CHAPTER 5

Larger Paddles and Bigger Boats

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No member of a crew is praised for the rugged individuality of his rowing.
—Alfred North Whitehead, "Harvard: The Future," 1936

Physician leadership is critical for better patient outcomes, clinical performance and professional satisfaction. That's true not only during emergencies, but also for managing chronic diseases or improving hospital efficiency.
—Dhruv Khullar, "Good Leaders Make Good Doctors," 2019

What really matters is whether there is leadership at these organizations willing to have the difficult one to one conversations on a consistent basis. I believe that physician leaders, who both have clinical expertise and credibility, are best suited for this role.
—David Liu, "To Change Health Care, We Need More Physician Leaders," 2013

Physicians have many skills and personality traits that can make them among the best, most well-rounded healthcare leaders. They have a true understanding of the intricacies of patient care, which combined with operations and business acumen allows for a potent leadership mix.
—Steve Quach, "How to Prepare Physicians to Be Leaders," 2020

Beyond physician satisfaction, alignment, or cooperation with hospital systems, engaged physician champions serve as a motivating force for quality improvement initiatives and inspiring colleagues.
—Ted A. James, "Engaging Physicians to Lead Change in Health Care," 2020

Increasingly, savvy healthcare leaders understand that physician engagement and physician leadership are closely intertwined; enhanced physician leadership yields enhanced physician engagement.
—Carson F. Dye, *Leadership in Healthcare*, 2017

It cannot be said enough: We need more physician leaders. We need to give them larger paddles, and we need larger boats or canoes so that we can bring more physicians along with us.

Physicians are the hub of the healthcare team. They make decisions that heavily influence other healthcare team members. Physicians interact directly with patients and their families. They drive much of the quality in the healthcare arena, and they have a significant impact on the patient experience. Much is at stake when physicians are not engaged. Mosley and Miller (2015) write that "after four years of college, four years of medical school, and three to seven or more years of training, many physicians go through their day feeling powerless, despite their unique, specialized knowledge." James (2020) writes that "engaging physicians in leading change is a proven strategy for improving health care. At its foundation, it is a healthy relationship built on trust and mutual support. Addressing issues surrounding burnout, ease of practice, and opportunities for quality improvement are important drivers of physician engagement. However, it is also about physicians embracing ownership."

Larger paddles and larger boats? Organizations have too long relied on the chief medical officers as being the all-inclusive

Source: Drawing by Victor Zhang.

representative of the physician workforce. Although more organizations have, fortunately, been enlarging their physician leadership cadres, the efforts are falling short. Today's healthcare environment demands more physicians. And it requires that physicians be given more substantive roles in influencing policy and tactics.

THE EVOLVING QUALITIES OF EXCELLENT PHYSICIANS

The medical field is always evolving but has done so more quickly since the 1990s. The new environment is a culture of healthcare regulations combined with an abundance of fast-moving changes. The shifting climate of healthcare has added many new qualifications a physician must have to be considered excellent. The practice of medicine has now entered the age of information; an abundance of evidence-based decision-making and organizational efforts takes precedence over the mastery of science and innovation.

Individual initiative is usually what motivates physicians to begin their medical training. The skills that got them admitted to medical school were their competitive instincts and their ability to rise above their peers. They needed a keen understanding of the scientific process and why the body does what it does to understand the abundance of research behind the practice of medicine. The skills that physicians needed to make it through their residency include diligent study and the ability to distinguish between what they know and what they still need to learn as individual practitioners. Each rotation required them to assess their lack of knowledge to round out their intellectual acumen. They obtained habits of combing the literature and other information sources to round out their problem-solving skills. Once they gain these abilities and graduate, new levels of proficiencies are needed as they become practicing physicians in this new stage of their careers.

Physicians need to juggle many perspectives as they continue to evolve in the practice of medicine. Their communication skills in patient care evolve from individual teaching and orator skills to mentoring and other collaborative activities. Research has shown that patient compliance improves with patient-centered or motivational discussions with the patient. Burke, Arkowitz, and Menchola (2003) explain the concept of motivational interviewing, which puts the patient in the driver's seat and in charge of their healthcare decisions. The research shows that motivational interviewing has a significant impact on patient behavior and that physicians should have this set of skills to navigate patient care. No longer are physicians simply providing information during an office visit; they must now understand how to motivate patients and share information in a more interactive style. Another new set of skills, involving virtual healthcare management, has become necessary since the COVID-19 pandemic. Patient care is more than simply knowing how to treat a condition or disease and attempting to pass on that knowledge. Physicians need to communicate in a smarter, more efficient, and motivational way while also learning the technical skills and the art of communicating virtually and in person.

Most agree with Baker and Denis (2011) that the practice of medicine has "traditionally been considered a model of individual professionalism where each practitioner works with his or her own patients in discrete areas of practice and where the defining influence on medical decision making is based on assessing the needs of the patient." But this view has changed considerably. Population health is emerging as an economic force. The medical system itself is adapting to a different mindset as physicians are asked to consider healthcare issues of an entire population, not just the patient in front of them. As society is figuring out how population health affects us all, more and more rules and protocols are being created to handle the new information. Making a living as an independent practitioner, with the shifting billing, coding, and other healthcare rules and regulations, is far more challenging now and has spurred many physicians to decide to be employed instead. As a result, many more physicians find themselves part of bulky healthcare systems that often function as spiraling bureaucracies.

The number of skills physicians need to navigate the world of medicine has quadrupled. Complex systems now challenge physicians who once thrived in small independent practices. Physicians now have to understand clinical science and the rapid changes in medicine, keep up with the latest advances in healthcare, and be able to communicate all this in motivational ways to patients. They then have to understand population health and its effects on the economics of medicine and use their leadership skills to motivate healthcare teams to deliver that care.

Perreira and colleagues (2019) stated it well: "Physicians have long emphasized their critical role as patient advocates and held themselves accountable for effective care." Physicians are taught and trained to be decision makers and to bridge the gap for their patients so the patients have a better understanding of their issues. As physicians navigate these healthcare systems as team members, leaders should remember that physicians' training aimed to help them become critical, innovative thinkers who always put the patient's interest first. As a society, we still need these skills in our practitioners, but

as the healthcare landscape shifts, this change can be a setup for conflict if management and physicians are not on the same page.

CONSEQUENCES OF DISENFRANCHISED PHYSICIANS

Naturally, many aspects of healthcare can suffer when physicians are disengaged.

- **Patient satisfaction scores:** Alienated and withdrawn physicians can have adverse effects on patient satisfaction scores. When patients who believe they received high-quality care tell other prospective patients, the organization's market share can increase as word of mouth spreads. The internet is filled with ratings and reviews. These patient satisfaction scores are also being used as quality metrics and incentive bonuses for entire organizations. Press Ganey (2019) reports that high workforce engagement is associated with improved or maintained patient experience scores from one year to the next, whereas no such improvement or maintenance is seen in the presence of low workforce engagement. Disengaged, or worse, disenfranchised, physicians can wreak havoc on these metrics.
- **Momentum for initiatives in the healthcare system:** Employees working with physicians can be affected in positive or negative ways by physician engagement. Frustrated staff may leave to find other employment, leading to higher turnover. High turnover can be a tough problem for everyone, including managers and patients. The constant change of team members makes new healthcare initiatives more challenging, and the shifting roles as staff members turn over adds considerable time to implementing the needed changes.

- **Quality metrics:** Patient care quality is now as much focused on preventive care metrics as on the knowledge of contemporary medical practice. Physicians explain disease processes and treatments to patients, and these conversations set up certain expectations for those patients. For example, good metrics for preventive care like breast and colon cancer screenings can be hard to achieve if patients do not fully understand the importance of these screenings. Engaged physicians can better motivate patients to get these tests; disengaged physicians do a poorer job, and ultimately, costs go up.

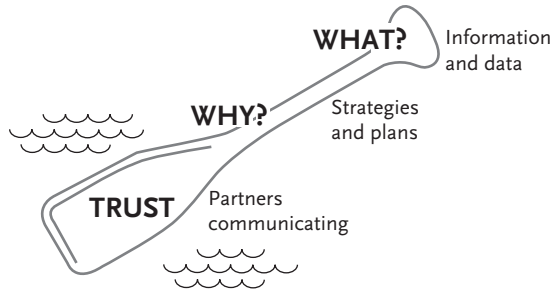
In summary, if physician engagement is critical to healthcare success, how can organizations help physicians improve amid the pressures and learn new skills to stay engaged? As trite as it may sound, we will use a boat metaphor: Give physicians larger paddles, and get larger boats so that more physicians can get on board the engagement journey. Moreover, organizations must ensure that all physicians are paddling in the same direction.

THE BOAT AS A METAPHOR

Simplifying the team concept to an activity can help us form a mental image. One such group activity is paddling a boat. A group of people in a canoe or some other boat need to be paddling in the same direction, or the boat will either stop, go in the wrong direction, or even possibly go in circles. The people in the boat need to understand which direction to aim for and be given the paddles to get through the water. More to the point, the paddles must be big enough to move the water. The larger the paddle, the more the boat will move, with less effort.

Anyone on a healthcare team who is daily reading through contemporary data to select the most relevant or important aspects can attest to the frustration and exhaustion that handling data can

Exhibit 5.1 Three Parts of the Paddle



cause. Without a doubt, we are immersed in the information age. Different metrics appear each day, new research on medical care continues to surface, and there is an increasing demand for even greater customer service. It is difficult for any one person to keep up with the latest in medical advances, the always-expanding healthcare rules and regulations, and the ever-changing demands on their time and expertise. We need a team effort to navigate the waters together. Each member of the team has their own part to play and their own paddle—that is, the information they need to put their skills into action to do their part to start paddling in the right direction.

Consider the metaphor further by picturing the three main parts of the paddle: the grip, the shaft, and the blade (exhibit 5.1). All three parts are important to help the team members glide through the waters more efficiently.

- **Grip:** This part of the paddle helps the physician grasp, or grip, *what* is going on with the organization, the physician's practice, and healthcare trends in general.
- **Shaft:** The shaft represents the purpose, or the *why*, of the strategies and plans in place. It considers why certain trends are happening. The shaft symbolizes the administration's best guess and plan of attack to solve problems.

- **Blade:** The blade of the paddle does the actual work of moving the water. It represents *trust*, the two-way street required for physicians and healthcare leaders to work together through the changes they face. This level of cooperative communication is needed if the organization is to survive in the fluctuating world of healthcare. Trust allows a true partnership.

The What

Knowledge (background, pertinent, clear, and concise) is the grip of the handle. It represents what physicians and all other members of an organization must know to function effectively. The types of information needed are described in the following paragraphs.

Background information: Physicians are taught to review clinical literature by looking for the flaws in the articles or guidelines. The questions clinicians need to ask about medical data to treat their patients starts with the validity of the facts. Is this a real phenomenon? Or did this happen by chance? Physicians must weigh information to determine if a treatment can be safely used on a patient, or the patient may suffer. They must be confident that the data is reliable. Society itself wants medical evidence that is real, measurable, and accurate. Physicians are under a great deal of pressure with those decisions. Healthcare leaders need to understand that because physicians apply a critical, scientific viewpoint to information, the leaders must be vigilant in presenting data to physicians.

Cherf (2019) echoes this recommendation on how to include physicians in data discussions: "Ensure that physicians have a strong voice in determining what data to share and how to share it. Physicians frequently prefer a value-based approach that incorporates clinical and patient-centered outcomes. Consistent, relevant benchmarks will keep physicians focused on organizational goals." Paranjpe (2016) talks about timing: "When data is presented

untouched and unabridged, it doesn't lie. However, just having the data is not enough. Clinicians need it in real time; only then will they be able to take action, and only then will trust be established in the data." How many times have physicians sat in meetings and questioned the validity or the applicability of data that was presented? How many times have physicians challenged the accuracy of data? Falk, Cherf, and Schuylz (2018) suggest that "health systems should ensure that data is organized and presented in a way that is clinically meaningful and emphasizes high-quality patient care. Beginning a dialogue with physicians by asking them to reduce costs does not always inspire collaboration. To get physicians more involved, analyze cost drivers within the clinical context."

Increasing numbers of healthcare organizations provide some type of financial incentives to employed physicians for meeting specific quality goals. When they are given incentives or quality data that seem arbitrary, it will take time for physicians to be comfortable with the legitimacy of that data. Giving physicians the why and the data behind decisions enhances administrative credibility and shows that their time is respected and valued.

What is relevant and high-quality data? The information must be pertinent, clear, and concise.

Pertinent information: Good data is relevant to medical practice. Physicians must have good data to make decisions. And good data empowers physicians to make changes that matter to clinical care. So often, physicians are given data that is hard to understand or difficult to apply to their daily practices. The understanding of how the organization pulled the data also saves the physician thinking time when processing the information scientifically as they are trained to do. Too much information given at once or information not relevant to an initiative will also frustrate physicians as they wade through it.

Clear and concise evidence: Clear, concise information that tells a story needs less explanation and therefore saves time. Physicians have to process new studies and information for patient

care and are accustomed to basing plans on that data. Telling physicians what to think about the data will not be as productive as telling them how administration interprets the data and then pausing to hear, consider, and respect their thoughts. Clearly communicating the information in ways that explain the problems or why decisions have been made helps team members better understand the context and perspective. When physicians can easily process information, they will come up with plans to help. Healthcare leaders should remember that micromanaging has been associated with burnout and that autonomy breeds resilience.

Leaders who can explain information so that others can easily understand it make a tremendous contribution toward building a stronger grip for the paddle.

The Why

Transparent vision of the why (not the how) is the shaft of the paddle. This vision relates to the initiatives, strategies, plans, and tactics in place to respond to current trends and issues. And transparency means openly sharing the administration's best guesses and plans of attack to solve problems.

Once physicians can understand the issues at stake or the changes needed, the next step for administrators is to help them understand why the organization has decided to move in a certain direction. Being transparent about both the information gathered and why the administration wants an initiative to happen helps focus the communication. The leaders should ask themselves, what would physicians want in the communication flow?

Physicians have had to learn the why and how behind the science of medicine to practice medicine. As a result, they anticipate outcomes. It does not help healthcare organizations to curb physicians' tendency to ask why when it comes to healthcare policies, strategies, or tactical plans. Involving them early in discussions can be an invaluable tool in creating the policies that the physicians

will more easily follow. Showalter and Williams (2016) write that "engaging physicians is about creating a unified vision and working to achieve the vision." Physician buy-in will increase when they understand the why. They will feel more comfortable anticipating possible pitfalls, because they understand the issues at stake.

When studying physician engagement, several hospital systems have published data on physician communication. Atkinson et al. (2011) found that the organizations that communicated widely and effectively with physicians were using a variety of methods and persistence. They found that face-to-face communication, especially from senior leaders, was crucial. Atkinson and his colleagues went on to say that routine open and honest discussions with an emphasis on listening, responding to others, and closing the feedback loop were the best practice.

Background: If physicians know the background behind a decision and understand why it was made, they will usually support the decision, even when they disagree with it. Moreover, understanding how leadership reached those conclusions enhances transparency, which improves trust.

Goals: The why behind goals can make a vast difference in how teams work toward achieving those goals and reduces misunderstandings about which goals are priorities. As teams work together to attain the targets, they may come up with different ideas on how to achieve them. Making the purpose (the why) clear also helps team members avoid wasting energy. Unclear goals can frustrate the members and derail their efforts.

If a healthcare organization moves in one direction and physicians perceive it is moving in a different direction, reconciling the two paths can be quite a challenge, especially when each party is acting on incorrect assumptions. Knowing the why behind a strategy can prevent these misunderstandings before the physicians have to course-correct. These scenarios are among the most frustrating to physicians, and multiple misunderstandings will eventually lead to mistrust.

Feedback: Information exchange must operate as a two-way street. For example, leaders might be using incomplete data to make

decisions while the physicians may have the missing information. If physicians are involved early in the decision process, they may be able to provide those facts and better decisions will result. Leaders must be sure to routinely seek out physician input. These efforts alone will be a huge step toward ensuring that trust and transparency work both ways.

Trust

The bulk of the paddle, the blade, represents trust. Physicians must trust the information they receive about their practices, their workplace or organization, overall healthcare trends, and other issues that confront them.

Communicating what an organization is striving for and why it is moving in a certain direction guarantees transparency and opens pathways that head off or clear up confusion. Trust can help to move all on the boat through the waters of change. Building trust can vary according to person, but most people have similar requirements. MacLeod (2019) writes that trust is the "firm belief and confidence in the reliability, integrity and ability of another." Dependability, or knowing what to expect coupled with believing that you can rely on someone, is the essence of trust. A person in a boat with others can trust the team only after getting to know each team member, learning what each is capable of, and knowing how to interpret other team members' signals. MacLeod adds that "trust is the foundational bedrock upon which everything else is built." Let's look at how we can build trust.

Trust administration to lead. Most physicians have traditionally had an ambiguous relationship with the organization, practicing in it but never actually feeling part of it. Kaissi (2012) reports that these feelings of separateness, "coupled with increasing external and internal pressures for efficiency, cost control, and improved quality and service have resulted in a strained relationship between physicians and managers." Part of the trust with administration

comes from regular communication and a personal knowledge of the administrators who are making the decisions that affect the physician's practice.

Chokshi and Swensen (2019) write that "the more layers between frontline clinicians and those making momentous decisions about how care should be organized, the more cynicism and disengagement you are likely to experience." In a survey they conducted, Chokshi and Swensen (2019) found that "the number one initiative that is most effective at engaging clinicians at their organization was involving clinicians in organizational decision making." Getting to know the decision makers in administration helps physicians understand the reasons and values that drive these leaders. Being acquainted with the decision makers helps physicians better understand the logic and thinking behind the conclusions.

Knowing what the administration is doing and why, and being involved in the decision-making helps physicians build trust with the administration.

Trust your team members and gain their trust, so that they can follow and participate in organizational planning and action. A considerable part of this trust is understanding each person's duties in the office and on the team. A clear delineation of duties and an understanding of each person's role makes for a smoother day at the office, as skills are not wasted and responsibilities are not duplicated. Getting to know the values and communication styles of team members can also make a big difference and help avoid miscommunication. Providing time for some socialization (e.g., lunch breaks and group outings) will also improve communication, increase understanding, and, ultimately, build trust.

Much research has been done on teamwork and the values of honesty and accountability in groups. Open and frank discussion in which each team member is respected and valued is the basis for great relationships, which will then build a great team. Trust in a team makes the workday and the experience of providing patient care better for everyone involved. This means increased engagement for the whole team as well as physicians.

Help physicians trust themselves to lead. Leadership training and opportunities for skills acquisition for new and potential physician leaders are essential to helping them have faith in themselves. Just as medical knowledge increased physicians' self-assurance as they obtained their medical licenses, leadership training will make them feel more comfortable taking on extra leadership roles. Once physicians feel competent at their trade of medicine, many look for that next step in their careers. Most physicians hunger for all types of knowledge, and this desire certainly applies to leadership.

Knowledge about healthcare finance, marketing, and strategy even at a basic level will give physicians better insight into what healthcare organizations are doing. It will also increase their confidence in the decisions that leaders make for their organizations. The language of administration and the world of the MBA can be intimidating unless there is at least a rudimentary knowledge of the vocabulary.

Interestingly, many physicians do not believe they are leaders. As Quach (2020) observes, "The few doctors who do end up in leadership roles often struggle because they do not know how their own strengths and weaknesses line up with leadership. There is often a fundamental mismatch between the skills and mindset that served them well as clinicians and those demanded by their new role." He adds, "That's a shame, because physicians have many skills and personality traits that can make them among the best, most well-rounded healthcare leaders. They have a true understanding of the intricacies of patient care, which combined with operations and business acumen allows for a potent leadership mix. Indeed, there's evidence that hospitals run by physicians perform better than those that aren't. Doctors also tend to possess several personality traits—conscientiousness, emotional stability, and extroversion—that correlate to good leadership." Helping physicians see the part they play and the influence they have with teams will increase their own expectations and trust of themselves as leaders.

CONCRETE IDEAS TO EMPHASIZE THE WHAT, THE WHY, AND TRUST

Helping with the What

- Help physicians gain knowledge by offering leadership training, providing funds for education, and encouraging them to attend conferences to get energized.
- Promote active quality-improvement projects, helping to obtain the data for these projects and analyzing physician concerns.
- Conduct brief hospital meetings that include educational elements, and have an active continuing medical education department.
- Compacts, discussed in the following paragraphs, can highlight the organization's expectations and call attention to the issues at hand.

Compacts are different from a physician code of conduct. A physician compact, an agreement between a physician and one or more parties, spells out the expectations that each side has for the other. While some expectations may be written and others are unwritten, a compact should develop a shared sense of what physicians expect to give to the organization and what physicians expect to get from it in return. As a healthcare administrator, you cannot make a compact by simply adding to the professional code of conduct a few extra sentences that address the agreement you would like to have with the physician. The information will be overlooked and get lost in the midst of the yearly paperwork we all sign.

A good compact will instead spell out the rules of engagement and communication, the two most important parts of the compact. A compact can be a great way to let physicians know how valuable they are and that you, they, and everyone else are all on the same team.

The compact can serve as the outline of a great conversation on expectations with the physician's leader. The language used can be as simple as the following:

- "We promise to do this for you."
- "We would like you to promise to do this for us."
- "This is the reason why, and here is what we are trying to accomplish through these behaviors."

An excellent resource on physician compacts is Mary Jane Kornacki's *A New Compact: Aligning Physician–Organization Expectations to Transform Patient Care* (Kornacki 2015).

Helping with the Why

- Make sure you have clear communication tools. Work diligently to reach physicians in the way that is the most effective (e.g., e-mails, face-to-face conversations), and use clear language. Seriously consider creating a physician intranet with newsworthy information.
- Compose brief e-mails, and consider the receiver's point of view when you write them.
- Add some websites explaining new government regulations and the rationale behind them.
- Use an intranet to explain changes that affect physicians—and explain the reasoning behind the changes as much as you can.

Building Trust

- Help the team get to know each other. Introduce new clinical staff formally via e-mails and the physician intranet.

- Plan some social events (e.g., hospital-wide picnics, office retreats, and other social events), and provide workshop support from the administration.
- Assign mentors for new physicians. Develop more formalized onboarding and mentoring programs.
- Make sure that new-personnel orientation sessions to the health system include members of the administration team.

CONCLUSION

Physicians need many new qualities and skills in this changing era of healthcare. Healthcare leaders who understand and acknowledge the challenges physicians face to stay current will have the ear, the respect, and the engagement of their physicians. Disenfranchisement or disengagement can come from many directions, but many tools can help physicians work more efficiently and lead more effectively. The paddle metaphor can help. Paddles can have many shapes and sizes, but the basics are the same. Enthusiasm, engagement, and partnership are the outcomes when physicians know the what and the why and have trust in their organization's leaders.

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