

Building Engagement

Engagement plays a key role in driving positive outcomes including better patient care, higher job satisfaction, improved physician retention, and stronger organizational culture.

This document aims to support individuals (e.g., physicians, leaders) and groups (e.g., Medical Staff Associations, Health Authorities) in building strong engagement within their organizations. We'll explore some of the essential elements that contribute to strong engagement at both the local and regional levels, drawing on insights from existing research.¹

Six-Part Model

We propose a six-part model for fostering physician engagement. While we've outlined each building block individually, they are closely interconnected and work together. For instance, effective communication is crucial for building both trust and professional courtesy.

SHARED RESPONSIBILITY

Engagement is a shared responsibility. It is evident that all parties must be mutually responsible for fostering an environment and culture that facilitates meaningful involvement in organizational goals and decision making. A lack of mutual responsibility can breed skepticism.

COMMON GROUND

Common ground refers to shared interests, goals, or values that all parties agree upon. Uncovering common ground, even amidst significant differences, can serve as a foundation for collaboration and problem-solving.

PROFESSIONAL COURTESY

Professional courtesy involves treating others with respect, consideration, and valuing their perspectives and contributions. It includes acknowledging individual and collective expertise. Professional courtesy is contagious and self-reinforcing, as is a lack of professional courtesy if left unchecked.



TRUST

Trust is a confident positive expectation regarding another's conduct. A low-trust environment creates challenges such as questioning intentions, withholding information, and engaging in defensive communication.

LEADERSHIP SKILLS

Leadership skills enable individuals to effectively manage themselves, their relationships, and complex situations.

COMMUNICATION

Communication involves sharing information, ideas, thoughts, feelings, and messages between individuals or groups through various methods.

¹ For an overview of the literature, please see Kaissi, A. (2014). Enhancing physician engagement: An international perspective. *International Journal of Health Services*, 44(3), 567-592 and Shaw, G. et al. (2019), Strategies to increase physician engagement in acute care settings: a scoping review, *Journal of Health Organization and Management*, Vol. 33 No. 7/8, pp. 902-918.



TRUST

Trust is a confident positive expectation regarding another's conduct. A low-trust environment creates challenges such as questioning intentions, withholding information, and engaging in defensive communication. Four crucial behavioral elements for building trust are:

Consistency: Being predictable reduces uncertainty and builds psychological safety.

Compassion: Genuinely caring creates an environment where people feel valued and understood. It encourages vulnerability and supports well-being. Compassion is often demonstrated by meaningfully responding to a person or group's unique needs.

Competence: Competence demonstrates the ability to act effectively on intentions. It also speaks to the ability to make informed decisions, manage challenges and solve problems.

Communication: Active and receptive listening is crucial. Communication, as we highlight later, also supports transparency.

“ It's about respect, communication, mutually understanding each other's perspectives first and foremost and building up that trust so we can have a conversation about things we might share in common.

Forensics Physician Engagement Society
Participant in MSA-Health Authority
Collaboration on Governance

Key Questions

- What are our relative strengths and weaknesses with respect to building trust with each other?
- What steps are we taking to consistently and deliberately build trust with each other?
- How are we monitoring and assessing our efforts at building trust between and across leaders and physicians?

Possible Actions

- Make competence and consistency visible by regularly communicating progress towards mutual goals and common ground.
- Make it a priority to ensure everyone feels heard and psychologically safe (e.g., creating channels for regular input; upskilling leaders; demonstrating how input influences decision making).
- Identify areas that are of particularly high importance to key stakeholders and work to compassionately meet their needs in those areas (e.g., physician wellness). Show deep empathy where decision-making is at odds with an area of high importance.

Example in Action

Building trust through the [East Kootenay Patient Transport Committee](#).



LEADERSHIP SKILLS

Leadership skills enable individuals to effectively manage themselves, their relationships, and complex situations. Leadership skills for engagement can be viewed through three key lenses:

Personal skills: Individual attributes and capabilities for self-management, including self-awareness, emotional regulation, adaptability, motivation, and commitment.

Interpersonal skills: The ability to build relationships and interact with others, including empathy, perspective-taking, influence/persuasion, negotiation, conflict resolution, and facilitation.

System skills: Understanding, managing, and improving complex organizational systems through strategic thinking, analysis, and effective change implementation. Recognizing and respecting organizational cultural differences between physicians and administrators is an example of taking a system view.

“Physicians have key skills and insights and a professional responsibility to be leaders, advocates, educators and innovators. Together we really can influence system change. Facility Engagement funds are an amazing opportunity to do this.

Dr Connie Ruffo
Family Physician, White Rock
Co-Lead, Fraser Health Physician Wellness Committee

Key Questions

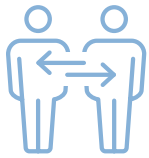
- How are we prioritizing building our individual and collective leadership skills for engagement?
- What are our collective strengths and weaknesses when it comes to leadership skills?
- How are individual leaders provided with feedback and mentorship on their leadership skills?

Possible Actions

- Promote existing leadership development training and supports by extending both general and personalized invitations to participate (e.g., health authority sponsored leadership training programs).
- Recognize and reward strong leadership and engagement practices both formally and informally.
- Help support physician understanding of the greater healthcare system and their decision-making powers including the role of the Health Authority and Ministry of Health (e.g., road maps).
- Plan for leadership turnover by having robust succession plans and cultivate leadership capabilities across all levels (i.e., distributed leadership).

Example in Action

Supporting [Women in Medical Leadership](#) in the Kootenay Boundary and [succession planning](#) for new physician leaders at Nanaimo Regional General Hospital.



COMMUNICATION

Communication involves sharing information, ideas, thoughts, feelings, and messages between individuals or groups through various methods. Three key considerations for engagement-focused communication are:

Consistency: Frequent and consistent communication in both messaging and delivery reduces uncertainty and ensures the information is accessible.

Transparency Clear, honest and unambiguous communication, even when sharing bad news, fosters trust.

Multi-directionality: Free flow of information downward from leadership, upward from physicians, and horizontally across teams breaks down hierarchies and silos.

“ Open and honest dialogue between medical staff, staff, and leaders across the organization has made all the difference to how we move forward together.

Fiona Dalton
President and CEO
Providence Health Care

Key Questions

- Have we made consistent, transparent communication a priority?
- Have we tailored our communication methods to effectively reach busy physicians and leaders?
- How are we assessing the sufficiency and effectiveness of our communication?

Possible Actions

- Develop a robust communication plan and ensure accountability for implementing the plan; monitor sufficiency and effectiveness of your plan.
- Prioritize open, transparent and candid conversations (even when delivering bad news).
- Ensure strong communication around organizational goals and priorities to help keep physicians informed and involved.
- Provide details on decision-making processes. Where a choice is made between competing interests, make clear the basis for the choice (and ensure empathy around the choice not made).

Example in Action

[Communication for EHR adoption](#) at Cowichan District Hospital.



PROFESSIONAL COURTESY

Professional courtesy involves treating others with respect, consideration, and valuing their perspectives and contributions. It includes acknowledging individual and collective expertise. Professional courtesy is contagious and self-reinforcing, as is a lack of professional courtesy if left unchecked.

Respectful communication: At the core of professional courtesy, respectful communication uses polite and professional verbal and non-verbal language in all interactions. It includes positive actions such as greeting colleagues, expressing appreciation, and respecting personal boundaries, while refraining from negative actions like interrupting, eye-rolling, or frowning. Respectful communication builds mutual respect and supports the assumption of positive intent.

“It’s been wonderful to see that people have done this together and have a common way of showing up and approaching those difficult conversations now. And the power of doing it all as a group... How we show up at work, and how we react in the moment does matter.

Dr Yann Brierley
Vernon Jubilee Hospital

Key Questions

- How are we modelling professional courtesy in all our interactions with each other and with others?
- What processes are in place to identify leaders who may benefit from additional support to consistently demonstrate professional courtesy and respect in all their interactions?
- What tools and resources are available to help build professional courtesy across the organization?

Possible Actions

- Model professional courtesy from the top down. Professional courtesy encourages a respectful environment.
- Set expectations for professional courtesy across the entire organization. Define what respectful behaviour looks like and communicate this through policies, training, and ongoing dialogue.
- Have mechanisms in place for addressing lapses in professional courtesy swiftly and consistently when they arise. Hold everyone accountable to the same standard regardless of their position.
- Celebrate and reward those who role model professional courtesy even in difficult situations.

Example in Action

Improving professional courtesy through the [Civility Matters](#) project at Vernon Jubilee Hospital.



COMMON GROUND

Common ground refers to shared interests, goals, or values that all parties agree upon. Uncovering common ground, even amidst significant differences, can serve as a foundation for collaboration and problem-solving. To find common ground, dig beneath surface positions to understand underlying interests and objectives. Working on projects and activities on common ground allows parties to build relationships and establish mutual respect and understanding.

“ Consider not only the outcomes of the projects, but also the interactions that had to occur to make them happen. These connections between the members of our hospital community and the opportunities to work together toward common goals are the true representation of this engagement work.

Dr Linda Casey
Past President
BC Children's and Women's Hospital MSA

Key Questions

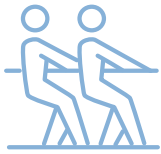
- Do we understand the strategic priorities of our key partners and stakeholders and their potential impacts on our site/region (e.g., MSAs, HAs)?
- Have we effectively communicated our strategic priorities and objectives to our key partners and stakeholder? (e.g., physicians, leaders, MSAs, HAs)
- Have we identified areas of alignment and common ground that can be prioritized and actioned?

Possible Actions

- Spend upfront time to identify and validate areas of shared goals, values and interests and make them a priority.
- Establish processes and protocols for working together on common ground.
- Use unifying language wherever possible.

Example in Action

Finding common ground through the [Northern Health Overcapacity Project](#), validating the impacts of long stay patients and leading to recommendations for action.



SHARED RESPONSIBILITY

Engagement is a shared responsibility. It is evident that all parties must be mutually responsible for fostering an environment and culture that facilitates meaningful physician involvement in organizational goals and decision making. A lack of mutual responsibility can breed skepticism.

“ It was really about delivering the best care while taking into account the needs of the patients, the physicians, the managers and staff.

It was about building communication pathways and creating a shared culture of ‘we are in this together.

Dr Charlene Lui
Burnaby Hospital Maternity Clinic Project
Reduced Wait Times from 90 days to 3 days

Conclusion

Building strong engagement is a critical endeavor that yields significant benefits for healthcare organizations, physicians, and patients alike. By focusing on six key engagement building blocks – trust, leadership skills, communication, professional courtesy, finding common ground, and shared responsibility – we can create an environment that not only fosters but actively enables and encourages meaningful physician involvement and engagement. This document has provided a concise overview of these essential elements, drawing on insights from research and best practices to offer practical guidance for implementation.

Key Questions

- Is physician/health authority engagement clearly spelled out as a priority in our strategic and planning documents?
- Is physician/health authority engagement highlighted as a key function of all leaders across the organization?
- How are we monitoring and assessing our collective and individual commitment to physician/health authority engagement?

Possible Actions

- Make physician/health authority engagement an explicit priority wherever possible. This sends a clear message about its importance and ensures it receives dedicated attention and resources.
- Make responsibility and accountability for physician engagement/health authority clear by designating key personnel whose role it is to improve engagement.
- Create robust processes and pathways for engagement; monitor their sufficiency and effectiveness.
- Make physician involvement in decision making visible by reporting on consultation and engagement processes whenever decisions are made.

Example in Action

[Aligning medical staff and health authority strategic pillars](#) at Providence Health Care.