

Leadership Survey

Why Clinicians Are Not Engaged, and What Leaders Must Do About It

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Clinician engagement is vital for improving clinical quality and patient satisfaction, as well as the job satisfaction of clinicians themselves. Yet nearly half of health care organizations (47%) are not very effective or not at all effective at clinician engagement, according to a recent survey of the NEJM Catalyst Insights Council.

How effective is your organization at clinician engagement?



Base: 706
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The most effective means of engaging clinicians (physicians and nurses alike) is to involve them in organizational decision-making, according to 57% of respondents. Only half of survey takers consider their senior leadership’s attempts to involve clinicians in decision-making as “not very effective” or “ineffective,” however.

“The survey shows a clear pathway to engage clinicians – but [the industry] is not delivering on that,” says Dave A. Chokshi, MD, MSc, FACP, Chief Population Health Officer at NYC

Health + Hospitals, the largest public health care system in the U.S. At a time when many clinicians are suffering from professional distress and organizational distrust, Chokshi says heightened engagement is essential.

The sentiment is shared by Stephen Swensen, MD, MMM, FACR, Professor Emeritus at the Mayo Clinic College of Medicine and Senior Fellow at the Institute for Healthcare Improvement, as well as Leadership Theme Leader for NEJM Catalyst. “Allowing clinicians

to be disengaged with the organization is the opposite of the [Triple Aim](#). You wind up with poor patient experience, higher costs, and worsening outcomes. This should be a serious focus area for health care leaders,” he says.

Health care organizations should have a well-communicated and well-understood formal strategy for clinician engagement, Swensen says. Unfortunately, only 39% of the survey respondents – who are clinicians, clinical leaders, and executives of U.S.-based organizations directly involved in care delivery

– say their organizations have a formal strategy in place, with nearly two-thirds (62%) replying “no” or “don’t know.”

Swensen adds, “For most respondents, if there is a formal strategy, it’s so terribly ineffective that people don’t know about it. Ideally, you’d like to see 100% of organizations with a strategy that 100% of clinicians know about.”

There is a discrepancy in the survey results between how executives perceive their efforts in clinician engagement and how clinicians perceive them. For instance, far more executives (55%) than clinicians (26%) indicate that their organization has a formal strategy for clinician engagement.

Respondents overwhelmingly rank higher clinical quality as the top way in which clinician engagement improves health care (selected by 72%). Swensen notes that Millennial respondents have a higher incidence than Baby Boomers of citing improved clinician satisfaction as one of their top two ways in which clinician engagement improves health care. “They’ve made the connection better than

Baby Boomers that their own satisfaction is an important component of their engagement,” he says.

Just over a third of Insights Council members say that measuring clinician engagement is a management practice at their organization. Chokshi comments, “It’s difficult to drive accountability if there are no underlying measurements.”

Organizations also must make sure that “clinical leaders are actually at the table for

big decisions,” Chokshi says. He points to NYC Health + Hospitals as an example. “Under our new CEO, it has become the norm that anyone in clinical administrative roles must maintain an active practice,” he says.

The benefit to this is that

leaders stay close to the front lines and can bring a realistic viewpoint to key decisions. For instance, his organization is adopting a new [e-consult model](#) between primary care and specialists. Clinical leaders are engaged in the process from the outset, offering not only the positive views, but also some of the challenges, along with patient impact stories from their own practices.

So how can organizations move toward greater clinician involvement in strategic decision-making? “Dyad and triad leadership models work well in promoting clinician engagement and have a huge advantage in communication and perception of involvement in strategic decision-making,” Swensen says.

Chokshi believes the onus is on administrators like himself “to take the first step toward better clinician engagement,” noting that clinicians



Health care organizations should have a well-communicated and well-understood formal strategy for clinician engagement.

are busy. “It’s our responsibility to set up structures and pathways for feedback and to present an optimistic way forward,” he says. Council members dinged senior leadership for lacking responsiveness to clinician feedback, with 39% calling their organization’s responsiveness fair or poor.

That sentiment is echoed in written comments to the survey, where respondents expressed concern over a lack of listening by leadership, a lack of respect, and a lack of a valued voice in key decisions. One clinical leader says the biggest contributors leading to disengaged clinicians are “inconsistent or contradictory leadership messages” and “lack of listening to frontline clinicians.”

Swensen says that righting this ship will likely be easier for organizations with a majority of clinicians employed (rather than contracted or affiliated). He also believes there is a difference between how engaged physicians feel compared to nurses and other clinicians, who tend to be further removed from leadership roles.

“The more layers between frontline clinicians and those making momentous decisions about how care should be organized, the more cynicism and disengagement you’re likely to experience,” Chokshi says. “Improving patient care should be the major motivation for organizations to change and change quickly.” |



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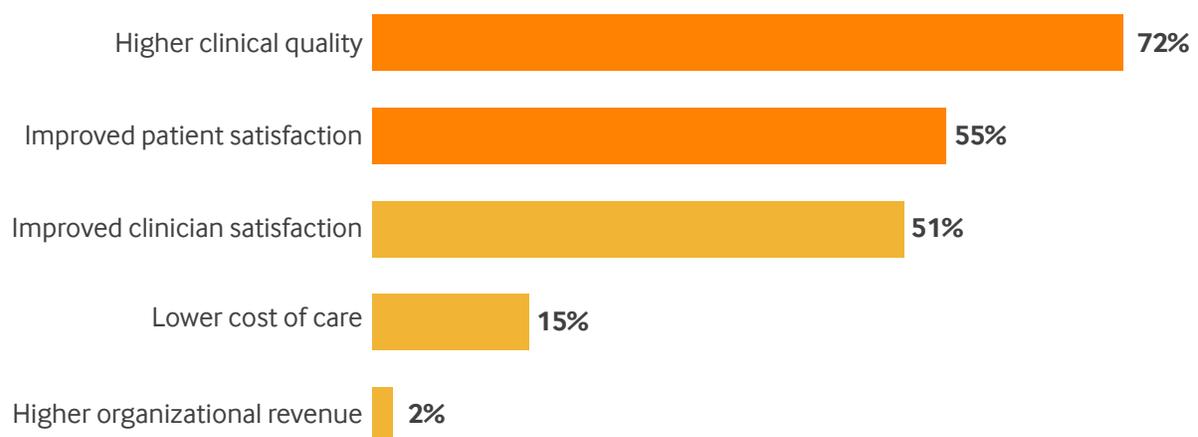
Charts and Commentary

We surveyed members of the NEJM Catalyst Insights Council — who comprise health care executives, clinical leaders, and clinicians — about clinician engagement. Respondents were asked about ways clinician engagement improves health care, the existence of a formal strategy for clinician engagement, the most effective initiatives at engaging clinicians, the effectiveness of clinician engagement at their organization, measurement of clinician engagement as management practice, accountability for clinician engagement, the responsiveness of senior leadership to clinician feedback, and the effectiveness of senior leadership involving clinicians in strategic decision-making. Completed surveys from 706 respondents are included in the analysis.

Insights Council members say clinical quality is the top outcome of having engaged clinicians. In a written comment, one clinician advises organizations to “choose performance and quality indicators that are proven to be directly associated with improved patient outcomes, including patient satisfaction.” This aligns with the first- and second-ranked choices of the ways clinician engagement improves health care.

Clinician Engagement Improves Care Quality Most of All

What are the top two ways in which clinician engagement improves health care?



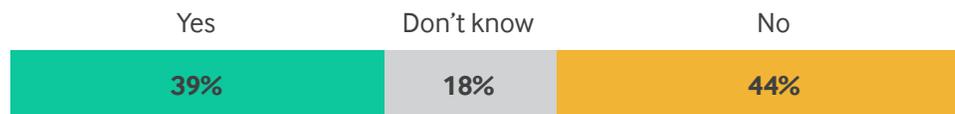
Base: 706 (multiple responses)

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Sixty-two percent of respondents say their organizations do not have a formal strategy for clinician engagement or they do not know about it. One executive says, “I feel like a lot of efforts are decentralized and not coordinated well.” A significantly higher incidence of executives (55%) than clinical leaders (42%) and clinicians (26%) indicate their organization has a formal strategy for clinician engagement.

The Largest Share of Organizations Do Not Have a Formal Strategy for Clinician Engagement

Does your organization have a formal strategy for clinician engagement?



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For most respondents, if there is a formal strategy, it's so terribly ineffective that people don't know about it.

Nearly a quarter of respondents say providing clinicians with performance data compared with peers is an effective way to engage clinicians. However, one clinical leader warns that clinicians become disengaged if that data is used to punish them.

Involving Clinicians in Organizational Decision-Making Is the Top Means of Engagement

What are the top two initiatives that are most effective at engaging clinicians at your organization?



Base: 706 (multiple responses)

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Just over half (53%) of Council members rate their organization as effective at clinician engagement. A higher incidence of executives (64%) than clinical leaders (53%) and clinicians (45%) rate their organization as effective.

A Majority of Health Care Organizations Are Effective at Clinician Engagement

How effective is your organization at clinician engagement?



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Respondents indicate that their organizations are roughly split on measuring clinician engagement as part of their management practice. One executive comments, “What is measured is managed, even with physicians.”

The Largest Share of Organizations Do Not Measure Clinician Engagement

Does your organization measure clinician engagement as part of its management practice?



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The top clinical officer is most accountable for clinician engagement at Council members’ organizations. One respondent with the CMO title says “a lack of honesty and transparency contribute to disengagement, while a culture of safety and transparency promote engagement.”

The CMO/Chief Clinical Officer Is Most Accountable for Clinician Engagement

Who is most accountable for clinician engagement at your organization?



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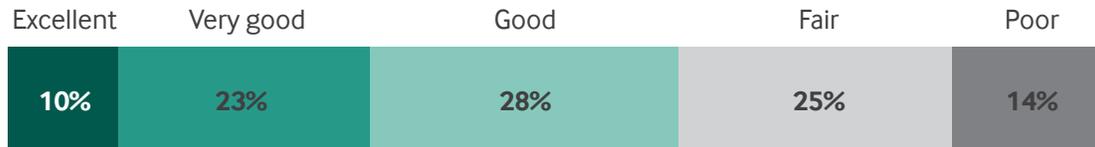


It’s our responsibility to set up structures and pathways for feedback and to present an optimistic way forward.

More executives (74%) than clinical leaders (62%) and clinicians (50%) rate the responsiveness of senior leadership to clinician feedback as excellent, very good, or good. One executive respondent attributes disengagement by clinicians at his organization to “administration treating physicians as if they are the problem” and “not taking and acting on feedback.”

Senior Leadership Is Responsive to Clinician Feedback

How would you rate the responsiveness of senior leadership at your organization to clinician feedback?



Base: 706
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Council members are evenly split on the effectiveness of their organizations’ senior leadership at involving frontline clinicians in the strategic decision-making process. One clinician respondent says better engagement would come with “direct and clear communication with leadership” and “dedicating resources to finding solutions to frustration within the system.”

Split Views on the Effectiveness of Senior Leadership in Involving Clinicians in Strategic Decision-Making

How effective is your organization’s senior leadership at involving frontline clinicians in the strategic decision-making process?



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Verbatim Comments from Survey Respondents

What are the biggest factors in fostering sustainable clinician engagement?

“Treat them with respect and work on communication as if what they do matters, rather than a commodity. I recently heard a Medical Director tell one of the physicians that he was nothing but a commodity. How horribly sad!”

— *Clinician at a large nonprofit community hospital in the West*

“Respecting time (weekends, holidays, meeting times). Choosing things that affect every clinician, not just the ones bringing in the highest revenue. Resources (e.g., social workers, nutritionists, psychologists) to help us help our patients in the ambulatory practice, not just inpatient. Truly including clinicians in the field, not just administration, in decision-making.”

— *Program director at a nonprofit provider in the South*

“Recognize importance of all clinical disciplines in decision making; Identify appropriate metrics for quality outcomes as counterbalance to financial outcomes.”

— *Director at a small nonprofit community hospital in the Midwest*

“Engaging clinicians in management decisions.”

— *Clinician at a large nonprofit hospital in the South*

“Culture, a sense of us-ness. Group practice mentality.”

— *Director of service line at a for-profit community hospital in the Northeast*

“Meaningful engagement where clinicians have the autonomy to make decisions for their service lines. Full transparency in sharing data for quality, satisfaction, and financial and engaging clinicians in decision making.”

— *Vice President at a large nonprofit health system in the West*

“Having top management, especially the President, actually be a physician.”

— *Clinician at a large nonprofit teaching hospital in the Midwest*

“Continuous physician education on the principles and values of our profession. Education, education, education on changing the paradigm of the healthcare industry supporting sickness and Big Pharma and replace it for a wellness paradigm where nutrition, physical activity, and prevention are commonplace. Involvement of physicians in patient education programs towards achieving well-being.”
— *Department chair at a large nonprofit teaching hospital in the South*

“Establishing a focus on patient care.”

— *Executive at a large nonprofit community hospital in the West*

What are the biggest contributors leading to disengaged clinicians?

“1. Government thinking that they know the best ways to take care of patients. 2. Non-physician leaders (including nursing executives) who think they know the challenges/needs of physicians to provide the best care possible.”

— *Clinician at a for-profit community hospital in the South*

“1. Lack of involvement of clinicians at corporate level 2. Lack of coordination between Clinic/Team management and Account Management 3. Lack of accountability for engagement tactics and account relationships.”

— *Chief Medical Officer at a small for-profit clinic in the West*

“EHR and documentation burdens; Lack of old communication channels and forums (e.g. physician lounges, conferences) without adequate replacements.”

— *Executive at a small nonprofit health system in the Northeast*

“EHR inefficiencies, regulatory compliance burdens, time-based work restrictions causing a mad dash to finish tasks regardless of patient needs, bureaucratic barriers to providing care, reimbursement denials that generate more clerical burden, focus on revenue over patient and provider satisfaction.”

— *Clinician at a small nonprofit teaching hospital in the Northeast*

“Being ignored.”

— *Chief Medical Officer at a midsized for-profit health system in the West*

“Burnout, administrative burden, loss of autonomy, and failure of leadership at the highest level to promote a culture of caring, respect, and inclusiveness.”

— *Vice President at a small nonprofit community hospital in the Northeast*

“Feeling of insignificance. No feedback. No recognition for good work.”

— *Clinician at a midsized for-profit clinic in the Midwest*

“Burnout. Feeling of powerlessness.”

— *Vice President of Medical Affairs at a midsized nonprofit community hospital in the Northeast*

“Inviting them to the table and then not listening or offering them the opportunity to contribute.”

— *Director at a large nonprofit teaching hospital in the South*

Methodology

- The Clinician Engagement survey was conducted by NEJM Catalyst, powered by the NEJM Catalyst Insights Council.
- The NEJM Catalyst Insights Council is a qualified group of U.S. executives, clinical leaders, and clinicians at organizations directly involved in health care delivery, who bring an expert perspective and set of experiences to the conversation about health care transformation. They are change agents who are both influential and knowledgeable.
- In April 2019, an online survey was sent to the NEJM Catalyst Insights Council.
- A total of 706 completed surveys are included in the analysis. The margin of error for a base of 706 is +/- 3.7% at the 95% confidence interval.

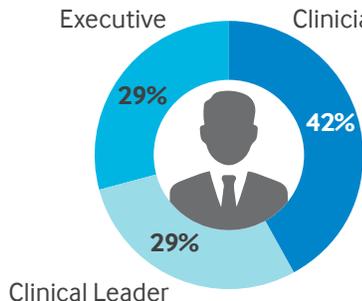
NEJM Catalyst Insights Council

We'd like to acknowledge the NEJM Catalyst Insights Council. Insights Council members participate in monthly surveys with specific topics on health care delivery. These results are published as NEJM Catalyst Insights Reports, such as this one, including summary findings, key takeaways from NEJM Catalyst leaders, expert analysis, and commentary.

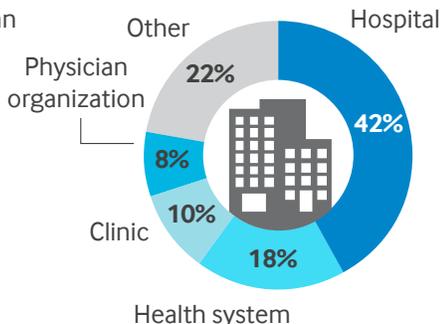
It is through the Insights Council's participation and commitment to the transformation of health care delivery that we are able to provide actionable data that can help move the industry forward. To join your peers in the conversation, visit join.catalyst.nejm.org/insights-council.

Respondent Profile

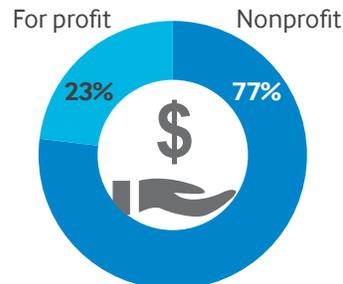
Audience Segment



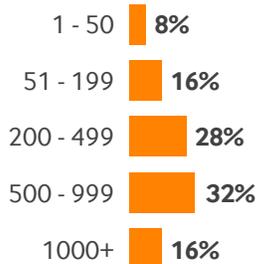
Organization Setting



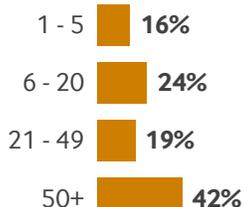
Type of Organization



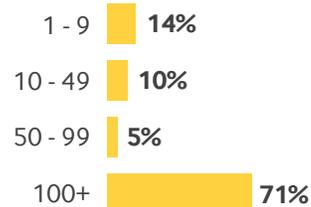
Number of Beds (Among hospitals)



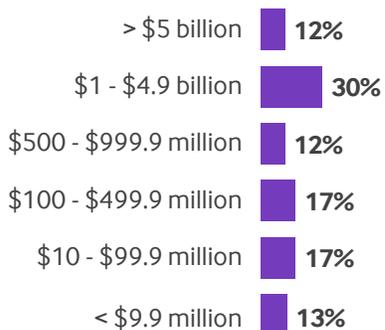
Number of Sites (Among health systems)



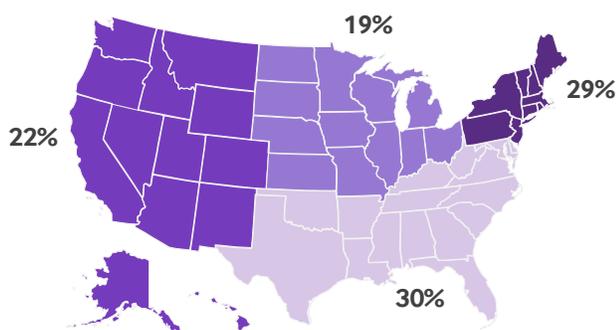
Number of Physicians (Among physician organizations)



Net Patient Revenue



Region



Base = 706

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NEJM Catalyst brings health care executives, clinical leaders, and clinicians together to share innovative ideas and practical applications for enhancing the value of health care delivery. From a network of top thought leaders, experts, and advisors, our digital publication, quarterly events, and qualified Insights Council provide real-life examples and actionable solutions to help organizations address urgent challenges affecting health care.