Successful Practices in the Physician Work Environment: We Work Together

By Karen Tallman, PhD; Jill Steinbruegge, MD; Michelle Hatzis, PhD

Permanente physicians seek to provide patients with excellent clinical care and an excellent service experience during brief office visits. However, many patients have heightened expectations for service, and some have preformed beliefs about their diagnosis and treatment. There is great variability in how well departments, modules, and teams respond to this and other challenges to achieve high patient satisfaction while building a positive work environment. This research asks what practices distinguish "teams" (departments, modules, or teams) that both enjoy a positive work environment and excel at satisfying patient expectations.

Table 1. Care Experience Physician Work Environment Workgroup	
Member	**Organizational position**
Chair: Tom Janisse, MD[a]	NWP: Assistant Regional Medical Director
Workgroup members:	
Patty Fahy, MD	CPMG: Associate Medical Director of Human Resources
Leslie Francis, MBA, MPHA	The Permanente Federation: Director of Performance Improvement
Geoff Galbraith, MD[a]	HPMG: Vice President for Quality Management
Dana Gascay, RN, MHA	SCPMG: Assistant to Assistant Area Medical Director and to Medical Group Administrator, Los Angeles Medical Center
Tom Godfrey, MD	SCPMG: Area Medical Director, Los Angeles Medical Center
Michelle Hatzis, PhD	The Permanente Federation: Project Support
Arthur Huberman, MD[a]	SCPMG: Assistant Area Medical Director, West Los Angeles
Lee Jacobs, MD[a]	TSPMG: Associate Medical Director, Professional Development
Bob Jako, PhD	TPMG: Director, TPMG Human Resources
Sherilyn Kam, PhD	TPMG: Senior Consultant, Leadership Development & Support, California
Leslie Koved, LCSW	TPMG: Physician Health – Director, Physician Resource Network, California
Dorothy Meder, MFA, MBA[a]	KPHI/Program Office: Senior Consultant, Applied Research/National Market Research
Terry Stein, MD	TPMG: Director, Clinician-Patient Communication
Jill Steinbruegge, MD[a]	The Permanente Federation: Associate Executive Director for Physician Development; and Co-Chair, Care Experience Council
Karen Tallman, PhD[a]	The Permanente Federation: Project Support

[a]Indicates Workgroup members who conducted successful practices interviews.

Identification of Successful Practices

The Physician Work Environment Workgroup of the Interregional Care Experience Council conducted focus groups in three regions to identify successful practices in the physician work environment. The central focus was identification of practices that discriminate "highly rated" teams (those with high scores on patient visit satisfaction and physician satisfaction surveys) from "medium-rated" or "low-rated" teams (those with medium or low patient and physician satisfaction scores). Physician satisfaction was defined as the average team rating on five physician survey items previously shown to be correlated with satisfaction.[1] Members of the Physician Work Environment Workgroup are listed in Table 1.
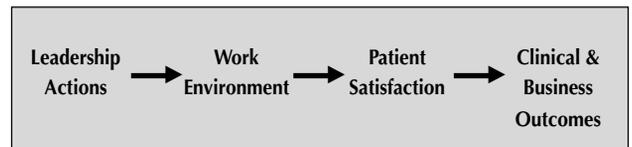
The Work Environment

The Care Experience Council is dedicated to identifying actions leaders can take to improve service. The work is grounded in the KP Results model.[2] Similar models have been supported by research in service industries.[3,4] The KP Results model hypothesizes causal linkages between leadership actions, the work environment, patient satisfaction, and outcomes:

Leadership Actions → **Work Environment** → **Patient Satisfaction** → **Clinical & Business Outcomes**

This model implies that a positive physician work environment is essential for retaining and recruiting physicians, for patient satisfaction, and for promoting important outcomes. Kaiser Permanente (KP) research has identified evidence for a link between the work environment and patient satisfaction.[5]

Methods

Physicians and researchers from the Physician Work Environment Workgroup conducted 20 focus groups in Georgia, Hawaii, and Colorado. The teams were asked questions related to what makes them feel supported to satisfy patients and the role of their local physician-leader in that support them. In Georgia and Hawaii, the participants were physicians, local physician-

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leaders, associate providers, and staff in teams. In Colorado, physicians and local physician-leaders from departments participated.

Findings

Five categories of successful practices that distinguished between highly rated teams and medium- or low-rated teams emerged from a qualitative analysis of the transcripts. Physicians in the highly rated teams use these five successful practices (Table 2).

The highly rated teams use all five practice categories, whereas the medium and low-rated teams tended to use fewer practice categories or use them less consistently. Contrasting features of highly rated teams and medium- and low-rated teams are displayed in Table 3. Quotes from physician team members exemplified each category of successful practice (Table 4).

The following are descriptions of the five successful team practice catagories.

Table 2. Five successful practice categories
1. Connect guiding principles and values to daily work.
2. Demonstrate physician leadership by example.
3. Emphasize team development to create support through interdependence.
4. Set goals within team's sphere of influence.
5. Provide recognition and constructive feedback.

1. Connect principles and values of team and region to daily work

Highly rated teams use the guiding principles and values from the region and from the team to guide daily decision making, align goals, and motivate the team. The most effective principles and values are simple and easily applied to daily work (eg, "First in quality, first in service," "Treat patients and team like family"). At decision points, members of the team deduce what

Table 3. Contrasting practices of highly rated vs medium- or low-rated teams			
Team practices		**Practices of highly rated Teams (high physician and patient satisfaction scores)**	**Medium- or low-rated teams (medium or low physician and patient satisfaction scores)**
Connect principles and values of team and region to daily work	Leverage principles and values	Use principles to solve problems, align goals, & unify team (eg, *"Treat patients & team like family," "First in quality, first in service")*	Lack connection of principles to daily work
		Value patients *and* team (spend time in team and individual development, eg, training, meetings, consultants, and facilitators)	Focus primarily on patient satisfaction
	Service beliefs	Believe clinical and service quality are compatible goals	Believe quality and service are mutually exclusive
Demonstrate physician leadership by example	Model expected behavior	Physicians communicate high standards, exemplify (not just talk about) what is expected	Less conscious of effects of modeling on each other
		Include staff and Associate Providers (APs) in decisions —*"Everyone has a voice"*	Lack staff and AP input in decision making
	Dealing with challenge	Address complaints and translate into plans	Protect group, try to cope
		Physician-leader sets clear direction	Physician-leader's direction is less clear
Emphasize team development	Selection	Emphasize selection for team fit—they will wait for the right person	Less emphasis on team fit
	Role clarity	Know roles of all team members (permit interdependency)	Have less clarity on roles of others
	Inclusiveness	Be respectful—use input from all team members	Have a physician-centered hierarchy
	Interdependence	• Support each other so all can finish on time • Feel they are "in this together," so they can "give up the turf"	Have individuals struggling alone in silos
	Track performance	Use team-level data to track performance, including team satisfaction	Tend to track patient satisfaction only
	Team identity	Have meaningful, positive team identities	Lack a positive team identity
Set goal s within team's sphere of influence	Set achievable goals	• Clarify scope of team influence • Pursue goals within sphere of influence (start small)	• Set sights too high (eg, regional decisions) • Perceive no team influence
	Source of improvement	Take responsibility for improvements, but use outside help (training, analytical support, consultants, leaders)	Look outside of team for improvement
Provide recognition and constructive feedback	Recognition	• Convey verbal, individualized, 1:1 recognition from members and patients • Make staff and associate provider recognition a priority • Provide recognition at the team level	• Have insufficient recognition • Fail to convey patient comments to team
	Constructive feedback	• Address interpersonal concerns in a timely manner • Give learning feedback to all (even physicians)	Tolerate interpersonal problems

is required from the principles and own their decisions. An example of a concept that guides highly rated teams is the belief that service and quality are compatible, not mutually exclusive, goals.

2. Demonstrate leadership by example

Physicians in highly rated teams model expected behaviors. They demonstrate—rather than ask for—exemplary behavior. Physicians and physician-leaders set the tone and direction for the group. Physicians give everyone in the team a true voice in decisions and empower nurse-leaders to participate.

A proactive, positive attitude is present in these teams. The positive physician example reaches the team members, who then reflect the modeling in their interactions with patients. In turn, physicians are cheered by the good examples set by team members. Positive patient comments to the team complete the feedback cycle.

In highly rated teams, physicians make timely team alterations. They set expectations for performance and manage to meet them. The team addresses interpersonal challenges rather than permitting them to undermine the team's functioning. The physicians anticipate and plan for upcoming changes instead of reacting to them.

This research was designed to identify practices that discriminate between the highly rated teams and the medium- and low rated teams. However, one identified leadership practice benefited all teams in one region: having open communication with the regional leadership team. The physicians appreciated this practice and were empowered both by board updates in the facilities and frequent, small group meetings with leadership. These meetings were especially valuable because the physicians felt free to ask direct questions about tough issues—the "elephants in the room."

3. Emphasize team development to create supportive interdependence

Interdependence is working in a group as though you could not work without each other. These teams think as a system and distribute the workload across the team. Pervasive use of the word "we" is the most definitive sign of a highly rated team. Functioning in an interdependent manner is associated with reduced stress, a more predictable workday, and freedom from the feeling of having to carry the burden alone. Team members "jump in to help others." They get up and walk around to determine who needs support. Everyone works together to provide an excellent experience for patients and have a more orderly workday than when they worked more autonomously. Team members jointly examine and deal with problems and improve processes together. In time, highly rated teams develop a positive team identity, consistent with the team's principles and values. They are aware of the value and uniqueness of their team. Successful team development is associated with an emphasis on at least five foundational elements, which appear in Table 5.

4. Set goals within the team's sphere of influence

Teams that aspire to change major policies and programs outside the team's sphere of influence are vulnerable to becoming demoralized. Highly rated teams do not spend their energy trying to change the system; instead, they start with small, realistic goals. They get involved with making improvements instead of assigning blame and looking outside the team for a better work environment. By aspiring to achievable goals, team members increase their odds for success and build influence and control over their work environment. Success breeds more success.

5. Provide recognition and timely, constructive feedback

Feeding back information to all work group members is observed

Table 4. Physician quotes exemplifying the five successful practices	
Successful practices	**Physician quotes from the teams**
Connect principles and values of team and region to daily work	• "We have the perspective that if you're delivering quality care, then your patient satisfaction should be up there too." • "Years ago, we decided to stop looking at what providers wanted, or what nurses or MAs wanted, and went back to the focus of 'What is the best thing for the patient?' ... How are we going to make the patient's process smoother, more efficient, make them happier with the experience?"
Demonstrate physician leadership by example	• "[The physician lead] comes in happy to be here. He never complains about too much business." • "He is fair … He wouldn't ask me to do something he doesn't do himself." • "Our team lead has a style you want to emulate. You want to be like him … He praises us … and he sets the tone with everybody on the team."
Emphasize team development	• "We let the nurses run our day. We don't tell them 'do this, do that.' We let the nurse decide what to do next. You just want to know what room to go to next." • "When there is an issue, we bring it up as a team, rather than complaining about it, and we solve it together as a team."
Set goals within the team's sphere of influence	• "I spend a lot of time telling people that we have to be clear about what our influence is, and about what we can expect, and what we can't expect. I have no problem with telling people 'that's something we can't control.'" • "We have discussions outside team meetings. We look at our [quality and service scorecard] and figure out how we can improve things … to help the whole team improve quality." • "We look for small successes. We look for things we can work on and fix."
Provide recognition and constructive feedback	• "At the end of the day, [the physician lead] says 'thanks for your hard work. I appreciate it' … simple comments about the day several times a week." • "When I first started, I had a reputation of reducing each nurse to tears at some point … but I got through all that … they were honest enough to tell me." • "When a patient says 'Thanks for saving my life,' that makes my month. Patients are the most important thing."

in the highly rated teams. Simple, verbal recognition received from a patient or team member is the most valued recognition. The physicians want to know that their effort and time are noticed. Public recognition given at large events, while valued by some, is not as helpful as simple comments by leadership and colleagues. Financial rewards are not consistently motivating. When interpersonal discord disrupts the work, highly rated teams deal with the problem in a timely manner, even if a physician is the disruptive team member.

Table 5. Elements associated with strong team functioning
Selection for team fit and balance
Role clarity (knowledge of the roles of self and others)
Inclusive decision making
Interdependency (knowing and working with each other)
Performance tracking using team-level data

Conclusions

Teams with the highest levels of physician and patient satisfaction are distinguished by rich interdependence, in which all team members actively support each other on a daily basis. Conceptually, they are guided by principles and values and have realistic, attainable aspirations. The activities of these team members are focused on strengthening the team and setting a positive example for each other while caring for patients. In addition, regular recognition and constructive feedback is provided to sustain day-to-day team functioning. Medium-rated and low-rated teams addressed some practice categories but did not consistently address all categories.

The highly rated teams were not identical to each other. Each highly rated team found its own unique way to use the five categories of successful practice. These teams discovered multiple routes to success. ❖

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Leaders and Bosses

People ask the difference between a leader and a boss …
The leader works in the open, and the boss in covert.
The leader leads, and the boss drives.

Theodore Roosevelt, 1858-1919, 26th President of the United States