PHYSICIAN WORK:

Greater Coordination and Increased Flexibility

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Recent research has focused on two important challenges in the health care workplace: the coordination of work and providing worker flexibility. While each is distinct as it applies to physician work, they are also connected in an interesting way. Both are facilitated by standardization of health care delivery. Standardization is growing as a means of achieving greater coordination of care, and increased standardization permits doctors more flexibility because it allows them to more easily hand off their patient care responsibilities to other physicians.

Coordination of Work

Shortly after giving birth in a hospital, a woman approvingly observed teamwork among the nursing staff. "We've been using Total Quality Management to improve our processes," one nurse explained. However, when the patient asked, "When is my doctor coming?" the nurse said, "I don't know. They never tell us anything."

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Even physicians recognize the importance of coordination of care. According to a recent national survey, most quality problems reported by physicians involve breakdowns in care coordination.[1]

Unfortunately, research shows that physicians are often at the center of coordination problems. A hospital physical therapist put it this way: physicians expect teamwork from others, but they don't recognize that it should also be expected of them.

Studies have also shown the importance of "relational coordination" for achieving quality and efficiency in health care. Relational coordination is frequent, timely, problem-solving communication supported by shared goals, shared knowledge, and mutual respect. In health care, high levels of relational coordination between employees working with the same patients were found to predict greater patient satisfaction, better clinical outcomes, and even fewer patient days in the hospital.[2]

Despite the importance of relational coordination, data from a nine-hospital study of surgical care and from a follow-up study of medical care show that physicians have relatively weak relational coordination with other members of the health care team. For example, relational coordination among nurses, physicians, case managers, and physical therapists assigned to the same patient in the medical unit of Newton-Wellesley Hospital (located in Massachusetts), was measured at 4.13 on a 5–point scale using survey data. Measuring just the ties between the physician and the other members of

the team, however, dropped the score to 3.44. Given the importance of physicians in patient care—especially their role in authorizing treatment—it would seem appropriate for physicians to play a more central role in coordination.[3]

Why is this coordination falling short? Human resource practices at hospitals contribute to the problem, but they can also contribute to the solution. While six of nine hospitals studied use teamwork as a criterion for hiring nurses (and eight do so for physical therapists), only four use teamwork as a factor when hiring or granting admitting privileges to physicians. Similar patterns are found with conflict resolution. Yet hospitals that select physicians for teamwork and include physicians in their internal conflict resolution processes have higher levels of relational coordination and better patient outcomes.

Human resource practices can contribute to the solution.

Physician job design can powerfully influence the coordination of care. Many physicians have private practices that keep them out of the hospital for much of the time. This aspect of physician job design contributes to low levels of relational coordination between physicians and other members of the hospital health care team. When physicians are assigned to full-time hospital work, research shows that relational coordination between them and other staff increases by 30 percent; quality and efficiency increase significantly as well.

Physicians and other caregivers in many hospitals often hold patient rounds separately. Clinical pathways, a method for standardizing patient care and improving the hand-offs among members of the health care team, often do not include physician tasks. By making a few changes, however, hospitals can do more to include physicians in existing coordinating processes. More inclusive rounds and clinical pathways are associated with greater relational coordination, higher patient satisfaction, and shorter periods of hospitalization.[4]

Coordinated care provides new options.

Flexibility

Physicians have long been caught between the conflicting needs of their families and patients. An extreme division of family labor usually resolved the conflict: the male physician pledged his commitment to patients and was supported by a wife who raised the children and ran the household. Today, however, women make up nearly 50 percent of every medical school graduating class, and physicians of both sexes tend to marry people who also have demanding careers. As a result, health care organizations and physicians are searching for alternative ways of organizing care delivery.

Research suggests that a solution may exist in the movement toward coordinated care in medical organizations. Because coordinated care requires more work-process standardization, it provides new options for so-called "patient hand-offs," moments when a doctor passes a patient to another doctor or health care provider. The result? When a physician needs to have a certain day set aside for family responsibilities, that day can be "protected" from the demands of patients through a sophisticated hand-off system that eliminates the worry that patients will be neglected. Moreover, the same organizational processes that help doctors balance work and family needs more effectively can also enable them to pursue career options beyond traditional patient care.[5]

Case studies have uncovered several mechanisms through which patient hand-offs are often made possible in larger, more formalized medical practice

organizations. First, such organizations tend to standardize the encoding of information about patients, partly to store medical records electronically and partly to streamline patient care. This eases hand-offs because it allows patient information to flow more readily and accurately between providers. Second, work processes tend to be more standardized through the use of inclusive clinical pathways and organizational resource-use controls. This reduces the risk that one physician's patient will receive a different approach to care from another physician after a hand-off. Finally, patients' own expectations tend to be more standardized in formalized organizations because of centralized communication about how care will be provided; such communication minimizes confusion that might otherwise arise around hand-off events.

Subsequent physician surveys reveal schedule and career flexibility variations that suggest these findings are not case specific. Part-time medical practice is significantly more common in larger, more formalized medical practice organizations. The burden of "on-call" hours is also progressively reduced with increasing size.[6]

Standardization has been enabling.

Although not the focus of the study, the quality of health care showed no evidence of having suffered. In fact, the largest and most formalized practice organization examined received special recognition for high quality from a host of independent evaluators.[7] For physicians, at least, recent standardization appears to have been enabling rather than coercive. It has helped physicians coordinate their work more effectively with others and provided them with more options for meeting personal goals.[8]

Notes

1. Audet, A., M. Doty, J. Shamasdin, and S. Schoenbaum. 2005. *Physicians' Views on Quality of Care: Findings From the Commonwealth Fund National Survey of Physicians and Quality of Care*. New York: The Commonwealth Fund.
2. See, for example, J. H. Gittell et al., 2000. "Impact of Relational Coordination on the Quality of Care, Postoperative Pain and Functioning, and the Length of Stay: A Nine-Hospital Study of Surgical Patients." *Medical Care,* Vol. 38, no. 8, pp. 807–819. The phenomenon is not unique to health care. Relational coordination is also a significant driver of quality and efficiency in the airline industry, for example. See J. H. Gittell, 2003. *The Southwest Airlines Way: Using the Power of Relationships to Achieve High Performance*. New York, NY: McGraw-Hill.
3. Gittell, J. H., D. B. Weinberg, A. Bennett, and J. A. Miller. 2005. "Is the Doctor In? Impact of Physician Job Design on Relational Coordination and Patient Outcomes." Working paper, Brandeis University, Waltham, MA.
4. Gittell, J. H. 2002. "Coordinating Mechanisms in Care Provider Groups: Relational Coordination as a Mediator and Input Uncertainty as a Moderator of Performance Effects," *Management Science,* Vol. 48, no. 11, pp. 1408–1426.
5. Briscoe, F. 2004. "Bureaucratic Flexibility: How Organizational Processes Function to Provide Career Flexibility," MIT Workplace Center Working Paper #WPC0015; available at <http://web.mit.edu/workplacecenter/docs/wpc0015.pdf>.
6. Briscoe, F. 2003. *Bureaucratic Flexibility: Large Organizations and the Restructuring of Physician Careers*. Unpublished dissertation, Massachusetts Institute of Technology, Cambridge, MA.
7. Future research may show how these coordination mechanisms affect worker flexibility in other professions where demands of clients or projects parallel those placed on physicians.
8. Greater flexibility often comes at a price, however: the standardization associated with large organizations is commonly associated with a sense of lost workplace autonomy among physicians.

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