

**Benefits and barriers of clinical engagement: A qualitative study of perceptions
of medical practitioners and human resource managers in three Victorian public
hospitals**

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ABSTRACT

This paper reports on medical practitioners and hospital human resource managers views of clinical engagement across three Victorian public hospitals. A qualitative study was undertaken with Victorian medical practitioners and human resource managers in three Victorian hospitals. Semi-structured interviews were with 42 senior and junior medical practitioners and human resources personnel. It was found across the three Victorian public hospitals, if medical practitioners were clinically engaged, they reported that they would provide higher quality of patient care. Despite the overwhelmingly positive view held by medical practitioners and human resource managers in regards to clinical engagement, both professional groups reported numerous barriers to clinical engagement within Victorian hospitals.

Key words: employee involvement, learning and development, organisational performance, training, comparative human resource management, pay and rewards

Introduction

Recent enquiries, commissions and reports have identified the need for 'clinical engagement' of medical practitioners. The National Health and Hospital Reform Commission recommended improving clinical engagement through mechanisms to formally and informally involve all health professionals in guiding the management and future directions of health reform (The Australian Government 2010). The Garling Report in New South Wales and the Australian Government health reform plan also consider engaged local clinicians working together with managers and other support staff as a critical prerequisite of modernising the healthcare system (Australian Government 2010; Garling 2008).

In this paper, we take up the challenge using qualitative case study data from three Victorian hospitals. This study aims to determine the definition of clinical engagement, whether stakeholders perceived positive outcomes for; hospitals, doctors and patients and how clinical engagement amongst medical practitioners could be achieved. We argue that despite clinical engagement being beneficial, there are substantial barriers. This paper will seek to examine the perceptions held amongst medical practitioners

and human resource managers in three Victorian public hospitals, in relation to the benefits and barriers of clinical engagement. Using Kahn's (1990) dimensions of employee engagement as an organisational framework, this study examines the perceptions of medical practitioners and human resource managers on clinical engagement in three Victorian public hospitals. This paper will attempt to argue that for clinical engagement to be achieved amongst medical practitioners, Victorian hospitals need to properly implement a high performance work systems framework. High performance work systems can be defined as interconnected human resource management practices that result in superior performance of employees (Zatzick & Iverson 2006). There has been little research of the benefits and barriers of clinical engagement in the academic context and subsequent implications for hospital management.

This paper is organised as follows; first we provide a literature review on the two main concepts of this study, employee engagement and clinical engagement, second, we outline our research methods. Third, the data will be presented. Finally, we discuss and conclude the findings of this paper.

LITERATURE REVIEW

Employee Engagement

Kahn (1990: 694), defined engagement "as the harnessing of organisation members selves' to their work roles; in engagement people employ and express themselves' physically, cognitively and emotionally during their role performances". Kahn (1990) identified three aspects of engagement; cognitive, emotional and physical. Kahn (1990) also identified three dimensions of engagement comprising of; perceptions of meaningful work, availability of personal and organisational resources and psychological safety. There is strong evidence of a positive relationship between engaged employees and their attitudes towards the workplace, such as higher levels of job satisfaction (Leiter, Day, Harvie & Shaughnessy 2007), and with individual performance, including enhanced patient care in the healthcare sector (Harter, Schmidt & Hayes 2002). Research also suggests that organisations with high levels of employee engagement are better performers (Bamruk 2004). As a result human resource managers in

the healthcare sector should have a strong interest in measuring and enhancing employee engagement in organisations.

The management literature is clear that employee engagement is a social process (Little & Little 2006) that is based on exchange relationships (Saks 2006). The healthcare sector is complex and is characterised by well-educated, autonomous professionals such as medical practitioners (Dickinson & Ham 2008; Ham & Dickinson 2008). While there is increasing support for the proposition that human resource management practices in Victorian hospitals are independent of government constraints (Stanton, Young, Bartram & Leggat 2010), there is a strong division of labour in the healthcare sector, which can limit the power that human resource management have in terms of engaging medical practitioners at the organisational level.

Clinical Engagement

Researchers in the healthcare sector have identified the concept of clinical engagement as essential for the implementation of quality improvement activities in areas such as patient care delivery (Berwick 1994; Shortell 1995). Many studies have focused mainly on the engagement of doctors (Armit & Roberts 2009; Buchanan, Jordan, Preston & Smith 1997; Dickinson & Ham 2008; Gatrell & White 1996; Hamilton, Spurgeon, Clark, Dent & Armit 2008; Thallon 2008). This has been referred to as medical engagement (Parvin 2009) and doctor engagement (Gruner 2008). Other institutions, in the United Kingdom and in Australia have referred to this concept as clinical engagement (Gruner 2008; Thallon 2008).

Clinical engagement can be defined as “the degree to which clinicians are integral to the delivery of this purpose, beyond their responsibilities as contractors or employees” (Thallon 2008: 6). There is evidence in healthcare and other sectors that support Kahn’s definition of engagement and link it to positive organisational outcomes (Saks 2006). Clinical engagement is not a new concept. Researchers and managers have identified clinical engagement as critical for successful implementation of quality

improvement activities (Berwick 1994; Shortell 1995). More recently practitioners in the United Kingdom and in Australia have suggested a positive relationship between the engagement of doctors in management and leadership (Doolin 2003; Ellins & Ham 2009), performance appraisals (Gruner 2008) and improvement in patient care. This study aims to determine the definition of clinical engagement, whether stakeholders perceive there will be positive outcomes for hospitals, doctors and patients and how clinical engagement of medical practitioners can be achieved.

METHODS

Given that this study is exploratory, the researchers utilised a case study research approach (Yin 2003), with semi-structured interviews of medical practitioners and human resources personnel in a large Victorian regional hospital, a small rural hospital and a large metropolitan hospital. Semi-structured interviews were conducted, as this permitted researchers to gather rich information on the perceptions held amongst medical practitioner and human resource managers about the benefits and barriers of clinical engagement. As Healy and Perry (2000: 123) have argued, a case study approach with multiple perceptions about a single reality, allows triangulation of several data sources which provide validity as researchers search for convergence.

The large regional hospital is a large tertiary hospital in a regional city employing 3000 staff and offering services in acute care, rehabilitation, psychiatric and aged care. The small rural health service employees 264 staff members and incorporates acute, aged care and community health services. Like the large regional hospital, this small rural health service has grown in size particularly over the last 5 years. The large metropolitan hospital employees over 8000 and encompasses two sites. Ethics approval was obtained from the three hospitals and the researcher's university ethics committee. Participants across the three hospitals were recruited using letters and emails sent out by health service staff on behalf of the researcher. In total there were 42 participants, 26 males and 8 females. A total of 19 senior medical practitioners and 15 junior medical practitioners and 8 human resource employees were interviewed. Participants across the three hospitals, encompassed a variety of positions; directors of

human resources, human resource managers, human resource consultants, directors of clinical departments, senior medical practitioners and junior medical practitioners. The responses were recorded on a digital voice recorder. The interviews were analysed and coded using qualitative software package NViVO.

FINDINGS

Concept of Clinical Engagement

Medical practitioners

The participants in this study were asked to define clinical engagement. All of the senior medical practitioners and human resource managers suggested that clinical engagement could possibly be about medical practitioners' involvement in organisational level activities. In particular a senior medical practitioner from the small rural health service held the view that clinical engagement could be

“a consultative process about involving clinical staff and various community people for positive outcomes” (senior medical practitioner16)

Another view of clinical engagement suggested by two junior and two senior medical practitioners concerned medical practitioners developing a good relationships with their patients.

Generally there were no differences among the metropolitan, regional and rural doctors and human resource managers, about their understanding of clinical engagement. However, one senior medical practitioner perceived clinical engagement to be

“[clinical engagement is]...a cynical exercise by management to ensure doctors are involved in something” (senior medical practitioner6)

Human resource managers

In addition, a senior employment relations manager from the same hospital was asked to define clinical engagement. He believed that clinical engagement was

“looking at the level of engagement of those clinicians in organisational processes” (human resources personnel2)

Outcomes of Clinical Engagement

The medical practitioners and human resource managers across the three Victorian public hospitals believed that a possible benefit of clinical engagement was higher quality of patient care. In the large regional hospital, both senior and junior medical practitioners considered quality of patient care to be a potential outcome of clinically engaged medical practitioners.

Medical practitioners

In the small rural health service, all the senior medical practitioners believed, that a major outcome of clinical engagement may have been better clinical practice. One part-time senior medical practitioner believed that

“no doubt clinical practice improved ” (senior medical practitioner17)

Whilst in the large metropolitan hospital, all the senior medical practitioners supposed that quality enhancement in care delivery could be an outcome of clinical engagement. All of the junior medical practitioners believed that would benefit from greater clinical engagement.

“the outcomes [of clinical engagement] would be a work environment that works effectively, between colleagues and gives the best outcomes for their patients” (junior medical practitioner9)

Human resource managers

In the large metropolitan hospital, the executive director of human resources thought that patients would potentially benefit, if medical practitioners were clinically engaged

....” the way the clinicians engage with their patients [so the relationship between a medical practitioner and patient]” (executive director of human resources)

Despite the overwhelmingly positive view that clinical engagement may have resulted in higher quality care, medical practitioners and human resource managers reported possible substantial barriers to clinical engagement. .

Perceptions of Availability of Personal and Organisational Resources

Part-time employment of senior medical practitioners

Most senior medical practitioners feel that their time is best spent on providing high quality patient care (Ellins & Ham 2009). Over half of the senior medical practitioners interviewed, suggested that it would be difficult to achieve clinical engagement in the public hospital system because part-time doctors do not have the time to engage in wider hospital activities. In contrast, the HR managers across the three hospitals perceived that medical practitioners were supposed to be engaged, as this would benefit, them, the patients and the hospitals they worked for.

Medical practitioners

A part-time senior medical practitioner from the large metropolitan hospital perceived that the part-time nature of senior doctor’s work influenced their levels of clinical engagement. He believed that

“I have no doubt that the greater the fraction they work for the hospital, the greater their commitment to the hospital. They feel more part of the hospital and they’ve got more time to understand what’s happening” (senior medical practitioner18)

Human resource managers

The human resource manager from the small rural health service held the belief that what hinders clinical engagement in the rural Victorian hospitals is that medical practitioners aren't employed on a full-time basis. Clinical engagement may become a financial issue.

“okay so for us ... the number one barrier is we don't employ them [medical practitioners], so we actually we have very everything has to be on negotiated terms to get them involved and for them [medical practitioners]... are you going to pay them?” (human resources personnel4)

Perceptions of Meaningful Work

Culture of medicine

Medicine has a strong professional culture and medical practitioners value their autonomy as professionals (Fitzgerald 1994; Mo 2008). Both senior and junior medical practitioners and human resource managers that were interviewed across the three research sites highlighted the traditional culture of medicine and its affect on the ability of all medical practitioners to be engaged at the organisational level.

Medical practitioners

One part-time senior medical practitioner from the large metropolitan hospital was in the view, that despite management responsibilities of doctors he instructs his residents that patients come first

“I tell my residents that at the end of the day, there's only one thing that matters and that's the patient. Nothing else matters” ” (senior medical practitioner16)

Human resource managers

Whilst, the quality and risk coordinator from the small rural health service, held the view that despite the majority of medical practitioners being part-time in rural areas, they should engage at the organisational level, as it is their duty

“I guess one area is probably being able to get staff to participate and get them involved [or clinically engaged] in the [quality and risk] program with the minimum of fuss and bother” (human resources personnel3)

Medical Practitioners and Management Responsibilities

While researchers such as Liedtka and colleagues (1998) have argued that there needs to be a redesign of care-giving processes, to meet the ever escalating healthcare demands and involve doctors more in collaborative activities. Across the three hospitals, the senior medical practitioners believed that they didn't interact significantly with management as they were part-time employees of the hospital they worked for. Consistently the junior medical practitioners described management as bureaucracy and “more work”. The human resource managers, across the three public hospitals perceived that the part-time nature of medical practitioners work was a possible barrier for them as human resource employees, as this hindered their ability to encourage medical practitioners to be clinically engaged at the organisational level.

Medical practitioners

Medical practitioners were asked about the role management activities played in their day-to-day tasks from the large regional hospital. One senior medical practitioner believed that

“It's [management] just one of those things that you learn on the job. In many cases I think it's still a common doctor's opinion that whatever level you are admin and HR are the enemy” (senior medical practitioner2)

Human resource managers

Whilst, the executive director of human resources from the large regional hospital was of the opinion that communication was essential in ensuring clinical engagement of medical practitioners in management activities.

“.....undoubtedly..... , the key to engaging [medical practitioners] in the workplace [management activities] ... is effective communication “(executive director of human resources)

Feelings of Psychological Safety

Communicating the clinical engagement message

Researchers have stated that, communicating and collaborating with doctors about the interface between management and patient care across hospitals is essential to improve quality of patient care (Committee on Quality of Health Care in America 2001; Loughman, Snipes & Pitts 2009). The senior medical practitioners in all of the hospitals made it clear to the researcher that the concept of clinical engagement was communicated to them effectively. However, they felt that the clinical engagement message wasn't being adequately communicated to junior medical practitioners. Human resource managers, across the three public hospitals were of the opinion that the message of clinical engagement should be effectively communicated to all medical practitioners, if positive outcomes such as higher quality care are to manifest.

Medical practitioners

In support for this perception the junior doctors interviewed were more likely to indicate they did not know what clinical engagement was.

“..... I don't know- that's quite nebulous but I'm not entirely sure. I think it's related to engaging with patients through learning, I don't really know” (junior medical practitioner5)

Human resource managers

In addition, the executive director of human resources from the large regional hospital held the view that a potential barrier of clinical engagement is not understanding what it means

“.....the barrier is... not understanding [clinical engagement].... “(executive director of human resources)

Organisational silos

Human resource managers, junior medical practitioners and senior medical practitioners who were interviewed across the three hospitals believed that there were possible barriers of clinical engagement included clinical silos, the size and location of the hospital. In the large regional hospital, both senior medical practitioners and junior medical practitioners thought that silos were strongly present across the three Victorian public hospitals.

Medical practitioners

A senior medical practitioner stated to the researcher that

“silos at this large regional hospital are not as strong as bigger hospitals” (senior medical practitioner2)

Most of the junior medical practitioners interviewed at the large metropolitan hospital strongly believed that silos are a critical issue in healthcare.

Human resource managers

A senior employment relations manager from the large regional hospital was in the view that silos were strongly present in this large regional hospital

“the area where there's probably the greatest level of separation [in terms of of silos] would be by the medical sphere “(human resources personnel2)

DISCUSSION and CONCLUSIONS

Interviewees in this study believed that clinical engagement may lead to perceptions among medical practitioners that if clinically engaged they will more than likely provide higher level of quality of patient care. Despite these positive views, the vast majority of medical practitioners perceived that there were significant barriers towards achieving 'engaged' medical practitioners. The gap between the views of medical practitioners and human resource managers must be closed by increased dialogue between the two organisational groups. The barriers that have been discussed in this paper could be overcome through the use of high performance work systems implemented in the case study hospitals (Zacharatos, Barling & Iverson 2005). Effective leadership, high quality work, extensive training, selective recruitment, and decentralised decision making and semi-autonomous work groups may support the clinical engagement of medical practitioners. Stakeholders in the three hospitals reported that clinical engagement is a useful concept and it can assist medical practitioners in achieving higher quality care. However, stakeholders should seek to improve the message of clinical engagement and ensure that it is communicated and understood by both senior and junior medical practitioners.

In conclusion, health reforms are pushing for clinical engagement to play a key part in ensuring effective outcomes in hospitals. We argue that the key to ensuring successful clinical engagement amongst medical practitioners and better outcomes for patients is the implementation of high performance work systems framework. This would require a high level of commitment and organisational leadership from hospital stakeholders and HR managers and commitment from medical practitioners.

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