Introduction

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I WOULD ASK all readers to briefly ponder their answers to the following questions before digging into this book:

Has the pace of change ever been any faster in healthcare?

Are the changes ahead seemingly more complex than ever before?

Has COVID-19 created a demand for an entire reboot of the healthcare system?

Is uncertainty at a fever pitch?

Are concerns over physician issues getting more significant and difficult to manage?

Is physician engagement easy and feasible, or does it seem to be a unicorn?

Are physicians a critical component of the changes we have to make in our systems of care?

Do we need more physician leadership?

Many of the serious issues that healthcare is facing require the involvement of all stakeholders in the system. Physicians, as major players in their organizations, must play a major part. For this reason, I and the other contributors to this book see physician engagement and physician leadership as a critical part of improving healthcare.

The following observations about physicians and their engagement—or lack thereof—in their healthcare organizations exemplify why we wrote this book:

- Many physicians have felt completely deserted during the COVID-19 pandemic. Physician salaries have been turned upside down, many primary care offices have been shuttered, numerous physicians have had to work far outside their specialty, and many caregivers died from COVID-19.
- Fifty-one percent of physicians report that they are burned out (Peckham 2017).
- Increasing numbers of healthcare leaders state that physician engagement is one of their top concerns.
- Many organizations have spent millions of dollars on major electronic health record (EHR) projects, and many report financial losses as a result. Will the investments provide a reasonable return? Are these EHR systems creating major roadblocks to physician engagement?
- The American Medical Association has demanded changes to EHR systems. The editor of *Healthcare IT News* describes the problem: "Primary care physicians spend more than half of their workday typing data on a computer screen and completing other EHR tasks" (Monegain 2017).
- Medical errors are the third leading cause of death in the United States (Sternberg 2016).
- Politicians continue to tamper, alter, or otherwise meddle with healthcare and health insurance programs, and the divisions among the elected officials on issues of healthcare remain extremely wide. And after the coronavirus pandemic, politicians will undoubtedly be involved in major ways with the healthcare system.
- Reported physician shortages are widespread (AAMC 2020; Poché and Dayaratna 2017).

Several principles regarding physician engagement have guided our thoughts, suggestions, and counsel in both volumes of this book. I will summarize them here.

STRONG PHYSICIAN ENGAGEMENT IS NO LONGER A LUXURY

Making physician engagement a top strategic and tactical priority is simply mandatory if organizations expect to have success now and in the future. With such complex challenges as the redesign of much of the healthcare industry because of the pandemic, physician shortages, the needs of a large and rapidly aging population, population health management, new and different kinds of payment programs, value-based purchasing, cost containment, quality and safety concerns, care management, and Medicare penalties, physician engagement must be a top-level focus for all organizations.

AS HEALTHCARE ORGANIZATIONS GROW LARGER, CONSOLIDATION IS INEVITABLE

In the future, healthcare organizations will continue to consolidate. Large systems will get even larger, and smaller entities, even those who remain fiercely independent, will join larger systems. In my experience and from my research, engagement seems more difficult to achieve in larger organizations. People do not feel as connected to the missions and visions of larger organizations. Some of the drivers of high levels of engagement include *line of sight*, or the ability of individuals to see how their personal efforts are tied to the overall mission, vision, and outcomes of the organization. Moreover, a body of significant research in the area of personal control theory suggests that individuals are most highly engaged when they have more control over decision-making and how they do their work. But

the days of the small hospital, the local community pharmacy, and the intimate one- and two-person physician practices are disappearing. The larger, consolidated organizations face greater challenges to physician engagement. Simply stated, engagement is easier to develop, extend, and sustain in smaller work settings.

PHYSICIANS ARE ALREADY HIGHLY ENGAGED INDIVIDUALS

Most physicians are indeed already highly engaged. In fact, they are arguably among the most engaged workers in our society. Yet their interests and concerns may not correspond with those of the leaders of healthcare organizations. Physicians may not have the same focus that a larger healthcare organization does as it modifies its mission and vision and adapts to different business models, payment schemes, and societal demands on the system. How does physicians' focus differ? Physicians are *highly engaged in patient care activities*. They are dedicated to patient quality and safety and typically develop caring relationships with their patients. In this respect, physicians are truly engaged. While they may have frustrations about how healthcare has changed, they still feel energized and rewarded by the activities of patient care. Physicians also spend most of their time serving in a smaller work settings (physician practices or local clinics), in contrast to the behemoth health systems described earlier.

PHYSICIAN ENGAGEMENT IS COMPLICATED

Physician engagement is far more intricate than most assume it to be. While many consulting firms have provided definitions and measures of physician engagement, they are often different and can at times be contradictory. Perreira and colleagues (2019) suggest that the "concept is still poorly understood and measured and that this

conceptual 'fuzziness' likely contributes to the lack of evidence in this area, making comparisons across settings challenging." Frankly, my preparations for the development of this book have taught me that the issue is far from straightforward. But leaders should not abandon efforts to improve physician engagement just because there are no cut-and-dried solutions.

ENGAGEMENT IS NOT SYNONYMOUS WITH ALIGNMENT

Unfortunately, engagement has gotten a bad name with many physicians because numerous healthcare executives have equated engagement with alignment and, in some cases, the willingness to "get in line and follow orders." Many interpret engagement as economically tying behavior to financial rewards (the carrot and the stick). As mentioned earlier, much discussion about physician engagement rests on the perception that physicians are not engaged—but this perception is about their engagement in organizational strategies and not their concern with patient care.

THERE STILL EXISTS A PHYSICIAN MYSTIQUE

The physician mystique, or the viewpoint that physicians should not be challenged and are almost infallible, cannot be overstated. Many leaders in healthcare are seemingly afraid of, envious of, or unaccepting of physicians. Many are not comfortable around physicians. Sadly, some readers are only hoping to find suggestions on how to minimize the physician mystique and learn how to "herd these cats." But this is not what physician engagement is all about. Readers who sincerely seek approaches to increase collaboration are on the right track. While the position that physicians hold in society may not be a critical issue, the lines of reasoning around it can be helpful nonetheless.

PHYSICIAN LEADERSHIP IS A KEY COMPONENT OF ENGAGEMENT

For all physicians to be engaged, organizations must have more of them in leadership roles. The increased presence of physician leaders in all levels of the organization is a critical part of engaging all physicians. An organization can take several steps to ensure that physician leaders are involved in key decisions. For example, it can seat physicians in governance, leadership, and management positions. From the boardroom and C-suite to the middle-management hallways, quality, the optimization of value, cost reduction, and enhanced performance will all be tied to the presence of physicians in many leadership roles. Dye and Sokolov (2013) described this approach as having physicians constantly at the table rather than occasionally asking them for input.

PHYSICIANS ARE NOT ALL CUT OUT OF THE SAME CLOTH

There are great differences among physicians; a single descriptor cannot simply portray all these experts. Physicians come from many generations, and someone's age can affect the person's worldview, professional approach, and many other individual characteristics. Different specialties have differing viewpoints. Obviously, the location of the workplace (e.g., hospital-based versus community office practice) creates variations as well. Because of all these differences, attempts to improve engagement can be all the more complicated.

STRONG PHYSICIAN ENGAGEMENT IS POSSIBLE

Strong physician engagement in a healthcare organization is not a unicorn. By their nature, physicians are highly intelligent. If given

the chance and if given some voice, physicians can be more highly engaged than many other individuals can be.

TOLERATING A CONCLUSION IS NOT THE SAME AS EMBRACING IT

Finally, the thought leaders at Root, a strategic consulting firm, clearly articulate one of my foundational beliefs about true engagement: "History shows that people will tolerate the conclusions of their leaders, but they will ultimately act on their own" (McNulty 2018). This concept applies to physician engagement as well. Physicians will tolerate the pronouncements and conclusions of health system executives but then return to their clinical work areas and operate on their own assumptions and conclusions. It is not enough to assume that physicians agree with leadership; healthcare leaders need to see that engagement has a psychological component and that physicians must feel emotionally connected to whatever goals the organization wishes to pursue. Ideally, ultimate engagement means that physicians will freely and enthusiastically come to the same conclusions as those of organizational healthcare leaders.

A Side Note

Although this book is concerned with physician engagement, the value and great benefits that other clinicians bring to the healthcare enterprise are earnestly and sincerely recognized. All of us who contributed to the book highly value the contributions of nurses, nurse practitioners, pharmacists, physician assistants, imaging technicians, medical technologists, physical and occupational therapists, and many other clinical staff who care admirably for our nation's population.

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There are clearly issues of engagement for these healthcare professionals as well. Moreover, we do not wish to minimize the importance of having all who serve in healthcare highly engaged. But this book focuses on physicians. It is physicians who serve most often as the connecting links in healthcare activities. It is physicians who drive a great deal of the costs, the plans of care, the quality, and the ultimate outcomes in the system. Physicians *must* play significant roles in helping redesign our healthcare system after COVID-19. Having physicians—all physicians—highly engaged will greatly benefit those we healthcare leaders serve. As I will explain later in the book, I also believe that elements of physician engagement are different from engagement with others. But suffice it to say, this book acknowledges, respects, and honors *all* those who care and serve patients. No slight or disrespect is intended.

OVERVIEW OF CHAPTERS

This book is organized in a simple and logical way. The first chapters focus on a critical element: *defining* engagement and physician engagement. In chapter 1, I examine the concept of employee engagement, which has received much more evidence-based research than has physician engagement. An overview of the research in employee engagement in this chapter helps lay the foundation for how it applies to physicians. In chapter 2, I examine some of the academic articles (albeit few) written on physician engagement and the views of the major consulting firms that do substantive work on this issue. In chapter 3, I use models to highlight various perspectives of physician engagement and to help readers more precisely define it.

The models also provide a framework for developing strategies and tactics to improve engagement.

Many of the remaining chapters, most of them written by physicians, contain concrete suggestions on how to enhance physician engagement. One of the more important ways to achieve this goal is to understand physicians themselves. In chapter 4, Douglas A. Spotts, MD, provides a psychological view of physicians and presents some of the stereotypes about them and shows why these stereotypes may be misleading. A subtitle of this chapter, which is about understanding an organization's physicians, might be "And Really Liking Them." For healthcare leadership to truly engage physicians, all leaders and managers must truly enjoy working with them.

Lisa M. Casey, DO, argues in chapter 5 that to enhance physician engagement, organizational leaders need to move more physicians front and center in their organizations. Physicians should also be given more authority and higher levels of involvement (thus a "bigger paddle"). In some respects, this chapter forms a centrum for the holistic idea of physician engagement.

In chapter 6, I contend that all physicians are leaders, no matter their specialty, age, or position in an organization. This chapter deals with the pure definitions of management and leadership. Some physicians can engage comfortably in these activities; others cannot. The chapter examines this phenomenon and suggests approaches to deal with it.

Chapter 7, by Kalen Stanton, explores visualization techniques that have radically helped get individuals involved in change and in organizational vision and mission. In chapter 8, Harjot Singh, MD, introduces the concept of flow and how it can greatly increase physician engagement. He explains why engagement is so vital to a healthy sense of existence.

In chapter 9, I address one of the most challenging and sometimes divisive questions about physician engagement. For many in the field, the simple answer to physician engagement is an economic

one. Give them money, and they will be engaged. This chapter briefly presents some of the academic research viewpoints contrary to that viewpoint and suggest that money is not always a prime motivator for physicians.

In chapter 10, Jeremy Blanchard, MD, provides conceptual and practical insight conflict. He explains that conflict should not necessarily be avoided, and he discusses its impact on physician engagement. Chapter 11, by Kathleen Forbes, MD, examines the sensitive issue of gender in healthcare. With the majority of the healthcare workforce being female and the greatly increasing numbers of women who are physicians, Dr. Forbes looks at ways to better engage women physicians, to the women's and the organizations' advantage. In chapter 12, Raúl Zambrano, MD, confronts many of the tougher issues facing healthcare regarding diversity, inclusion, and equity. Contemporary concerns about racism and diversity cannot be ignored when considering physician engagement.

In chapter 13, Katherine A. Meese, PhD, and Andrew N. Garman, PsyD, address several contemporary approaches to caring for physicians organizationally. They show how organizations can better engage physicians by helping them flourish.

Finally, in chapter 14, Robert Dean, DO, addresses the age-old issue of the conflicts and sometimes open warfare between hospital (healthcare) administration and physicians. Dr. Dean lays out the various issues and suggests on how to minimize the disputes. Physician burnout, an increasing topic of concern, is closely related to physician engagement. It does seem somewhat logical that if physicians were highly engaged, they would likely be less burned out.

We hope that readers will finish this book with a deeper understanding of both the complexities and the subtleties of physician engagement. Perhaps the book is best described as an endeavor to answer this key question: What does successful physician engagement look like? There are many answers to this question, and this book provides a guide map.

Volume 2 of this book, *Enhanced Physician Engagement: Tools and Tactics for Success*, delves into specific techniques that can be used to enhance physician engagement. Readers may want to explore the second volume after reading the first.

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