnover rates, and increase job satisfaction for leaders and physicians. It is an investment that healthcare organizations must make for a strong future.

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