

Winter 1-24-2022

## Effective Physician Engagement Strategies for Improving Healthcare

Auriesheaua Bell DBA  
*Walden University*, [auriesheaua.bell@waldenu.edu](mailto:auriesheaua.bell@waldenu.edu)

Kim Critchlow DM  
*Walden University*, [kim.critchlow@mail.waldenu.edu](mailto:kim.critchlow@mail.waldenu.edu)

Follow this and additional works at: <https://scholarworks.waldenu.edu/facpubs>



Part of the [Business Administration, Management, and Operations Commons](#)

---

### Recommended Citation

Bell, Auriesheaua DBA and Critchlow, Kim DM, "Effective Physician Engagement Strategies for Improving Healthcare" (2022). *Walden Faculty and Staff Publications*. 568.  
<https://scholarworks.waldenu.edu/facpubs/568>

This Article is brought to you for free and open access by ScholarWorks. It has been accepted for inclusion in Walden Faculty and Staff Publications by an authorized administrator of ScholarWorks. For more information, please contact [ScholarWorks@waldenu.edu](mailto:ScholarWorks@waldenu.edu).

Winter 1-24-2022

## Effective Physician Engagement Strategies for Improving Healthcare

Auriesheaua Bell DBA

Walden University, auriesheaua.bell@waldenu.edu

Kim Critchlow DM

Walden University, kim.critchlow@mail.waldenu.edu

Follow this and additional works at: [https://scholarworks.waldenu.edu/sm\\_pubs](https://scholarworks.waldenu.edu/sm_pubs)



Part of the [Business Administration, Management, and Operations Commons](#)

---

### Recommended Citation

Bell, Auriesheaua DBA and Critchlow, Kim DM, "Effective Physician Engagement Strategies for Improving Healthcare" (2022). *School of Management Publications*. 159.

[https://scholarworks.waldenu.edu/sm\\_pubs/159](https://scholarworks.waldenu.edu/sm_pubs/159)

This Article is brought to you for free and open access by the College of Management and Technology at ScholarWorks. It has been accepted for inclusion in School of Management Publications by an authorized administrator of ScholarWorks. For more information, please contact [ScholarWorks@waldenu.edu](mailto:ScholarWorks@waldenu.edu).

## **Abstract**

Middle and senior-level healthcare managers lack physician engagement strategies to help avoid physician burnout. Many physicians leave the healthcare profession due to disengagement, which could cause a significant healthcare crisis. Grounded in the transformational leadership theory, the purpose of this qualitative single case study was to explore the engagement strategies healthcare middle and senior-level managers used to help avoid physician burnout. Participants comprised seven middle and senior-level healthcare managers with a minimum of five years of employee management experience who effectively used physician engagement strategies to help avoid physician burnout at a Central Pacific United States healthcare organization. Data were collected from semistructured interviews via telephone, reflective journal, and publicly available media and organizational documents. Thematic analysis was used to analyze the data. Three themes emerged: developing meaningful relationships, encouraging career progression and professional development, and fostering a culture of understanding. A key recommendation for middle and senior-level healthcare managers is to take the time initially to get to know the goals of each physician. The implication for positive social change includes implementing success strategies for increased physician engagement in helping to address socioeconomic disparities for patients within the community who can benefit from healthier lifestyles.

**Keywords:** healthcare, engagement, engagement strategies, burnout, transformational leadership, career progression, professional development, socioeconomic disparities

## **Introduction and Background**

Physician engagement has become a strategic goal in many healthcare institutions (Perreira et al., 2018). The ever-changing healthcare environment and the need to increase safety while delivering quality care requires a high level of physician engagement on a global scale. Physician engagement is a two-way communication initiative that requires both physicians and managers to work together (Kaissi, 2014). Healthcare managers can implement and follow several key strategies to improve engagement outcomes for physicians, communities, and the organization. The purpose of this qualitative single case study was to explore successful strategies that middle and senior-level healthcare managers have used to increase physician engagement.

It is estimated that 10% of general practitioners and between 37% to 61% of specialty providers experience the effects of physician disengagement due to burnout (Underdahl et al., 2017). Physician disengagement may cause more younger than older physicians to disengage in delivering clinical services from the burnout and walk away from the profession (del Carmen et al., 2019). Healthcare organization leaders may realize that negative financial implications and public health concerns result if solutions cannot be found for organizational physician engagement issues. Healthcare organization leaders consistently battle high physician burnout (Collins et al., 2015). Although healthcare organization leaders recognize physician engagement issues, few have effective physician engagement strategies (Chokshi & Swensen, 2019).

## **Problem Statement**

Over 40% of U.S. physicians experience burnout and feel disengaged (Owens et al., 2017). Disengaged physicians cost organizations an average of \$800,000 per year in lost revenue (Olson, 2017). The general business problem is that there often is a negative effect of physician

disengagement on profitability in healthcare organizations. The specific business problem is that some middle and senior-level healthcare managers lack engagement strategies to help avoid physician burnout.

### **Purpose Statement**

The purpose of this qualitative single case study was to explore the engagement strategies middle and senior-level healthcare managers used to help avoid physician burnout. The targeted population comprised seven middle and senior-level healthcare managers at a Central Pacific United States healthcare organization with successfully engaged physicians. Middle and senior-level healthcare managers can use the results of this study to contribute to positive social change by enhancing understanding of effective physician engagement strategies, which can result in the delivery of higher-quality health care. Engaged physicians demonstrate increased participation during decision-making processes about patient safety and quality care, which could produce improved patient well-being at lower costs.

### **Conceptual Framework**

Burns (1978) postulated the transforming leadership theory in its earliest forms, which Bass (1985) further expounded upon and later renamed transformational leadership theory and served as the conceptual framework for this study. Bass expanded on the seminal work of Burns by identifying four components of transformational leadership, notably: individualized consideration, inspirational motivation, idealized influence, and intellectual stimulation. Transformational leaders promote innovation and welcome new opportunities to challenge the organizational status quo (Xenikou, 2017) while using a combination of intelligence, style, and personality to encourage followers to utilize individual talents to achieve success (Al-Sawai, 2013). Al-Sawai further expressed that transformational leader look beyond tasks to inspire, motivate, and empower employees far beyond individual perceived potential. Korejan and Shahbazi (2016) described how transformational leaders accept fresh ideas and perspectives to achieve organizational success. McCleskey (2014) described a transformational leader as an individual who sees followers' unrecognized skill sets and persuades them to use those skills for the advancement of the organizations. Transformational leadership theory, as envisioned by Burns and Bass, provided the lens through which strategies healthcare managers use to engage physicians was explored.

### **A Review of the Professional and Academic Literature**

#### **Engagement**

There is no single agreed-upon meaning for employee engagement (Shuck et al., 2017). Kahn (1990) defined engagement as "harnessing of organizational members' selves to their work roles" (p. 381). Gozukara and Simsek (2016) defined engagement as an increased level of energy or work involvement, noting that engaged employees want to show up and perform well at work. People conduct themselves in physical, cognitive, and emotional ways, and disengagement with all those elements could cause an employee to become withdrawn and guarded (Kahn, 1990). Engaged employees possess physical, cognitive, and emotional energies to achieve task-oriented goals when positive attitudes about work are valued (Kahn, 1990). Transformational leadership theory is a core theory for improving employee engagement (Xu, 2017). Unmotivated employees experience burnout, subsequently disengaging and becoming disenfranchised (Wirba, 2017). Employee disengagement is a global problem and a significant threat to organizations (Motyka,

2018). Over half of employees are disengaged at work (Adeyami, 2018). Although there have been numerous studies on employee engagement, few employers know how to define and measure employee engagement (Bailey et al., 2017; Byrne, et al., 2016). Employers cannot afford to ignore the growing problem of employee disengagement, as worker withdrawal negatively impacts organizational profits and performance. Although scholars have emphasized the positive impact of transformational leadership on employee engagement and behaviors, it is not effective with poor transformational leadership efforts. Employee engagement, according to the literature reviewed, is no longer solely the responsibility of the employee, but rather what actions and resources organizational managers potentially need to provide (Bailey et al., 2017).

### **Burnout**

As applied to the healthcare industry, Patel et al. (2018) defined burnout as a psychological feeling that can cause physicians to experience burnout and become overwhelmed, which can potentially affect overall functioning throughout a workday. Burnout has personal implications and can cause physicians to feel worthless and drained. Burnout also has direct effects on a healthcare organization, as physicians can transfer this feeling to patients. Over half of primary care physicians and internal medicine physicians stated, if given a chance to make a second decision, would choose a different specialty (Babenko, 2018). Montgomery (2016) alluded that physicians, especially younger physicians, burn out at a faster rate than seasoned physicians, something that held true worldwide. Swensen et al. (2016) suggested that certain factors are contributors to burnout from both organizational and personal standpoints, including excessive workload, autonomy, sleep deprivation, and death of a patient. Physician burnout levels increased from 40% in 2013 to 46% in 2015 (Peckham, 2015). Physician burnout increases financial and production costs within healthcare organizations. Organizational leaders should try to understand physician well-being and work-life balance and the effects on physician engagement.

### **Well-Being**

Many definitions of well-being exist, including physical and psychological descriptions (Anderson, 2017). Vila-Vazquez et al. (2018) remarked how leaders play vital roles in employee engagement and well-being. Scholars and practitioners must strive to understand the effects of work-life balance on physicians' engagement and well-being (McMurchy, 2018). Physicians in organizations with supportive cultures who feel engaged, respected, and included are less likely to experience burnout, excessive stress, and mental and physical fatigue (Shanafelt & Noseworthy, 2017). Montgomery (2016) identified the negative impact of organizational culture and incompatible leadership styles on physicians' well-being. Korejan and Shahbazi (2016) explained how work-life balance requires leaders to understand the effects of organizational culture on employee engagement and satisfaction.

### **Performance of Organizational Influence**

Kumar and Pansari (2016) reported that 84% of engaged employees contribute positively to organizational performance, a finding with which just 31% of disengaged employees believed. Asrar-ul-Haq and Anwar (2018) discussed the benefits of transformational leadership on long-term organizational goals. Transformational leaders influence followers to change negative attitudes and behaviors into a renewed commitment to the organization's vision and strive to exceed past performances (Ghasabeh & Provitera, 2017). Whereas Ghasabeh and Provitera

focused solely on followers' behaviors, Wu et al. (2010) suggested studying the behaviors of both transformational leaders and followers to combat disengagement and improve performance. Disengaged employees also affect an organization financially.

### **Financial Organizational Influence**

Engaged physicians garner more profits through active organizational involvement (Underdahl et al., 2017). Engaged physicians potentially can improve organizational competitive advantage (Rabkin et al., 2019). Korejan and Shahbazi (2016) warned employers who want to compete in the future and on a global scale need transformational leaders. The cost of failed leadership and employee engagement practices costs U.S. organizations almost \$1 trillion annually (Wigert, 2018). Rastogi et al. (2018) advised employers to stay aware of disengaged employees, as extremely high numbers of disengaged workers could lead to financial disaster. Bersin (2014) cautioned employers that financial performance directly correlates with employee engagement. Osborne and Hammoud (2017) found that U.S. employers who take strategic employee engagement seriously see increased production and financial results. When employees engage, organizations' bottom lines increase, thus improving employers' output so they can share in the gains (Gupta et al., 2015).

### **Transformational Leadership and Physician Engagement**

Transformational leadership is the most identified leadership style needed for changes in the healthcare industry. Transformational leaders have more than just management skills; they can tap into the hidden capabilities of all healthcare providers to elicit the best performance (Alexander & Ruffin, 2015). Delmatoff and Lazarus (2014) described how transformational leaders must navigate the fear of change in all levels of healthcare delivery while overcoming the uncertainty of change. Vila-Vazquez et al. (2018) reported that transformational leaders influence employees and promote positive engagement. Transformational leaders focus on organizational tasks and invest in individual employee needs. Organizational leaders who want to gain or maintain competitive advantages are more likely to invest in physician engagement strategies.

### **Method**

#### **Purpose, Research Question, Population, and Design**

The purpose of this qualitative single case study was to explore the engagement strategies middle and senior-level healthcare managers used to help avoid physician burnout. The targeted population comprised seven middle and senior-level healthcare managers at a Central Pacific United States healthcare organization with successfully engaged physicians. Participants were selected through purposeful sampling, with participation criteria of middle to senior-level healthcare managers with five years or more of management experience. Middle and senior-level healthcare managers can use the results of this study to contribute to positive social change by enhancing understanding of effective physician engagement strategies, which can result in the delivery of higher-quality health care. Engaged physicians demonstrate increased participation during decision-making processes about patient safety and quality care, which can produce improved patient well-being at lower costs. The main research question being asked:

What engagement strategies do middle and senior-level healthcare managers use to help avoid physician burnout?

The following interview questions were significant in exploring the research question:

1. Based on your experience in your organization, what effect does physician engagement have on the organization as a whole?
2. How did you implement strategies for physician engagement to avoid burnout?
3. What key obstacles did you and your employees overcome to implement successful physician engagement strategies?
4. How did you overcome key obstacles to implement successful physician engagement strategies?
5. How did physicians respond to the strategies?
6. How did your organizational leaders measure the success of the implemented physician engagement strategies?
7. What strategies were the most effective for improving physician engagement?
8. What were the least effective physician engagement strategies, if any?
9. What additional information would you like to share about your successful physician engagement strategies?

### **Reliability, Validity, Data Saturation, and Analysis**

Researchers potentially can ensure accuracy and consistency by considering and implementing measures to enhance reliability and validity in respect of the study results (Bolarinwa, 2015).

Researchers, who want to improve the reliability of the results presented, most likely can by removing any personal or research biases (Nandi & Platt, 2017). Reliability can be described best as when researchers consider gathered results over time and try to offer stability within results found, ensuring these results can be repeated (Hayashi Jr. et al., 2019).

Validity, or credibility, refers to the actual meanings of data collected from participants (Moon et al., 2016). Member checking technique is a process necessary for data collection verification purposes (McGrath et al., 2018). Member checking was used for all participants to gain an in-depth understanding of the successful strategies used by middle to senior-level healthcare managers from the Central Pacific organization. The interview protocol was used to help build rapport with participants before formal interviews were conducted. Member checking was conducted with all participants before data analysis began; helping to ensure all responses were accurately recorded. During the member checking process, the managers were able to make any needed corrections to interview transcripts and validate the collected data. Secondary data used was obtained from publicly available documents and meeting agendas.

Researchers achieve data saturation when no new data emerges from additional participants (van Rijnsoever, 2017). Data saturation occurs when interviews no longer provide new information. Researchers achieve greater detail and benefits from data collection when interviewees offer insight into the topic and can easily expand upon answers based on personal experiences (Wolff et al., 2018). Data saturation was achieved by data triangulation, using semistructured interviews, and reviewing archival data to validate the data collected and presented. This approach, including an interpretation of the collected data and the results, all contributed to enhancing the credibility of this study. Data triangulation was used to confirm the data collected from participating middle and senior-level healthcare managers' semistructured interviews and the healthcare organization's archival data. Thematic analysis was utilized from the interviews to

gain in in-depth understanding of the phenomenon. Belotto (2018) recommended color-coding data to identify potential and emerging themes.

### **Presentation of the Findings**

Three themes were identified from the interviews from seven middle and senior-level healthcare managers from one organization. The themes were: (a) developing meaningful relationships, (b) encouraging career progression and professional development opportunities, and (c) fostering a culture of understanding despite bureaucratic obstacles.

#### **Theme 1: Developing Meaningful Relationships**

Yeomans and FitzPatrick (2017) alluded that successful leaders understand how investing time into getting to know employees by building relationships helps to increase employee engagement. Alexander and Ruflin (2015) described how transformational leaders can draw out talents from healthcare providers that increases engagement and helps avoid burnout. Burns (1978) initial description of transformational leadership focused on the relationship between the leader and the follower and the outcomes that could be achieved through this partnership if the relationship was meaningful.

Middle and senior-level healthcare managers conveyed better responses were received from physicians when meaningful approaches to relationships had been previously established based on (100%) of participant responses. This was evidenced as P3 stated, “putting faces to names and having a meaningful conversation during initial meetings made the difference when corrective changes needed to be made or feedback sessions were warranted to discuss deficiencies.” When managers develop relationships, it helps to show physicians their voices are being heard. P4 shared, “establishing relationships along with face-to-face discussions is necessary in the workplace and has helped physicians feel as if they were important.”

While the literature reviewed does not provide a solid definition of meaningful relationships, many physicians have their personal definition of what the term means and the actions that do not measure up. Middle and senior-level managers wanting to seek ways to connect on a personable level should understand certain gestures may seem genuine but may do more harm than good to foster a meaningful relationship. P2’s perspective, having managed large to small groups of physicians, has understood that when managing physicians, the effectiveness of taking a few moments to ask questions of new or newly assigned physicians regarding their goals and expectations increases the physician’s engagement level. P7 shared, I let residents and staff know who I am as a person, as a professional. I invest in the time to make the connections. This observation by management is easier to recognize when adequate time has been taken to get to know physicians and developing a working relationship. In comparison, P5 believed having direct engagement on a personal level and not treating physicians like they are “simply a metric” is an important aspect of the meaningful relationship.

All participants in different ways have incorporated humanistic approaches to show compassion and concern, not only for the practitioner assigned to care for patients, but also the person, the human being, who simultaneously has their own life issues and concerns to balance. Getting to know people and understanding their lack of engagement may not be a chronic personnel issue, but due to life concerns at the present time. The workweek for most employees in the United



States is well beyond the outdated 40-hour model (Bartels et al., 2019). Therefore, middle and senior-level healthcare managers must understand how physicians are constantly balancing personal with professional life. P2 explained, “physicians who have a new family member may be balancing as many tasks as they can and may not be able to handle additional duties.”

P2 stated, “there is an advantage to getting to know people, developing those relationships, demonstrating that as a manager, there is more than just the professional expectations that are being considered. “Establishing meaningful relationships early on” makes for an easier task to pair organizational needs with personal interests. Qi et al. (2019) described the impact of inclusive leadership and the impact it has on employees. The authors voiced establishing meaningful leadership relationships has a direct effect on employee perceptions of the organization as well as their behaviors within the organization. Healthcare organizations cannot provide quality healthcare without understanding how relationships between management and physicians affect all involved stakeholders (Milliken, 2014). Korejan and Shahbazi (2016) cautioned transformational leaders to invest in employee engagement otherwise the organization’s future for global competitive advantage would be non-existent. Participants’ strategy of developing meaningful relationships aligns with findings from Schwartz and Porath (2014) who suggested when transformational leaders can meet basic needs, employees will perform well.

The transformational leadership theory is exemplified when leaders infuse positivity into subordinates by assisting with identifying areas where change is needed, developing a plan, and executing the plans to implement the changes (Arif & Akram, 2018). Burns (1978) advocated in findings how leaders who execute transformational leadership approaches when leading employees can have positive outcomes.

## **Theme 2: Encouraging Career Progression and Professional Development Opportunities**

The second theme was encouraging career progression and professional development opportunities. Bartels et al. (2019) posited well-being is more than an emotion, but for employees it also involves development and growth, personally and professionally. Reza (2019) described the importance of leaders pushing employees beyond their comfort zone to achieve personal, professional, and organizational success. Like Reza’s findings, P2 stated getting to know physicians’ strengths and weaknesses helps with engagement; whatever those are, “find them out and exploit them.” P1 affirmed residents need engaged mentors during their residency for an enhanced educational experience that potentially will make for a more well-rounded physician.

P2 emphasized finding out what motivates a physician to get out of bed is just as important as the credentials and skills he or she possesses. Knowing your people and the niches that spark their interest early on can work to the advantage of the manager and the organization as well. Organizational needs that arise are better paired with the right physician that best fits the vacancy need because of “personal insight into the physician and who they are and what their interests are,” “Great leaders and managers,” advised by P2, “understand where people are in their career and make mental notes of how certain opportunities can set them apart when it is time for promotions or career advancements.”

When physicians are given the opportunity to be innovative and creative, their sense of empowerment is stimulated that produces results far beyond the employee's perceived potential (Al-Sawai, 2013). Physicians can improve discrepancies that are critical to quality healthcare sometimes by visually seeing how their role impacts the continuum of care. P3 described how simple tasks like "telephone consults" can impact the next level of care if not handled properly. Demonstrating the proper way to document and explaining the importance of what may seem to be a mundane task is an opportunity for physicians to visually understand how documentation can affect a patient's care at all levels. The next level of care is dependent on physicians providing the best care and being thorough.

Wirba (2017) cautioned managers that burnout causes employees to become disenfranchised, which leads to other negative outcomes for the organization. For healthcare, this would be further compounded, and negative outcomes would be passed to the patients as well. P5 recommended leaders and managers connect the dots between growth and process improvement projects. Transformational leaders can help employees overcome challenges that may inhibit growth by supporting desired professional development and providing opportunities for improvement (Gozukara & Simsek, 2016). Job performance and productivity are best achieved when middle and senior-level healthcare managers help physicians understand there is a genuine concern for career progression. P5 supports career development by conducting "senior rater sessions" and going over "individual development plans" to help physicians "think about their goals five to 10 years out." One important opportunity for future career progression, P5 noted, are fellowships. Fellowships opportunities for physicians can affect whether a physician remains with an organization or may potentially be forced to seek new employment ventures. P4 stressed the idea that ultimately physicians will take ownership and initiative to become involved in organizational opportunities for career progression and professional development. The potential reward is a stronger physician professionally who has been reformed on subpar practices, provided opportunities for advancement, patients who potentially will receive improved quality of care, and a profitable and productive organization.

Ghasabeh and Provitera (2017) suggested leaders potentially can foster opportunities for employees to collaborate on projects that lead to organizational improvements. In support, healthcare organizations are depending on healthcare managers to engage with physicians to understand their needs professionally and personally to meet the needs of the organization (Al Khajeh, 2018). The participants' strategy of encouraging career progression and professional development opportunities supports the facet of idealized influence where managers implementing collaborative approaches that provide influence on the career of physicians and the needs of the organization. Fletcher et al. (2018) discussed the positive outcomes because of an employees' ability to grow professionally and the freedom to be successful when provided the opportunities. For healthcare organizations, engaged physicians who see themselves as successful and thriving, possibly become more active in the organization's overall goals.

Participants from this study who invested in employees saw positive results in employee engagement and increased organizational support. The middle to senior-level healthcare managers also helped to foster organizational connections with personal interests to increase the promotion potential of physicians while also supporting organizational objectives. Transformational leaders can support organizational needs while simultaneously focusing on the

needs of physician employees. Alexander and Ruffin (2015) discovered transformational leaders understand best how to draw out the hidden talents in employees and stimulate them to produce higher than average productivity output. Fletcher et al. (2018) mentioned transformational leaders could lead followers in becoming successful as well as fostering organizational success. Employees want work efforts to be considered as meaningful and valued by all stakeholders (van Wingerden and Stoep, 2018). Collaborative approaches to goals for the organization as well as the employee, often leads to an improved vision and connections in the workplace (Ghasabeh & Provitera, 2017). Transformational leaders usually inspire employees to create success for themselves while fostering success for the organization (Fletcher et al., 2018).

### **Theme 3: Fostering a culture of understanding despite bureaucratic obstacles**

The third and final theme that emerged from data analysis was how middle and senior-level healthcare managers embraced fostering a culture of understanding despite bureaucratic obstacles. One of the first bureaucratic obstacles is the hiring process. Physician hires can have an impact on the organization through productivity and profitability (Yanchus et al., 2020). P4 articulated leaders must be active in the organization's hiring practices as this continuously has an impact on the continuum of care.

All participants agreed that having a culture where physicians can be human and make mistakes but learn from those mistakes is necessary. Managers also stated that there is an importance to correcting, but not crushing the spirit of the physician. P5 stated leaders can support physicians and their concerns and suggested solutions but maintain an understanding that some remedies "are not plausible or palatable." P7 noted "cultural barriers" initially prevented clinic progress and team cohesion. However, as time went on, those barriers were broken due to strategies to foster teamwork and physician empowerment. Sun and Henderson (2017) urged managers to use multiple approaches and strategies to improve physician engagement. The following table represents the number of times participants emphasized specific actions important to supporting physician engagement strategies.

### **Application to Professional Practice**

The objective of this single case study was to explore successful strategies middle and senior-level healthcare managers use to help avoid physician burnout in the Central Pacific. The data from successful strategies implemented by participants was collected through interviews, and thereafter transcribed, supplemented with meeting notes, publicly available documents, and audiovisual online media testimonials. From the analysis of the interviews, I identified three themes: (a) developing meaningful relationships, (b) encouraging career progression and professional development opportunities, and (c) fostering a culture of understanding despite bureaucratic obstacles.

When middle and senior-level healthcare managers develop meaningful relationships, encourage career progression and professional development opportunities, and foster a culture of understanding despite bureaucratic obstacles healthcare managers can possibly reduce the organizational cost for medical errors and the negative financial effects of disengaged physicians. Medical errors can lead to costly lawsuits for healthcare organizations and potentially death for patients. Medical errors have been shown to be related to burnout and disengaged physicians (West et al., 2018). Shanafelt et al. (2017) discussed how managers fail to recognize

the connection between physician engagement and organizational performance. Babenko (2018) expounded on the negative effects of physician engagement from burnout and exhaustion and what it costs the organization. Employee disengagement can have negative financial implications. The loss in revenue prevents organizations from financial increase and potentially effects the organization's ability to provide quality care.

As described in Theme 1, the relationships helped employees and managers cultivate a sense of trust amongst each other. From the physician's vantage point, when conversations or corrections were needed, the foundation had previously been established so there were no misconceived thoughts on the intentions of the manager. By establishing relationships and getting to know physicians, managers were able to gather information on areas in the physician's lives that may impact their engagement with their duties and burnout.

Another strategy used by managers was matching organizational needs with professional interests. Managers discussed how physicians were tasked with many additional duties that were not always of interest to them. As discussed in Theme 2, when managers were informed of areas of need within the organization, knowing physicians and their interests in areas outside of their job, helped pair the physicians with the organization need. Another strategy used by participants was holding feedback sessions to further evaluate professional knowledge, skills, and abilities. This one-on-one session provided an opportunity for physicians to discuss and make note of areas of improvement. Teamwork and collaboration were actions that were implemented to achieve organizational and professional goals.

Healthcare managers who understand the correlation between engaged physicians and organizational profitability potentially may implement tailored strategies that help to deliver better quality of care and increase organizational competitive advantage. (Underdahl et al., 2017). It is important for healthcare organizations to ensure engaged physicians are delivering quality care due to value-based care delivery models being used ("What is value-based healthcare?" 2017). The cost for disengaged physicians coupled with failed leadership and management costs U.S. businesses an estimated \$1 trillion annually (Wigert, 2018). Healthcare leaders and managers may encounter decreased employee engagement if there is not an understanding on how to implement successful engagement strategies. Healthcare organizations potentially could use revenue generated from engaged physicians to invest in modern medical equipment and technologies that may directly impact patients and the communities in which they live in, according to results from Owens et al. (2017). The effects of increased engagement and avoiding physician burnout has a global effect as well. Motyka (2018) described employee engagement as a global problem. Efforts to implement strategies to increase engagement and avoid physician burnout has the potential to affect the world's healthcare outcomes.

### **Recommendations for Further Research**

Middle and senior-level healthcare managers in any healthcare organization may want to consider the findings from this study. Healthcare hiring managers looking for ways to attract and retain qualified physicians might consider, outside of financial compensation, the qualities physicians are looking for in an organization. A future researcher may also use a multicase study, or consider a different methodology, notably, a quantitative study or mixed methods study to explore successful engagement strategies middle and senior-level healthcare managers use to help avoid physician burnout. A further in-depth understanding of the phenomenon may be

obtained from data collected and analyzed from other healthcare organizations on implementation of successful engagement strategies that help avoid physician burnout.

### **Final Thoughts**

The lack of successful implemented strategies and the negative impact on employees, patients, and healthcare organizations was the reason why to better understand how physician engagement affects the overall success of the organization. For those managers who were interviewed, their varying leadership roles provided a unique viewpoint of different strategies utilized within the healthcare organization. As a result of the varying roles of the participants, some interviews provided insight into strategies as leaders, but also as physician employees. However, responses provided a more in-depth perspective from the participants from their role as a manager.

This qualitative single case study was solidified by exploring transformational leadership theory. The purpose of this qualitative single case study was to explore successful strategies middle and senior-level healthcare managers used to help avoid physician burnout. Engagement is an important aspect for any healthcare organization as it directly impacts productivity and profitability. Physician engagement can play an important role in an organization's productivity and profitability. Only 34% of US employees are engaged at work (Commons et al., 2018). Healthcare organizations cannot afford the astronomical cost of disengagement and therefore need actively engaged physicians. Engagement is an ongoing business problem that requires continuous research according to the literature reviewed. There are many challenges, internally and externally, for managers to develop successful strategies, which can potentially help increase profitability, productivity, and improve competitive advantage within the organization, local communities, and the global healthcare industry. Middle and senior-level healthcare managers may use the findings from this study and the identified themes to assist with implementing strategies to improve engagement and help avoid physician burnout.

### **References**

- Adeyami, A. A. (2018). *Strategies business managers use to engage employees in the chemical industry* (Publication No. 10929454) [Doctoral dissertation, Walden University]. ProQuest Dissertations and Theses Global.
- Al Khajeh, E. H. (2018). Impact of leadership styles on organizational performance. *Journal of Human Resources Management Research*, 2018, 1-10, Article 687849. <http://ibimapublishing.com/articles/JHRMR/2018/687849/>
- Al-Sawai, A. (2013). Leadership of healthcare professionals: Where do we stand? *Oman Medical Journal*, 28(4), 285-287. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3725246/>

- Alexander, C., & Rufin, P. (2015). Changing healthcare landscape demands transformational leaders. *Beckers Hospital Review*. <https://www.beckershospitalreview.com/hospital-management-administration/changing-healthcare-landscape-demands-transformational-leaders.html>
- Anderson, V. (2017). Criteria for evaluating qualitative research. *Human Resource Development Quarterly*, 28(2), 125–133. <https://doi.org/10.1002/hrdq>
- Arif, S., & Akram, A. (2018). Transformational Leadership and Organizational Performance. *SEISENSE Journal of Management*, 1(3), 59–75. <https://doi.org/10.33215/sjom.v1i3.28>
- Asrar-ul-Haq, M., & Anwar, S. (2018). The many faces of leadership: Proposing research agenda through a review of literature. *Future Business Journal*, 4(2), 179-188. <https://doi.org/10.1016/j.fbj.2018.06.002>
- Babenko, O. (2018). Professional well-being of practicing physicians: The roles of, competence, and relatedness. *Healthcare (Basel)*, 6(1), 12. <https://doi.org/10.3390/healthcare6010012>
- Bailey, C., Madden, A., Alfes, K., & Fletcher, L. (2017). The meaning, antecedents and outcomes of employee engagement: A narrative synthesis. *International Journal of Management Reviews*, 19(1), 31-53. <https://doi.org/10.1111/ijmr.12077>
- Bartels, A. L., Peterson, S. J., & Reina, C. S. (2019). Understanding well-being at work: Development and validation of the eudaimonic workplace well-being scale. *PLOS ONE*, 14(4), e0215957. <https://doi.org/10.1371/journal.pone.0215957>
- Bass, B. M. (1985). *Leadership and performance beyond expectations*. The Free Press.
- Belotto, M. J. (2018). Data analysis methods for qualitative research: Managing the challenges of coding, interrater reliability, and thematic analysis. *Qualitative Report*, 23(11), 2622-2633. <https://nsuworks.nova.edu/tqr/vol23/iss11/2>
- Bersin, J. (2014, March 15). Why companies fail to engage today's workforce: The overwhelmed employee. *Forbes*. <https://www.forbes.com/sites/joshbersin/2014/03/15/why-companies-fail-to-engage-todays-workforce-the-overwhelmed-employee/?sh=7fd235b54726>
- Bolarinwa, O. A. (2015). Principles and methods of validity and reliability testing of questionnaires used in social and health science researches. *Nigerian Postgraduate Medical Journal*, 22(4), 195-201. <https://www.npmj.org/text.asp?2015/22/4/195/173959>
- Burns, J. M. (1978). *Leadership*. Harper and Row.
- Byrne, Z. S., Peters, J. M., & Weston, J. W. (2016). The struggle with employee engagement: Measures and construct clarification using five samples. *Journal of Applied Psychology*, 101(9), 1201-1227. <https://doi.org/10.1037/apl0000124>
- Chokshi, D. A., & Swensen, S. (2019, August 8). Leadership survey: Why clinicians are not engaged, and what leaders must do about it. *NEJM Catalyst*, 5(4). <https://catalyst.nejm.org/doi/full/10.1056/CAT.19.0630>
- Collins, S., McKinnies, R. C., Matthews, E. P., & Collins, K. S. (2015). A ministudy of employee turnover in US hospitals. *The Health Care Manager*, 34(1), 23-27. <https://doi.org/10.1097/hcm.0000000000000038>
- Commons, M. L., Miller, P. M., Ramakrishnan, S., & Giri, S. (2018). Employee management using behavioral developmental theory. *Behavioral Development*, 23(1), 22–33. <https://doi.org/10.1037/bdb0000072>

- del Carmen, M. G., Herman, J., Rao, S., Hidrue, M., Ting, D., Lehrhoff, S. R. Lentz, S., Heffernan, J., & Ferris, T. G. (2019). Trends and factors associated with physician burnout at a multispecialty academic faculty practice organization. *JAMA Network Open*, 2(3), Article e190554. <https://doi.org/10.1001/jamanetworkopen.2019.0554>
- Delmatoff, J., & Lazarus, I. R. (2014). The most effective leadership style for the new landscape of healthcare. *Journal of Healthcare Management*, 59(4), 245-249. <https://doi.org/10.1097/00115514-201407000-00003>
- Fletcher, K. A., Friedman, A., & Piedmonte, G. (2018). Transformational and transactional leadership in healthcare seen through the lens of pediatrics. *The Journal of Pediatrics*, 204, 7-9. <https://doi.org/10.1016/j.peds.2018.10.007>
- Ghasabeh, M. S., & Provitera, M. J. (2017). Transformational leadership: Building an effective culture to manage organizational knowledge. *Journals of Value-Based Leadership*, 10(2), Article 7. <http://dx.doi.org/10.22543/0733.102.1187>
- Gozukara, I., & Simsek, O. F. (2016). Role of leadership in employees' work engagement: organizational identification and job autonomy. *International Journal of Business Management*, 11(1), 72-84. <https://doi.org/10.5539/ijbm.v11n1p72>
- Gupta, M., Ganguli, S., & Ponnampalani, A. (2015). Factors affecting employee engagement in India: A study on offshoring of financial services. *The Qualitative Report*, 20(4), 498-515. <https://nsuworks.nova.edu/tqr/vol20/iss4/11/>
- Hayashi, P., Abib, G., & Hoppen, N. (2019). Validity in qualitative research: A processual approach. *Qualitative Report*, 24(1), 98-112. <https://nsuworks.nova.edu/tqr/vol24/iss1/8>
- Kahn, W. A. (1990). Psychological conditions of personal engagement and disengagement at work. *Academy of Management Journal*, 33(4), 692-724. <http://222.jstor.org/stable/256287>
- Kaissi, A. (2014). Enhancing physician engagement: An international perspective. *International Journal of Health Services*, 44(3), 567-592. <https://doi.org/10.2190/HS.44.3.h>
- Korejan, M. M., & Shahbazi, H. (2016). An analysis of the transformational leadership theory. *Journal of Fundamental and Applied Sciences*, 8(3), 452-461. <http://dx.doi.org/10.4314/jfas.v8i3s.192>
- Kumar, V., & Pansari, A. (2016). Competitive advantage through engagement. *Journal of Marketing Research*, 53(4), 497-514. <https://doi.org/10.1509/jmr.15.0044>
- Li, H., Sajjad, N., Wang, Q., Ali, A. M., Khaqan, Z., & Amina, S. (2019). Influence of transformational leadership on employees' innovative work behavior in sustainable organizations: Test of mediation and moderation processes. *Sustainability*, 11(6), 1594. <https://doi.org/10.3390/su11061594>
- McCleskey, J. A. (2014). Situational, transformational, and transactional leadership and leadership development. *Journal of Business Studies Quarterly*, 5(4), 117-130. <http://jbsq.org/>
- McGrath, C., Palmgren, P. J., & Liljedahl, M. (2018). Twelve tips for conducting qualitative research interviews. *Journal of Medical Teacher*, 41(9), 1002-1006. <https://doi.org/10.1080/0142159X.2018.1497149>
- McMurphy, D. (2018). *Evidence synthesis: Strategies and approaches to enhance family physician engagement*. ResearchGate. [https://www.researchgate.net/publication/330765139\\_Evidence\\_Synthesis\\_Strategies\\_and\\_Approaches\\_to\\_Enhance\\_Family\\_Physician\\_Engagement](https://www.researchgate.net/publication/330765139_Evidence_Synthesis_Strategies_and_Approaches_to_Enhance_Family_Physician_Engagement)



- Milliken, A. D. (2014). Physician engagement: A necessary but reciprocal process. *Canadian Medical Association Journal*, 186(4), 244-245. <https://doi.org/10.1503/cmaj.131178>
- Montgomery, A. J. (2016). The relationship between leadership and physician well-being: A scoping review. *Journal of Healthcare Leadership*, 8, 71-80. <https://doi.org/10.2147/jhl.s93896>
- Moon, K., Brewer T. D., Januchowski-Hartley, S. R., Adams, V. M., & Blackman, D. A. (2016). A guideline to improve qualitative social science publishing in ecology and conservation journals. *Ecology and Society* 21(3), 17. <http://dx.doi.org/10.5751/ES-08663-210317>
- Motyka, B. (2018). Employee engagement and performance: A systematic literature review. *International Journal of Management and Economics*, 54(3), 227-244. <https://doi.org/10.2478/ijme-2018-0018>
- Nandi, A., & Platt, L. (2017). Are there differences in responses to social identity questions in face-to-face versus telephone interviews? Results of an experiment on a longitudinal survey. *International Journal of Social Research Methodology*, 20(2), 151-166. <https://doi.org/10.1080/13645579.2016.1165495>
- Northouse, P. G. (2016). *Leadership: Theory and practice* (7th ed.). Sage.
- Olson, K. D. (2017). Physician burnout: A leading indicator of health system performance? *Mayo Clinic Proceedings*, 92(11), 1608-1611. <https://doi.org/10.1016/j.mayocp.2017.09.008>
- Osborne, S., & Hammoud, M. S. (2017). Effective employee engagement in the workplace. *International Journal of Applied Management and Technology*, 16(1), 50-67. <https://doi.org/10.5590/IJAMT.2017.16.1.04>
- Owens, K., Eggers, J., Keller, S., & McDonald, A. (2017). The imperative of culture: A quantitative analysis of the impact of culture on workforce engagement, patient experience, physician engagement, value-based purchasing, and turnover. *Journal of Healthcare Leadership*, 9, 25-31. <https://doi.org/10.2147/JHL.S126381>
- Patel, R. S., Bachu, R., Adikey, A., Malik, M., & Shah, M. (2018). Factors related to physician burnout and its consequences: A review. *Behavioral Sciences (Basel)*, 8(11), 98. <https://doi.org/10.3390/bs8110098>
- Peckham, C. (2015, January 26). Medscape physician lifestyle report 2015 [PowerPoint slides]. Medscape. <http://www.medscape.com/features/slideshow/lifestyle/2015/public/overview>
- Perreira, T., Perrier, L., Prokopy, M., & Jonker, A. (2018). Physician engagement in hospitals: A scoping review protocol. *BMJ Open*, 8(1), Article e018837. <http://dx.doi.org/10.1136/bmjopen-2017-018837>
- Qi, L., Liu, B., Wei, X., & Hu, Y. (2019). Impact of inclusive leadership on employee innovative behavior: Perceived organizational support as a mediator. *PLOS ONE*, 14(2), e0212091. <https://doi.org/10.1371/journal.pone.0212091>
- Rabkin, S. W., Dahl, M., Patterson, R., Mallek, N., Straatman, L., Pinfold, A., . . . Vaghadia, H. (2019). Physician engagement: The Vancouver medical staff association engagement charter. *Clinical Medicine Journal*, 19(4), 278-281. <https://doi.org/10.7861/clinmedicine.19-4-278>
- Rastogi, A., Pati, S. P., Krishnan, T. N., & Krishnan, S. (2018). Causes, contingencies, and consequences of disengagement at work: An integrative literature review. *Human Resource Development Review*, 17(1), 62-94. <https://doi.org/10.1177/1534484317754160>



- Reza, M. H. (2019). Components of transformational leadership behavior. *International Journal of Multidisciplinary Research*, 5(3), 119-124.  
[https://eprajournals.com/jpanel/upload/219am\\_23.Manjurul%20Hossain%20Reza-3052-1.pdf](https://eprajournals.com/jpanel/upload/219am_23.Manjurul%20Hossain%20Reza-3052-1.pdf)
- Schwartz, T., & Porath, C. (2014, June). The power of meeting your employees' needs. *Harvard Business Review Digital Articles*, 2-4. <https://hbr.org/2014/06/the-power-of-meeting-your-employees-needs>
- Shanafelt, T. D., & Noseworthy, J. H. (2017). Executive leadership and physician well-being: Nine organizational strategies to promote engagement and reduce burnout. *Mayo Clinic Proceedings*, 92(1), 129-146. <https://doi.org/10.1016/j.mayocp.2016.10.004>
- Shanafelt, T., Goh, J., & Sinsky, C. (2017). The business case for investing in physician well-being. *JAMA Internal Medicine*, 177(12), 1826-1832.  
<https://doi.org/10.1001/jamainternmed.2017.4340>
- Shaughnessy, M. K., Quinn, M. T., Bhattacharya, A., & Fitzpatrick, J. J. (2018). Transformational leadership practices and work engagement among nurse leaders. *The Journal of Nursing Administration*, 48(11), 574-579.  
<https://doi.org/10.1097/nna.0000000000000682>
- Shuck, B., Osam, K., Zigarmi, D., & Nimon, K. (2017). Definitional and conceptual muddling: Identifying the positionality of employee engagement and defining the construct. *Human Resources Development Review*, 16(3), 263-293.  
<https://doi.org/10.1177/1534484317720622>
- Sun, R., & Henderson, A. C. (2017). Transformational Leadership and Organizational Processes: Influencing Public Performance. *Public Administration Review*, 77(4), 554-565.  
<https://doi.org/10.1111/puar.12654>
- Swensen, S., Kabcenell, A., & Shanafelt, T. (2016). Physician-organization collaboration reduces physician burnout and promotes engagement: The Mayo Clinic experience/Practitioner application. *Journal of Healthcare Management*, 61(2), 105-127.  
<https://doi.org/10.1097/00115514-201603000-00008>
- Underdahl, L., Jones-Meineke, T., & Duthely, L. M. (2017). Reframing physician engagement: An analysis of physician resilience, grit, and retention. *International Journal of Healthcare Management*, 11(3), 243-250.  
<https://doi.org/10.1080/20479700.2017.1389478>
- van Rijnsoever, F. J. (2017). I can't get no saturation: A simulation and guidelines for sample sizes in qualitative research. *PLoS One*, 12(7), Article e0181639.  
<https://doi.org/10.1371/journal.pone.0181689>
- van Wingerden, J., & Van der Stoep, J. (2018). The motivational potential of meaningful work: Relationships with strengths use, work engagement, and performance. *PLOS ONE*, 13(6), e0197599. <https://doi.org/10.1371/journal.pone.0197599>
- Vila-Vazquez, G., Castro-Casal, C., Alvarez-Perez, D., & del Rio-Araujo, L. (2018). Promoting the sustainability of organizations: Contribution of transformational leadership to job engagement. *Sustainability*, 10(11), 1-17. <https://doi.org/10.3390/su10114109>
- West, C. P., Dyrbye, L. N., & Shanafelt, T. D. (2018). Physician burnout: contributors, consequences, and solutions. *Journal of Internal Medicine*, 283(6), 516-529.  
<https://doi.org/10.1111/joim.12752>
- What is value-based healthcare? (2017, January 1).  
<https://catalyst.nejm.org/doi/full/10.1056/CAT.17.0558>

- Wigert, B. (2018). Why healthcare leaders should build a culture of development. Gallup. <https://www.gallup.com/workplace/236129/why-healthcare-leaders-build-culture-development.aspx>
- Wirba, A. V. (2017). The recruitment, selection, and retention practices by family owned small and medium size enterprises in Cameroon. *American Journal of Business Economics and Management*, 5(1), 1-12. <https://www.openscienceonline.com/journal/archive2?journalId=709&paperId=3668>
- Wolff, B., Mahoney, F., Lohiniva, A. L., & Corkum, M. (2018). *The CDC Field Epidemiology Manual*. <https://www.cdc.gov/eis/field-epi-manual/chapters/Qualitative-Data.html>
- Wu, J. B., Tsui, A. S., & Kinicki, A. J. (2010). Consequences of differentiated leadership in groups. *Academic Management Journal*, 53(1), 90-106. <https://doi.org/10.5465/amj.2010.48037079>
- Xenikou, A. (2017). Transformational leadership, transactional contingent reward, and organizational identification: The mediating effect of perceived innovation and goal culture orientations. *Frontiers in Psychology*, 8, 1754. <https://doi.org/10.3389/fpsyg.2017.01754>
- Xu, J. H. (2017). Leadership theory in clinical practice. *Chinese Nursing Research*, 4(4), 155-157. <https://doi.org/10.1016/j.cnre.2017.10.001>
- Yanchus, N. J., Carameli, K. A., Ramsel, D., & Osatuke, K. (2020). How to make a job more than just a paycheck: Understanding physician disengagement. *Health Care Management Review*, 45(3), 245–254. <https://doi.org/10.1097/HMR.0000000000000218>
- Yeomans, L., & FitzPatrick, L. (2017). Internal communication. In *Exploring Public Relations*. Pearson Education. <http://eprints.leedsbeckett.ac.uk>