

The Physician's Impact on Patient Satisfaction

by Derik K. King, M.D.

Patient satisfaction scores are important metrics; they draw attention to the subjective experience of patients who received care from a hospital. The Centers for Medicare & Medicaid Services (CMS) consider patient satisfaction to be a key value marker in evaluating hospital performance and includes those scores when calculating individual hospital reimbursement.

To better understand patient satisfaction and performance on quality, cost-effectiveness and other key factors critical to value-focused care delivery, hospitals—and the boards that guide them—must look beyond the numbers to consider the factors that influence them. For example, while enhancing patient satisfaction is immensely important in today's value-based health care environment, understanding the impact that physician satisfaction and well-being can have on patient satisfaction scores can help hospitals and systems guide improvements in several areas simultaneously. Because physicians are an integral and increasingly important part of the overall enterprise, especially in this age of clinical integration, their satisfaction will help drive success on a number of metrics, including patient satisfaction.

Fundamental corporate wisdom holds that the level of contentment or satisfaction of the person delivering a service is integral to the satisfaction of the person receiving the service. The board, with its ability to orient organizational strategy and ask questions executives listen to, is the place to foster this rational approach. How should trustees begin? By expanding the patient satisfaction conversation to include the linchpin of a positive patient experience: the physician.

Trustees invested in patient satisfaction can guide the focus back to basics: the physician and the care team. Broadening the conversation to include factors like the care team's practice environment is a smart way to achieve, and more importantly sustain, strong scores from patients.

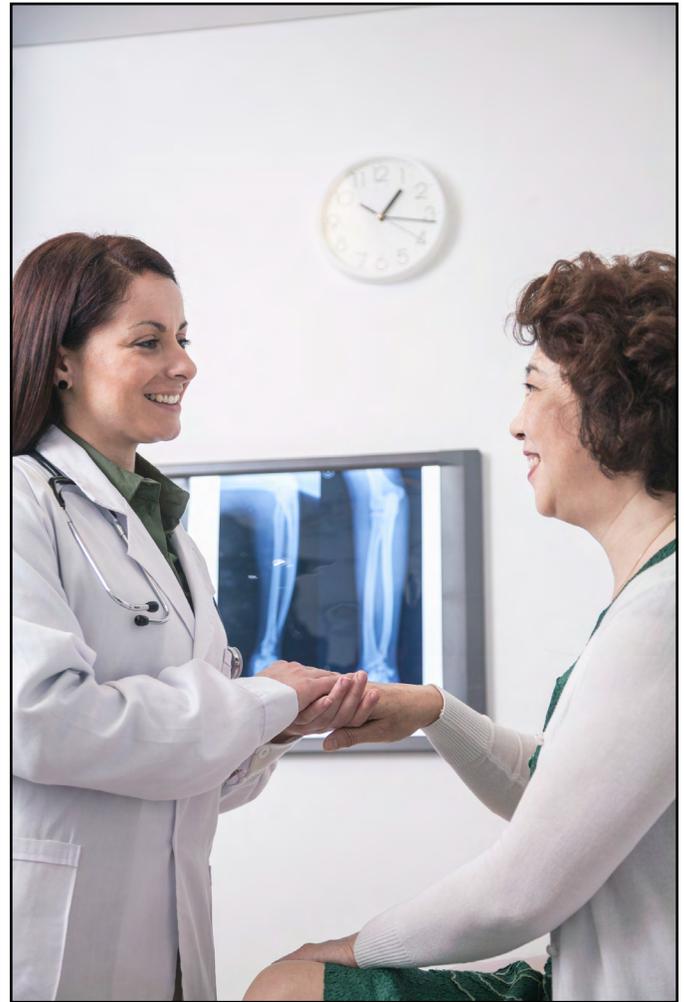
The Six Questions

Here are six questions hospital boards and leaders should consider in assessing physician satisfaction.

Can physicians maintain a manageable work/life balance?

Physician burnout is a cause for concern in health care today. A 2015 study from the Medscape Physician Lifestyle Report noted that 46 percent of all physicians responded that they experienced burnout, up from 40 percent just two years prior. The causes of burnout are complex, but the Medscape study found that bureaucratic tasks, long work hours, insufficient income, and increasing computerization of a practice are the top causes.

In his recent article, "Reducing Physician Burnout Through Engagement" (*Journal of Healthcare Management*, March/April 2016), John W. Henson, M.D., chief of oncology services at Piedmont Healthcare in Atlanta, takes another point of view. He cites studies that indicate the antidote for physician burnout might be engagement through strong physician leadership. He reviews data from a 2014 Physicians Foundation survey that indicates physicians reported better professional morale and more positive views about the medical profession than did respondents to the organization's 2012 survey. He also discussed results of a 2015 Mayo Clinic study, which found that the quality of physician leadership appears to affect the well-being and satisfaction of physicians working in health care organizations. These findings,



he says, indicate that physician leaders should be carefully selected and should focus on the professional needs of the physicians they lead. He also recommends that it may be useful to redefine the issue of high burnout as one of low engagement and that physician leaders can help address this issue.

With this context in mind, the questions board members should ask are: Can the hospital's physicians expect reasonable scheduling and manageable work-life balance? How are physician leaders selected and what role are they playing to address physician satisfaction? Hospital and physician leadership can work together to help provide physicians a more satisfying work experience by avoiding situations such as quick shift turnarounds or extending work hours longer than is reasonable, which can in turn drive down

patient satisfaction. Conversely, creating an environment where physicians feel supported, including adequate staff and supplies, will not only help the physician, but also improve patient satisfaction.

What is the staffing mix? Does the hospital have a stable, locally based clinical staff?

In rural or overwhelmed care settings with a small labor pool, hospitals may rely on *locum tenens* physicians to fill out their roster. As temporary hires working to cover a set span of time or number of shifts, they rarely get the chance to establish the same kind of connections that permanent employees can.

A stable clinical team with physicians who live in the same area they serve likely will be able to influence the culture more effectively than temporary staff. Besides the accountability and personal investment that come from living where you work, long-term staff will have the time to assess and internalize the culture of the facility. Understanding the culture of various groups—from the medical staff and office employees to the nursing staff—will improve interactions and aid teamwork. Physicians need to know the culture intimately before they can ask the right questions and make positive suggestions. Only when they understand the lay of the land can they find ways to remove stumbling blocks and deliver more efficient service to patients.

Asking about the staff mix can also help trustees zero in on one of the aspects of care referenced most frequently in patient satisfaction surveys: treatment from nurses. *Locum tenens* physicians may not have the time to build the meaningful relationships that permanent physicians can develop with the nursing staff. Nurses have to be able to recognize

and triage illness efficiently, and need to have the communication skills and trust to get physicians to the patient's bedside quickly. Turnover in nursing staff directly influences patient care and work flow. Because medicine is a team sport, the way team members treat each other is both an indicator of how they take care of patients and a quality measure assessed by satisfaction surveys.

Confident, stable staff also will be able to inform management when work levels become overly burdensome; part-time staff is less likely to be able to make positive change.

Is the medical leadership trained to lead and manage, and supported in those efforts?

It is unheard of for a hospital medical leader to be a mediocre or subpar clinician. But it is also a truism that excellent clinical skills do not necessarily translate into excellent management. There are no classes on effective leadership in medical school, and no board exams on running efficient meetings or responsibly and equitably addressing team conflict.

Effective meeting management is an interesting case, and one that trustees understand. Meeting leaders convey respect for participants when they lay out expectations in advance, address digressions before they derail discussion, and ensure that all have an opportunity to speak. Anyone in an upper management or C-suite position likely will have endured a disorganized, uneven medical executive committee meeting run by a medical director without experience in leading meetings. While lack of this leadership skill does not detract from the physician's clinical acumen or capacity for leadership, it is nonetheless vital, from a patient satisfaction perspective, to im-

prove the medical leader's management skills. If a team is feeling disgruntled about their leader, it is a distinct likelihood that such a sentiment will become visible to their patients.

Training medical leaders in general leadership and management techniques, such as conflict resolution, negotiating skills, and team empowerment, will help them build a stronger, more positive practice environment that satisfies both physicians and patients. Likewise, training in documentation management, quality and risk management program implementation, and LEAN methodologies will help medical directors run departments that are stronger operationally and financially.

Boards may find it useful to assess the support the organization provides to its clinical leaders. Do they have access to all the data and metrics necessary to monitor and measure department and medical staff performance? Do they receive ongoing guidance from a mentor who has both clinical and management experience in their specialty? Are hospital-based medical directors responsible for all aspects of running their departments, or can they shift some duties, such as physician recruitment or scheduling, to a trusted person or group? Just as a community should have high expectations of its hospital, a hospital should have high expectations of its medical leaders. Without adequate support and training, medical leaders will not be equipped to motivate and lead their departmental teams proactively.

Do physicians have a say in decision-making?

Guiding patient flow, setting performance goals, assigning patients: all of these tasks require a complicated choreography determined in advance. Because physicians are daily affected by this choreography, they should have a voice in its creation or modification. With clinical matters in particular, hospital leadership should solicit and value physician insight. Inviting physicians to help determine and develop triage protocols, disaster plans, and criteria governing admissions and fast-tracking patients will help establish best practices, and also will make it more likely that physicians will embrace and incorporate those practices.

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Do physicians receive competitive pay, benefits and retirement?

This is one question that most people would put at the top of the list. However, experience indicates that pay and benefits are not, in fact, the most important differentiators of employment (which is more often than not a choice based on the location of family or friend networks). As long as the pay is competitive and the benefits and retirement options good, committed physicians join a hospital and stay there because of quality of life, a stable team environment, strong leadership, and an equal voice in shaping their practice environment.

What should the board do if the organization is losing physicians? After confirming that physicians' compensation is competitive, drilling down further is vital: Is there a nursing issue? Are there too few specialists supporting primary care physicians' needs? Do physicians feel unsupported by the medical director, the hospital staff, other medical staff, or attending physicians? Trustees don't have

the time or the purview to micromanage such matters, but they have the capacity to spark the right conversations.

Are physicians furnished with the education, training and opportunity to advance?

Certifications and licensure renewals depend on continuing medical education. Hospitals can have a positive impact on physician satisfaction by making it easier for physicians to meet these requirements, and providing physicians with easy access to continuing medical education.

Some education providers are accredited by continuing medical education groups so that programs can be brought to busy physicians easily; other groups offer personal scheduling services. Education is necessary, but the obstacles that go along with it can dilute its power. Doing away with such impediments can help physicians stay up-to-date with the latest techniques and evidence-based medicine without overburdening them with

the small stuff (scheduling, etc.). Showing that the hospital is invested in their professional growth and recognizes that their time is valuable will improve physicians' skills and demonstrate how much the hospital values them.

Conclusion

Trustees may not be medical experts, but their leadership and wisdom in other realms can certainly help hospitals take a broader perspective in the push for better patient satisfaction. The primary job of a great board is not to execute a plan for improvement but, rather, to ask the important questions that encourage all involved to assess, create and sustain a setting of support and care—for their staff as well as their patients.
