

Factors that influence Relationships of Medicine and Management as well as Leadership and Governance of Healthcare systems in Canada



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Abstract , Method, and Purpose

This presentation sheds light on some of the results of a Canadian national research study. The survey that was sent to 4000 e-mail addresses of physician leaders and hospital administrators at mid to senior level of management chosen from SCOTT's Directories, Canadian College of Healthcare Leaders, Canadian Society of Physician Executives, Canadian Chapter of ACHE, and snowball referrals. Correlations of different factors were tested against the level of satisfaction of healthcare leaders toward doctor-manager relationships. The leaders were grouped based on their professions and their level of management. Seven factors were extracted from the results using different statistical analyses. The individual and cumulative effects of these factors on interprofessional relationships of Medicine and Management are shocking and shape a must-have presentation of OACCAC 2015 by **Achieving Excellence through Governance**. The results of this national study are generalizable and emphasize the role of **teamwork, communication, leadership, resources, power, financial decisions, Information Technology, contracts, governance structures, Board culture, staff engagement, and inclusion of different professions in healthcare systems Boards**. The results present some practical methods to improve healthcare leadership and governance and portray the effects of improving communication and teamwork on the engagement of stakeholders, medical staff, and hospital management. (Samadi-niya, 2013, 2014, 2015).

Background

Canadian National Study of Interprofessional Relationships between Physicians and healthcare Administrators (CANSIRPH) was designed, led, and completed by Dr. Atefeh Samadi-niya who holds Doctorate degrees in Medicine and Health(care) Administration.

IRPH is the Acronym for Interprofessional Relationships between Physicians and Healthcare Administrators; other used terms: physician-administrators relations, physician-executive relations, physician-hospital, doctor-Manager relations, Medicine and Management Relationships (Samadi-niya, 2013).

One of the most important interprofessional Relationships in healthcare is the relationships between doctors and managers or IRPH. Quality of IRPH affect quality of patient-care and patient satisfaction directly and profoundly (Baker, 2010;OHA, 2004, Rundall, 2004).

Doctors want to be included in decision-making of healthcare system. They suggested DYAD Leadership or joint-decision making for physician leaders and non-physician leaders (Samadi-niya, 2013, 2014, 2015).

Important Factors: Effect of Each Factor Separately

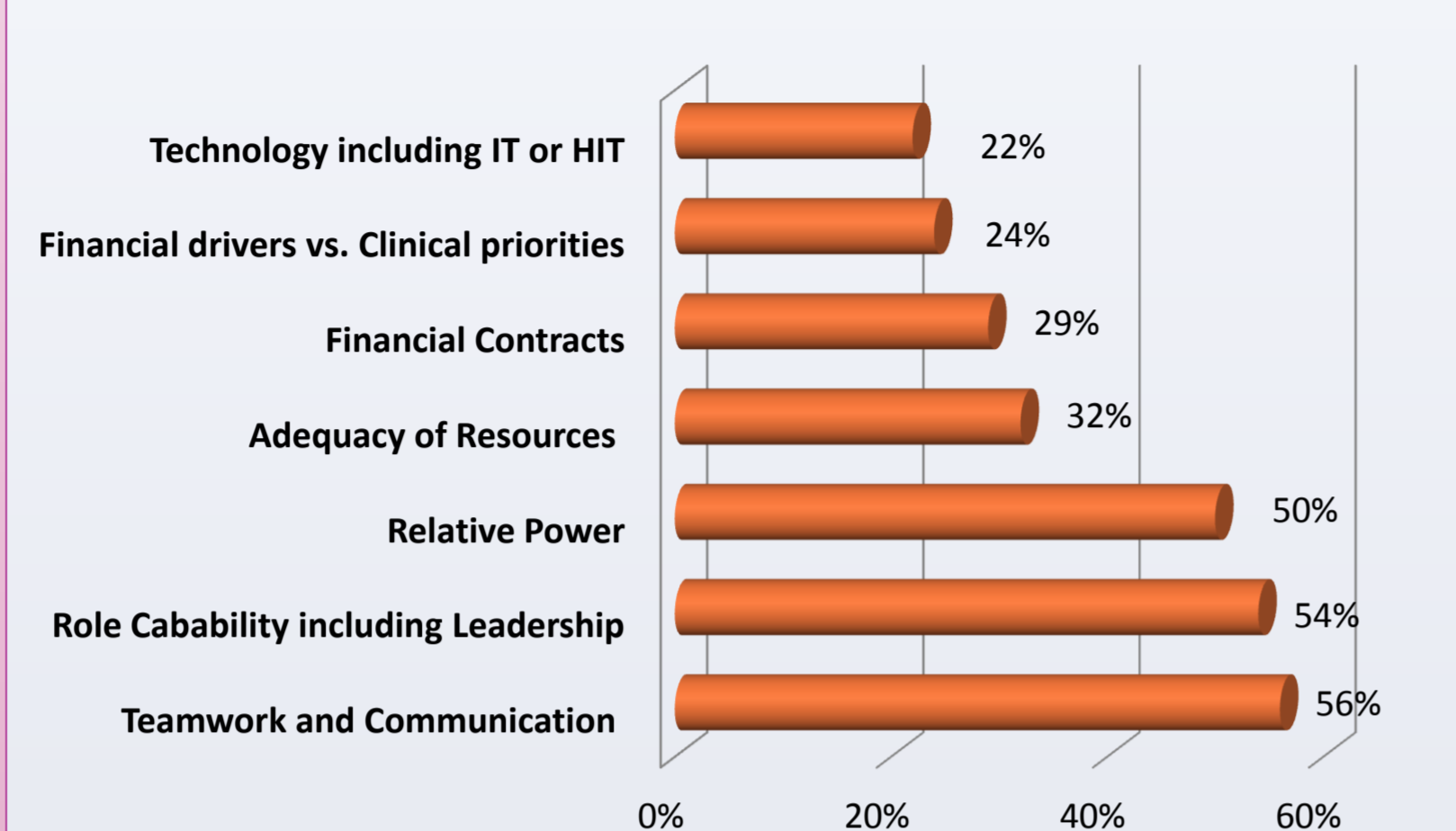


Figure 1. Individual effect of Factors on IRPH after Factor Analysis and by using Single Regression Analyses one by one for each factor against IRPH

Important Factors: Opinion of Participants

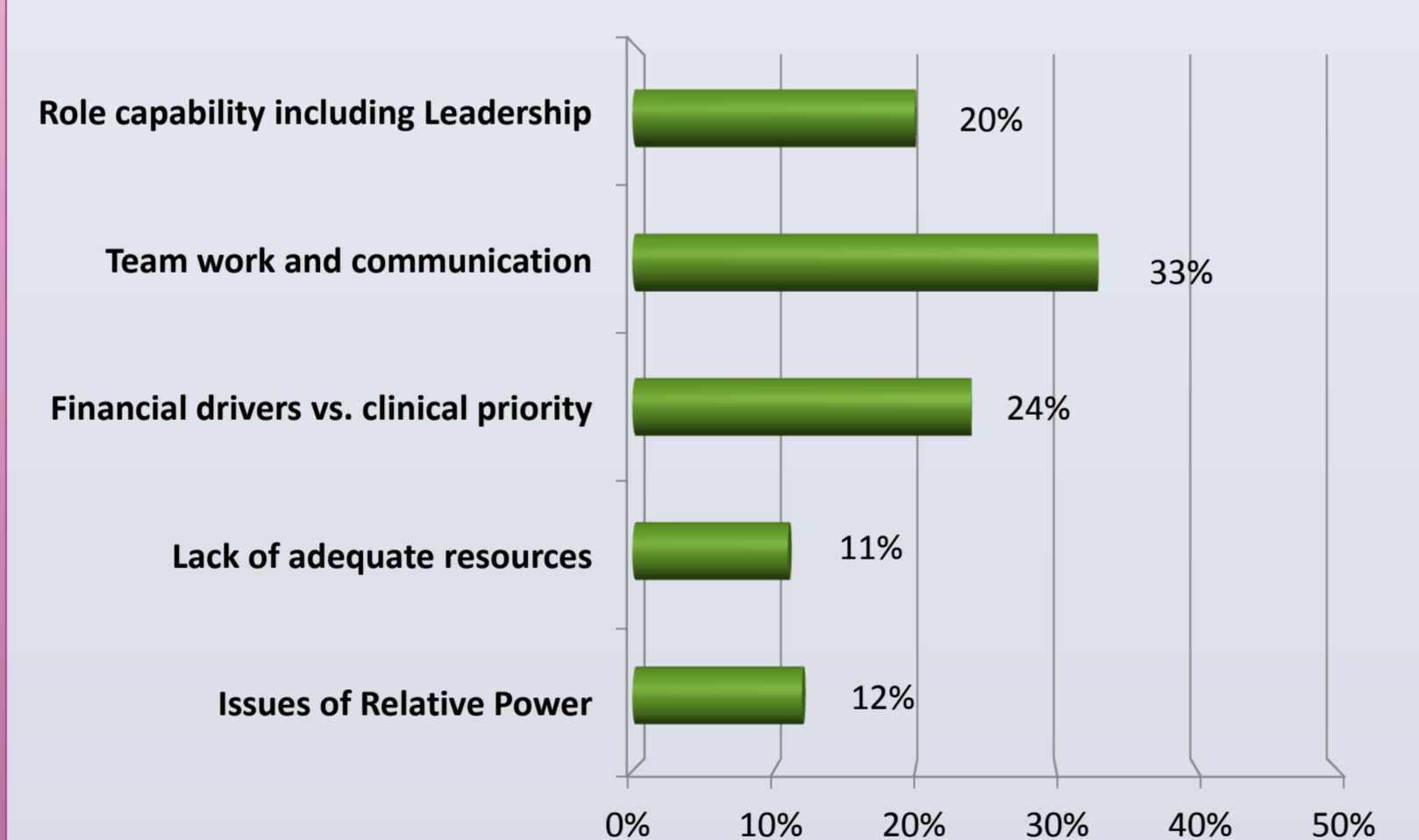


Figure 2. Opinion about the most important Factor that affect IRPH, Technology is included in resources and contracts are included in Financial drivers vs. clinical priorities

Important Stakeholders of IRPH



Communication and Teamwork

Communication and Teamwork: CANSIRPH Questions	1+2	3	4+5
Physicians are adequately involved in the healthcare administration/ management activities.	51%	11%	39%
The healthcare facilitates partnerships with physicians that are "win-win".	53%	29%	18%
The healthcare system encourages new program development opportunities with physicians.	53%	29%	18%
The healthcare system uses performance profiling in the credentialing process.	26%	31%	44%
There is good communication between healthcare management and physician leadership.	58%	20%	22%
Healthcare administration and physicians agree on the overall goals of the institution.	60%	18%	21%
The healthcare system is willing to form partnerships with physicians.	26%	31%	44%
The physicians and healthcare administrators work well together as a team.	55%	19%	25%

Note: 1: extremely agree, 2: agree, 3: neither agree nor disagree (neutral), 4: disagree, 5: extremely disagree

Table 1. Statements Related to Communication and Teamwork

Role Capabilities Including Leadership

Role Capability including leadership: CANSIRPH Questions	1+2	3	4+5
The hospital administrators have confidence in physician leadership capabilities.	55%	19%	26%
Physicians have confidence in hospital administrators' leadership capabilities.	50%	19%	31%
The hospital enjoys strong physician leadership.	50%	19%	31%
The hospital encourages physician leadership development.	68%	18%	15%
The hospital administration gets things done quickly.	61%	19%	22%

Note: 1: extremely agree, 2: agree, 3: neither agree nor disagree (neutral), 4: disagree, 5: extremely disagree

Table 2. Statements Related to Role Capability including Leadership

Issues of Relative Power

Issues of Relative Power: CANSIRPH Questions	1+2	3	4+5
Physicians perceive the hospital's decision-making process to be fair.	32%	31%	35%
The relative degree of power and influence among the hospital board, management, and medical staff is appropriate.	19%	28%	49%
The hospital administrators give physicians sufficient autonomy to practice medicine.	19%	28%	49%
Sufficient numbers of physicians are involved in hospital management and governance.	13%	40%	47%

Note: 1: extremely agree, 2: agree, 3: neither agree nor disagree (neutral), 4: disagree, 5: extremely disagree

Table 3. Statements Related to Issues of Relative power

Important Factors: 7 Factors Simultaneously

Based on the Results of the Multiple Regression Analysis and After Regressing all Factors Against the Level of Satisfaction of Leaders toward IRPH, Communication and Teamwork and Role Capability including leadership showed the most statistically significant correlation among all factors.

See Samadi-niya, 2013 for the rest of tables and complete analyses

Satisfaction Level of Healthcare Leaders Toward IRPH

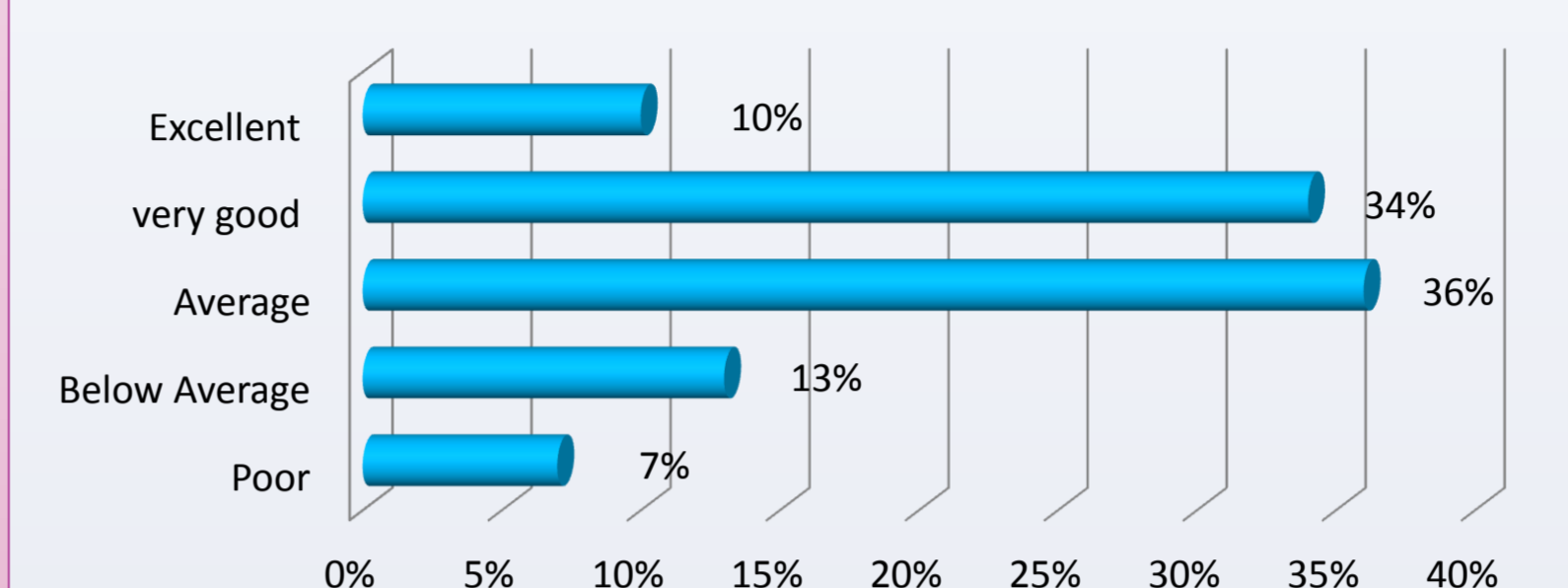


Figure 3. Overall perspective of Canadian healthcare leaders toward IRPH

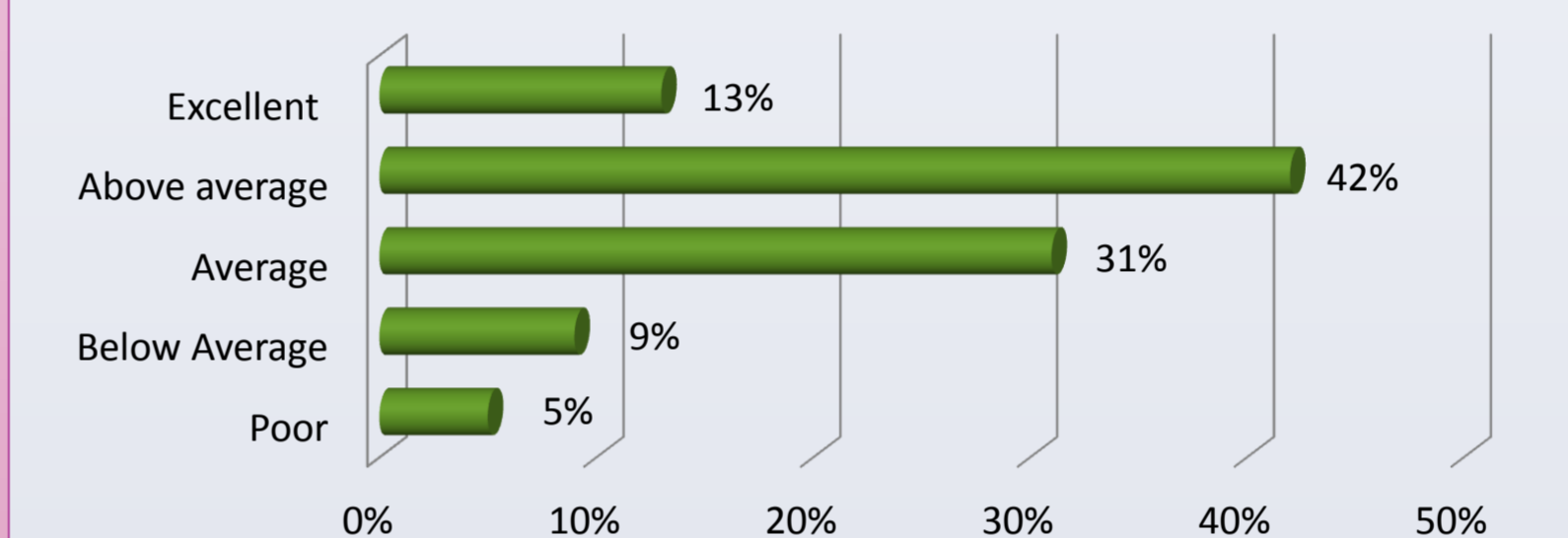


Figure 4. Satisfaction level of Ontario healthcare leaders toward IRPH

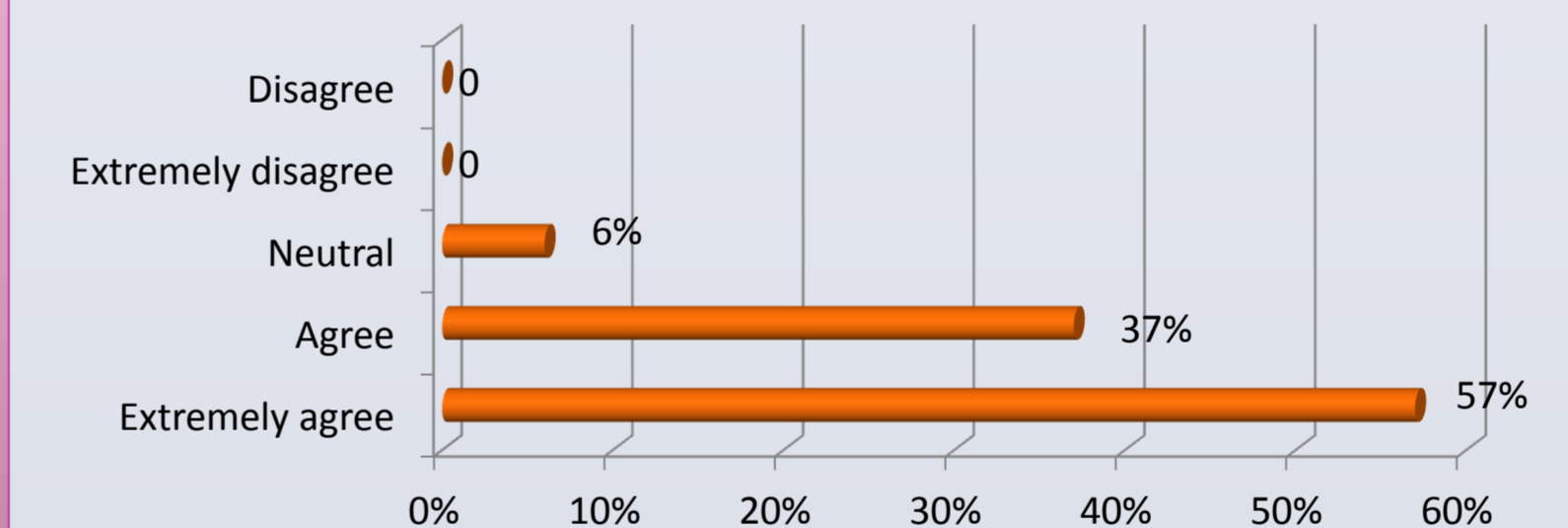


Figure 5. IRPH is the Key to the Success of Healthcare System: 0% disagreed

Differences In Perspective Of Leaders Toward IRPH

ANOVA analyses showed that there were meaningful differences in the level of satisfaction of healthcare leaders toward Interprofessional Relationships between Physicians and Hospital Administrators (IRPH).

- Senior leaders are more optimistic toward IRPH than mid-level leaders.
- Healthcare administrators are more optimistic toward IRPH than physician-leaders.
- Physician leaders see IRPH as non-collaborative.
- Healthcare administrators see IRPH as collaborative!

Canadian healthcare leaders' overall view toward IRPH: the most satisfied to the least satisfied

- Hospital administrators (not-MD) at senior level (Executives, VPs, CEOs, COOs,...)
- Hospital administrators(not-MD) at mid-level of management (managers, directors,)
- Physician leaders (MD) at senior level of management (Executives, Chief of Staff,)
- Physician leaders at mid-level of management (clinical director, ...)

Conclusion

Physicians collaborate with hospital administrators only if the voices of physician leaders are as strong as hospital administrators' voices . Participating in the decision-making meetings when hospital administrators make final decisions is not the same as having an equal voice. Physicians should be equally involved in advocating as well as finalizing any strategic decisions that affect patient care in hospitals . Dyad (joint) physician-manager leadership is recommended.

Relationship of Medicine and Management is the key to the Success of Healthcare System (Figure 5)

Strengthening administrative connections between hospitals and physicians has a direct impact on improving quality of patient care, reducing risk of adverse events, and increasing patient safety (Baker et al., 2010; OHA, 2004; Samadi-niya, 2013).

After using 3 methods of statistical analyses, Single Regression Analysis, Multiple Regression Analysis, and a single question from participants, **Communication and Teamwork** was recognized as the most important factor that affect level of satisfaction and perception of healthcare leaders (Physician leaders and non-physician leaders) of relationships between Medicine and Management as well as governance and leadership of healthcare system in Canada.

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The suggested citation for current poster

Samadi-niya A. (2015, May 27-29). *Factors that influence Relationships of Medicine and Management as well as Leadership and Governance of Healthcare systems in Canada*. Paper presented as a poster at the OACCAC annual Conference, Available at: <http://oaccac.com/Who/Conference/Pages/conference-2015-presentation-posters-archive.aspx> (available later in 2015)

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 Oral Presentation at Session FA07 on May 29, 2015, OACCAC Annual Conference 2015: Effects of Interprofessional Doctor-Manager Relationships on Quality of Patient care