

# Physicians' engagement

## Qualitative studies exploring physicians' experiences of engaging in improving clinical services and processes

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- I Lindgren Å., Bååthe F., Dellve L. (2013). "Why risk professional fulfilment: a grounded theory of physician engagement in healthcare development."  
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- II Bååthe F. and Norbäck L-E. (2013). "Engaging physicians in organisational improvement work."  
*Journal of health organization and management* 27(4): 479-497.
- III Baathe F., Ahlborg G. Jr., Lagstrom A., Edgren L., Nilsson K. (2014). "Physician experiences of patient-centered and team-based ward rounding – an interview based case-study."  
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- IV Baathe F., Ahlborg G. Jr., Lagstrom A., Edgren L., Nilsson K. (2015). "Uncovering paradoxes from physicians' experiences of patient-centered ward-round."  
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UNIVERSITY OF GOTHENBURG

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### ABSTRACT

**Background:** Physicians are engaged in the bio-medical and technical development of health care. In spite of consensus between researchers and practitioners that change initiatives benefit from engaging multiple care professionals, it is a persistent and well documented problem that physicians' engagement in developing clinical services and processes often is limited or missing.

**Aim:** The overall aim was to explore physicians' experiences of engagement in improving clinical services and processes, in order to gain more understanding about why such initiatives have problems engaging physicians.

**Methods:** Qualitative and explorative studies with semi-structured physician interviews as data collection method were used. Particular analytical approaches facilitated paying close attention to individual physician's experiences, while at the same time analytically striving towards finding an empirically grounded conceptualization of their experiences.

**Results:** *Striving for professional fulfillment* was found to be a central motivator affecting physicians' engagement for both clinical and development work. This conceptual model had two dimensions: *being useful* and *making progress*. Engagement was reinforced if the task at hand was experienced as contributing to professional fulfillment. Which tasks contributed to professional fulfillment was related to how medical practice was understood. Two alternative understandings emerged: the *traditional doctor role* and the *employee role*. Continuity, recognition, task clarity and role clarity were organizational conditions that facilitated engagement (I). Physicians and manager have different mindsets. This hinders cooperation. In order to improve the situation managers need to be appreciative of the mindset of physicians, and physicians need to better understand the mindset of managers (II). Physicians' experiences from the patient-centered and team-based ward round were predominantly found to contribute to better informed clinical decisions, fewer follow-up questions from patients and increased professional fulfillment. The new ward round also led to challenging experiences of reduced autonomy and exposing knowledge gaps in front of others (III). Different ways to understand medical practice were found based upon physicians' focal points during ward rounding; the *We-perspective* and the *I-perspective*. The *We-perspective* adheres to a more comprehensive and inclusive understanding of medical practice than the *I-perspective* (IV).

**Conclusion:** Physicians' engagement was enhanced by experiences of professional fulfillment. Which tasks contributed to this was related to individual understanding of medical practice. The societal demand for patient-centered healthcare could be experienced as an identity challenge for physicians with a professional identity grounded in a traditional bio-medical understanding of medical practice. If this challenge to identity is not handled resistance toward the societal demand is likely to follow.

**Keywords:** Physician, engagement, professional identity, healthcare development, patient-centered, ward round, paradox, complex responsive processes.