Acrimony between your doctors, C-suite? How to build trust

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As a practicing physician, you may feel like administrators don’t understand or care about the challenges you face caring for patients. Perhaps you feel like a line-production worker with little control over your schedule, support team or even clinical decision-making.

Administrators, on the other hand, may believe practicing physicians don’t grasp the financial and management challenges executives have running a hospital or health system to ensure long term sustainability.

An AMA STEPS Forward™ toolkit aims to bridge that divide, which exacerbates key drivers of physician burnout including the breakdown of medical community and a perceived absence of fairness.

The toolkit, “Building Bridges Between Practicing Physicians and Administrators,” outlines four steps that will help you recognize what drives physician-administrator distrust, explore methods to strengthen trust and transparency between practicing physicians and administrators, and outlines strategies to improve these relationships in your practice.

“As trust grows, the organization functions more effectively, adapts more quickly to changes in the health care landscape and is better able to deliver on its mission of providing excellent patient care and serving the community,” the toolkit says.

Assess the status of the relationship

First, your health care organization needs to assess the status of the relationship between practicing physicians and administrators. This will help you understand how urgent the issue is and direct the work that needs to be done.
Some signs of strains between the two sides include:

- Increased physician turnover.
- Increased burnout rates on surveys.
- Decreased ratings on physician engagement surveys.
- An exodus or threatened exodus of a specialty group.
- Increased challenges with gaining physician support for new strategic initiatives.
- Physicians having a no-confidence vote for an administrator.

Open communication channels

Next, consider that there’s often a lack of communication between practicing physicians and administrators, especially C-suite executives. This can lead to rumors, distrust and decisions that have unintended consequences at the point of care.

Some ways to open communication include:

- A CEO-practicing physician forum.
- Town halls.
- Online idea generators such as step three AMA STEPS Forward toolkit, “Getting Rid of Stupid Stuff.”
- Social events without an agenda.

Learn each other’s roles

C-level executives and those serving on boards of directors are removed from direct patient care, so it’s important for administrators to learn about front-line physicians’ daily experiences. Administrators can gain that knowledge by accompanying individual physicians while they see patients or by attending team huddles on care units or in clinics.

Practicing physicians can also benefit from formal training in leadership and management. Master’s level training in business, public health, health care administration is one approach. So is executive coaching or mentoring, employer-sponsored or professional society training, or certification through organizations such as the American Association for Physician Leadership or the American College of Healthcare Executives.

Such training can help doctors better understand operations, quality, safety, population health,

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customer experience, health care finance, strategy, marketing or informatics.

**Build trust**

Trust is key to ensuring effective and timely decision making in the ever-changing and complex health care arena.

Three ways to establish trust and nurture it are:

**Administrator-clinician dyads.** These help ensure consistent messaging to physicians and their support teams, model how physicians and non-physicians work together, and reduce gaps in leadership access when the dyad partners can cover for each other.

**Collaborative strategic planning.** When executives and physicians work together as trusted colleagues, there is a higher likelihood of strategic success and the organization is more likely to be able to adapt to a changing environment.

**Organizational compacts.** These documents codify what are usually unwritten reciprocal agreements between two or more parties. Compacts are based on organizational values and add clarity to each value.

For example, a compact may say that physicians will maintain current clinical competence and collaborate with other members of the patients care team to follow accepted quality guidelines. Meanwhile, the organization would agree to provide a clinical environment—staffing, equipment, supplies and physical plant—that supports quality care.

The AMA’s STEPS Forward open-access toolkits offer innovative strategies that allow physicians and their staff to thrive in the new health care environment. These courses can help you prevent physician burnout, create the organizational foundation for joy in medicine and improve practice efficiency. One CME module specifically addresses how to [insert relevant module here].

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