

Factors Affecting Hospital Physician Engagement: A Scoping Review

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Abstrak

Karyawan adalah salah satu faktor untuk membantu organisasi mencapai bisnis yang optimal. Oleh karena itu, sangat penting untuk merekrut, mengembangkan, dan mempertahankan staf berbakat yang memiliki keterlibatan dan komitmen terhadap kesuksesan perusahaan. Sayangnya, dalam industri Kesehatan di mana dokter adalah salah satu pemangku kepentingan yang paling penting, banyak dokter sama sekali tidak terlibat. Dokter memiliki keterlibatan terendah di seluruh tenaga kesehatan meskipun salah satu alasan mengapa seorang dokter tetap bekerja adalah jika dokter memiliki keterlibatan dengan rumah sakit. Untuk itu penting bagi pengelola rumah sakit untuk mengetahui faktor apa saja yang mempengaruhi keterikatan dokter dengan rumah sakit. Tujuan dari penelitian ini adalah untuk mengetahui faktor-faktor yang mempengaruhi keterlibatan dokter rumah sakit. Penelitian ini menggunakan metodologi scoping review. Pencarian artikel dilakukan menggunakan Pubmed, NCBI, Scopus, EMBASE menghasilkan 650 artikel yang berhubungan dengan doctor engagement. Penghapusan duplikasi dikecualikan dan sisa 35 artikel dimasukkan. Untuk metode yang kami gunakan: kerangka metodologis yang diusulkan oleh Arksey dan 'Malley, dan setelah itu, ulasan pelingkupan dilaporkan menggunakan metode Pedoman PRISMA (Preferred Reporting Items for Systematic Review and Meta-Analysis). Dari hasil penelitian yang dilakukan diketahui bahwa keterikatan tidak semata-mata karena materi atau penghasilan yang diperoleh, tetapi juga adanya faktor penghargaan dan pengakuan dalam bentuk immateriil. Lokasi kerja secara signifikan terkait dengan keterikatan. Berdasarkan spesialisasi, spesialis yang sangat dekat dengan mereka sebagian besar adalah spesialis non-bedah. Faktor lain yang berhubungan dengan keterikatan adalah motivasi bergabung dengan rumah sakit, seperti kelengkapan fasilitas sehingga dapat mengembangkan ilmunya, serta kesamaan visi dan misi rumah sakit. Keterikatan pada rumah sakit tidak dipengaruhi oleh sistem remunerasi dan pola kemitraan, tetapi dipengaruhi oleh persepsi dokter termasuk dokter spesialis mengenai dukungan rumah sakit berupa kelengkapan fasilitas dan tenaga pendukung, visi misi rumah sakit, dan peluang karir.

Kata Kunci: Keterlibatan, Dokter, Retensi

Abstract

Employee are on of the factors to help organizations achieve optimum business. Therefore, it is very important to recruit, develop and retain talented staff who have both engagement and commitment to company success. Unfortunately, in Healthcare industry where physicians are one of the most important stakeholder, many physicians are not at all engaged. Physicians have the lowest engagement across the health care workforce eventhough one of the reasons why a doctor stays at work is if the doctor has an engagement to the hospital. For this reason, it is important for hospital administrators to find out what factors influence the attachment of doctors to hospitals. The purpose

of this study is to determine factors that affecting hospital physician engagement. The research uses a scoping review methodology. An article search was conducted using Pubmed, NCBI, Scopus, EMBASE resulting in 650 articles related to physician engagement. Duplication removal excluded and the remaining 35 articles were included. For the method we use: the methodological framework proposed by Arksey and 'Malley, and after that, the scoping review is reported using the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analysis) Guideline method. From the results of the research conducted, it is found that attachment is not solely due to material or income earned, but also the existence of a factor of appreciation and recognition in the form of immaterial. Work location was significantly associated with attachment. By specialization, the specialists with whom they are strongly attached are mostly non-surgical specialists. Another factor related to attachment is the motivation to join the hospital, such as the completeness of the facilities so that they can develop their knowledge, as well as the similarity of the hospital's vision and mission. Attachment to the hospital is not influenced by the remuneration system and partnership pattern, but is influenced by the perception of doctors including specialists regarding hospital support in the form of complete facilities and support staff, hospital vision and mission, and career opportunities.

Keywords: Engagement, Physician, Retention

INTRODUCTION

With all the challenges in healthcare industry over the past few years, many system and hospital leaders now acknowledge the importance of employee engagement. Employee are on of the factors to help organizations achieve optimum business. Therefore, it is very important to recruit, develop and retain talented staff who have both engagement and commitment to company success. Successful and sustainable hospital development requires engagement and input from both physicians and employees. Engagement in health care is often defined as a positive, fulfilling work-related state of mind, which is characterized by vigor, dedication and absorprion (Perreira, Perrier and Prokopy, 2018). Yet, for some reason, the concept of physician engagement isn't getting the attention it deserves (Kamins, 2015). Engagement in health care is often defined as a positive, fulfilling work-related state of mind, which is characterized by vigor, dedication and absorprion (Perreira, Perrier and Prokopy, 2018). One of the problem related to physician engagament is that many physicians are not at all engaged (Blizzard, 2004). Recent national surveys assessing the degree of physician found that approximately 3 in 5 employed physicians are disengaged (Advisory Board Company, 2014). Physicians have the lowest engagement across the health care workforce, followed closely by nurses (Press Ganey, 2019). Few physicians felt a sense of pride or passion about working at their health care organizations. This lack of engagement was particularly true for younger physicians (James, 2020). Partnership between specialist doctors and hospitals interesting to study because essentially a hospital with specialist doctors need each other. Number of doctors specialists in Indonesia is limited, but on the other hand the number of hospitals is increasing. Private hospital capabilities employ different specialist doctors, so that private hospitals seek to maintain attachment specialist doctors in an effort to maintain continuity to win the competition. The attachment of a specialist is a feeling a doctor who specializes in the hospital work that includes: vigor (high energy and mental resilience, willingness to give their efforts even in the face of difficulties), dedication (high involvement, enthusiasm, inspiration and presence pride), and absorption (full of concentration and happy at work). This encourages hospital managers to change their strategy in designing systems to maintain doctor engagement specialist with the hospital (Lipin Tjung,et al 2012). The purpose of this study is to determine what factors influence the engagement of doctors in a hospital.

METHOD

The scoping review methodology will be conducted as the research questions were exploratory with heterogenous settings. The research items of this study were formulated using the PCC (Population – Concept- Context) framework. The PRISMA-ScR (Preferred Reporting Items for Systematic Reviews Extension for Scoping Reviews) checklist was used to facilitate the writing of this review. The electronic databases that will be searched from inception onwards include Pubmed, NCBI, Scopus, and Embase. All quantitative and qualitative study designs will be eligible that describe factors associated with hospital physician engagement. After a small calibration exercise, screening and abstraction will be completed separately by two individuals.

Table 1. PCC Framework

Population	Hospital Physician
Concept	Engagement
Context	Hospital Setting
	International
	All Type of Hospital
Keywords	'Physician' or 'Doctors' or 'Specialists' combined with 'Engagement'

The full-text articles were summarized using some of this extraction fields: author(s), years, title, country, affecting factors. The data were then regrouped to answer the research questions.

Table 2. Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
Consisted of articles that reported " Factor, Affect, Attachment, Specialist Doctor, Hospital	Unrelated articles "Factors, Influences, Attachments, Specialists, Hospitals
Published full-text articles from the past 20 years (from 2002 to 2022)	Unpublished full-text articles from the last 20 years (from 2002 to 2022)
Studies published in peer-reviewed journals	The source of the article is a book or poster

Study Selection

Based on the results of searches conducted in Pubmed, NCBI, Scopus, EMBASE a total of 650 articles were obtained which then entered the elimination stage, resulting in 35 articles which were subsequently included in the results of this review (Figure 1).

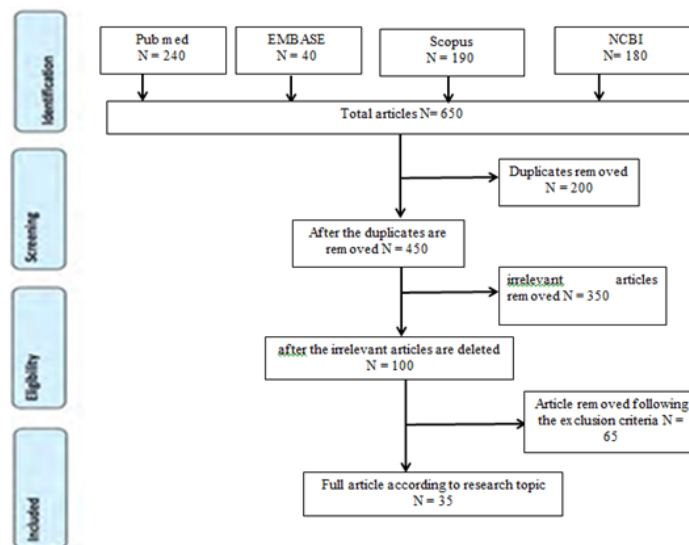


Figure 1. PRISMA Flow Diagram For The Scoping Review Process

The literature identification phase resulted in 650 records (240 from PubMed, 180 from NCBI, 190 from Scopus, and 40 from EMBASE). These records were then screened using bibliographic data, resulting in the exclusion of 200 duplicates and 350 irrelevant articles, leaving 100 full-length articles. Afterward, these articles were assessed for eligibility, in which 65 of them were removed following the exclusion criteria. Subsequently, 35 articles were selected for inclusion in the review. All of the 35 articles that meet the inclusion criteria, the publication year varies from 2002 to 2022.

RESULT AND DISCUSSION

Doctor And Hospital Relationship

The key to the success of hospital service activities lies in the doctor as a service provider in the hospital. From a management point of view, doctors are hospital customers. In such a position, organizational management still has strong bargaining power for several reasons, such as: doctors prefer the form of hospital-based group cooperation because of job security (assurance of security at work), forms of services that already have market coverage of services, complete facilities and services. ready. In this case, a good relationship and a conducive system will bridge doctors and hospitals. Doctors as professionals greatly affect services in hospitals. Usually, these professionals tend to be autonomous and independent, and sometimes their mission is not in line with hospital management. In this case, hospital managers must be able to integrate the professional independence of doctors into the overall vision and mission of the hospital that has been set (Chipidza, et al 2015; Denis and Gestel, 2016; Harbishettar, et al 2019; Berger, et al 2020; Deng et al. , Cai , Yang , et al. 2021).

Hospitals work for people from dozens of professions, whose professional desires and career expectations do not always align or match the goals of the hospital where they work and historically the role of doctors has been dominant. This causes an imbalance of authority which now often creates conflicts of interest with other professions. The partnership relationship between professional staff and hospitals is divided into two: (1) Traditional relationships with the relationship between hospital owners, hospital managers and professional doctors who can be family, friends, shareholders, employees, people who apply according to procedures, and (2) The current relationship with the existence of an umbrella relationship, mutual respect between rights and obligations, professional

relationships and has legal aspects. Doctors and hospitals are required to enter into a written agreement; and this varies depending on the nature of his working relationship with the hospital. Doctors are differentiated based on the partnership relationship between doctors and hospitals into permanent doctors, honorary/contracted doctors, non-employee permanent doctors (practice schedule is in accordance with the agreement not paid by the hospital), part-time doctors (only practice with a certain schedule at the hospital), and visiting physician (only treats patients without a practice schedule) (Trybou, 2014; Chamsi-Pasha and Albar; 2016; Roodbeen, et al 2020; Gala, et al 2021; Hu, et al 2021).

Human behavior in an organization is the beginning of organizational behavior, concerning aspects arising from the influence of the organization on humans and vice versa. In order for the implementation of organizational work to achieve achievement, it is necessary to understand the involvement of a group of people, equipment, work methods, time, materials as resources. It takes effort to organize and direct these resources, both human and equipment, by management. Organizational effectiveness is achieved when management can focus its attention on both production and people (Beck, et al. 2002; Lings, Evans, Seamark, et al. 2003; Potter and McKinlay, 2005; Pandhi, Bowers, Chen. 2007; Ridd, et al. 2009).

Table 3 Results Of Studies Related To Factors That Influence Doctor Attachment In Hospitals

Author	Title	Year	Conclusion
Nanthapornsak, S., & Manmart, L.	The Factors Affecting Physicians' Employee Engagement of Private Hospitals in the Northeastern Region, Thailand	2019	The results for all three means were significant with $p < 0.01$. There are 15 factors used in this study which are significantly related to organizational engagement. There are 3 factors which show higher correlation; 1) medical equipment 2) job opportunity 3) hospital location. The organization engagement of the physicians is that the hospital should have a policy to invest more into this topic such as invest in sending doctors for continuing education and training in a special field. The hospital should be equipped with advanced and modern medical equipment. The organization should have a plan and career path for their physicians.
Simon W Rabkin, et al	Physician engagement: the Vancouver Medical Staff Association engagement charter	2019	The development of this charter for physician engagement, embodies elements that have reinforced the importance to leadership of the benefits of physician engagement, not only for improved organisational management but also for more efficient and effective patient care
Everall AC, et al	Factors Impacting Primary Care Engagement in a New Approach to Integrating	2022	The 13 factors influencing primary care engagement were interconnected and operated at health system, integrated care initiative, and sector levels. Future research should focus on integrated care initiatives as they mature, to address potential gaps in the involvement of primary care physicians.

Care in Ontario, Canada			
Wilczyński, et al	Factors influencing the levels of work engagement in physicians from Poland, Serbia and Bulgaria	2015	Family life of physicians seem to have minor or even no influence on their work engagement and risk of burnout. The negative influence of work on family life may increase the risk of depression, and that effect is not susceptible to either positive or negative interactions of family life with work. The country with the lowest expenditure on a healthcare have also the lowest levels of work engagement.
Tjung, et al	Physicians engagement at Eka Hospital BSD-City and Pekanbaru	2012	There was no correlation between remuneration system and part time or full time physician engagement. Physician engagement was related to hospital perception support like completeness of the facility and staff support, vision and mission of the hospitals and prospect for development of skills and professionalism.

Factors Affecting Doctor Attachment in Hospital

“Work psychology” involves the study of human behaviors in the workplace. Work outcomes are directly related to behavioral intentions, which are preceded by work attitudes, which in turn are impacted by one’s observations of their work environment and interactions with leadership and coworkers. “Antecedents” would be characteristics in the work environment that impact physician engagement, which in turn impacts work outcomes, in other words, the consequences of physician engagement (Harrison and Johnson, 2008; Byrnes, 2015; Kurtessis, et al 2017)

The major overarching antecedent of physician engagement appears to be organizational culture. Organizational culture is defined as follows: the values and behaviours that contribute the unique social and psychological environment of an organization. This includes an organization’s expectations, experiences, philosophy, and values that hold it together. It is based on shared attitudes, beliefs, customs, written and unwritten rules that have been developed over time. It is shown in 1. The way the organization conducts its business, treats its employee, customers, and the wider community 2. The extent to which freedom is allowed in decision making, developing new ideas, and personal expression, 3. How power and information flow through its hierarchy, and 4 (O’Hare and Kudrle, 2007; Bahadori, et al, 2016; Shanafelt and Noseworthy, 2017).

How committed employees are toward collective objectives. From a leadership perspective, it is important to understand physician culture, workforce diversity, and cultural challenges, norms, and values. The four key cultural attributes that act as antecedents to physician engagement are accountability, communication, incentives, opportunity, and interpersonal skills (Frederiksen, Kragstrup, Dehlholm-Lambertsen 2010; Milliken, 2014; Maunder and Hunter. 2016; Cardarelli, Slimack, Gottschalk, et al. 2020).

CONCLUSION

From the results of the research conducted, it was found that the attachment was not solely due to the material or income earned, but also the existence of a factor of appreciation and recognition in the form of immaterial. Another factor related to engagement is the motivation to join the hospital, such as the completeness of the facilities so that they can develop their knowledge, as well as the similarity of the hospital's vision and mission. The suggestion from this research is that further studies are needed on various physician engagement factors in each hospital in Indonesia because the characteristics of hospitals in Indonesia differ from one hospital to another.

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