Across the health care industry, there’s a growing sense that pushing doctors ever harder to achieve productivity, quality, and service goals is backfiring. Doctors are working harder than ever and spending more of their time documenting clinical metrics and measuring patient satisfaction. One consequence of this growing burden, studies show, is that more physicians are considering leaving their jobs or complaining of depression, exhaustion, and detachment that can jeopardize patient care.
But we believe the implied solution — to combat burnout, you have to relax performance standards — is false. Great health care leaders can design staffing models and workflows that give doctors the support they need to meet performance goals while also creating sustainable, rewarding jobs.

A survey we recently administered to over 1,000 physicians, along with performance data from athenahealth's network of medical and revenue cycle records, offers useful guidance. At its core is the notion that optimizing “self-perceived capability” is central to rewarding jobs.

The concept of self-perceived capability emerged from the service profit chain framework that one of us (Len) developed in the 1990s. The framework holds that employee satisfaction, customer engagement, and profit are linked in a self-reinforcing cycle. Superior business performance depends, in part, on whether employees have sufficient resources and latitude to do their jobs well — which in turn leads to customer loyalty, lower employee turnover, and higher shareholder returns. In service industries, whether employees perceive themselves as capable of doing their jobs is highly predictive of performance.

In developing the survey, we hypothesized that self-perceived capability had a distinct application for physicians. The concept doesn’t refer to a doctor’s clinical skills; those are assumed. And capability isn't solely a measure of job satisfaction. Instead, it refers to whether physicians feel they have what they need to do their jobs well. When they do, we reasoned, they will be more satisfied and more engaged in their work, leading to a host of additional positive outcomes.

In our own survey, we used two chief measures to judge self-perceived capability. The extent to which physicians have: (1) the decision-making latitude they need to provide high-quality care and (2) the necessary tools and resources.

Physicians who had positive responses in both of these areas — who perceived themselves as “capable” — were also strikingly productive and loyal. Judged by standard industry measures, they were 14% more productive than their peers who did not meet the technical definition of capability.
They were also 61% less likely to show signs of burnout and 76% less likely to be planning to leave their current employers.

The lesson for health care leaders is clear: Anything organizations can do to create environments where physicians feel more capable is likely to pay off in terms of happier, higher-performing physicians.

**Develop Strong Clinical Teams**

Our ongoing research has already yielded insights into how to enhance capability in practice. We found that physicians have a better experience if they work in groups that develop high-performing teams rather than reward and glorify individual superstars. Doctors in our survey who agreed with the statement “Our practice values teamwork more than individual performance” were over three times more capable and five times more willing to go above and beyond in their jobs and to recommend and stay with their organizations. Physicians in team-oriented groups were also 75% less likely to say they experience significant signs of burnout.

Groups with high-functioning clinical teams typically empower nonphysician clinicians to take on a wider range of responsibilities, including taking charge of the bulk of documentation. This allows physicians to focus their time with patients on complex diagnoses and patient communication, the kinds of high-value interactions that inspired them to enter medicine in the first place.

Therefore, anything leaders can do to foster teamwork — establishing stable staffing patterns; ensuring nurses, physicians, and medical assistants are working to the top of their licenses; demanding respectful behavior from all team members; and articulating a strong commitment to collaboration — is likely to pay off in empowered staff, greater satisfaction, and better performance.

**Focus Leadership on Cultivating Capability**

The research has also showed that strong leaders are much more successful in nurturing capable physicians.

We asked physicians to agree or disagree with the statement “The leaders of my organization are the best people to lead us over the next five to 10 years.” Almost 80% of physicians who assessed themselves as capable gave their leadership teams the highest rating. If a doctor viewed their
leadership negatively, the figure dropped below 20%. It’s worth noting that every increment of leadership strength counts. The proportion of physicians meeting the criteria for high capability doubles as their rating of their leadership increases from four to six on a six-point scale.

Investing in personal leadership skills and fostering strong leadership at all levels should be a top priority for health care organizations. Our previous research has found that leaders in high-performing medical groups share some common tactics, from including physician voices in decision making to delegating business and clinical goals to senior leaders who are empowered to make real change. Enhancing physician capability should be an imperative for all leaders.

The lesson for leadership is clear: Design your practice to maximize physician capability. Productivity, cost effectiveness, and satisfaction will follow.

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Allen Cohen, MD