

# If Only The Doctors Would Listen... to Administrators

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***The unique dynamics of the physician-administrator relationship make it ripe for conflicts.***

*Mutual respect and open communication are imperative to a working relationship.*

Relationships between medical group physicians and their administrators may be some of the most complex relationships on earth. Administrators are both servants and leaders of their physicians, but still regarded as not-quite peers. Administrators have to get physicians to make business decisions in their own best interests, even when physicians' attention is focused on patient care and they despise business challenges. Physicians look to administrators to provide guidance, but then often challenge their leadership when it is demonstrated. Sometimes it seems like a no-win situation.

Think of a tool and dye shop as a metaphor for the relationship. The physicians are like the machines in the middle of the shop. They are the engines of sustainable financial health and are most effective when they are working. The administrator's job is to keep them working productively and efficiently. On the other hand, it is as though the machines own the place and have the right to tell the administrator when they will work and what they will do.

The unique dynamics of the physician-administrator relationship make it ripe for conflicts. While the doctors view themselves as champions of patient care, administrators assume a role as champions of efficiency. Physicians may resent that managers go home at the end of the day while they have to return to the hospital or stay alert for call responsibilities. Administrators may resent that physicians get the big paychecks, unaware of how management efforts contributed to those paychecks. If the tension builds without mutual respect and open communication, the situation can become a volcano waiting to erupt.

With so much riding on the interdependent relationship between physicians and administrators, it may come as no surprise that the value of strong and healthy physician-administrator teams is a consistent theme in the annual MGMA Report on "Performance and Practices of Successful Medical Groups." Based on the MGMA reports and on my experience, I would highlight the following four keys to healthy teams.

1. Mutual respect is an imperative. Each person must approach the relationship with an appreciation for the role of the other as much as an appreciation for his/her own role. The team has to embrace the interdependence. There is no room for power-plays that diminish the contributions of the other members of the team in an effort to bolster one's own self-image.

2. Forums for communication are equally essential. The team must designate time to talk about the decisions they need to make. The time needs to be regular and uncomplicated by interruptions. Everyone on the team has a responsibility to make sure the time is used well. Agendas can help, as can a designated discussion leader. The meetings should start on time and end on time. They should be held at a time and place that allow for clear thinking.

There will obviously be occasions when a brief meeting between patient visits will be necessary to make a timely decision, but those encounters are not adequate in and of themselves to qualify as the kind of forum for communication that healthy teams need. Designated time for decision-making has no substitute. The amount

**Clarifying mission, purpose, and rules for engagement leave less room for conflict.**

*Mature teams establish regular forums for reviewing their relationships.*

and frequency of the time depends on the size of the organization, the complexity of challenges, and the decision-making styles of the team members.

3. Common ground, in the form of a clear understanding of the organization's mission, vision and values, can go a long way toward efficient and effective decision-making. Teams that have not articulated their purposes, ambitions, and rules for engagement are much more likely to encounter conflicts than those who have a common commitment to clear goals. Organizations that do enjoy clarity to common commitments find that they can make decisions more efficiently and effectively, with less meeting time, by relying on the mission, vision and values as pre-made decisions guides.

4. Mutual accountability is a consistent quality of strong trust relationships. In the context of mutual respect, open communication, and common ground, team members can feel free to express their opinions and their feelings, even about the dynamics of the relationship between them, without fear of reprisal. Mature teams establish regular forums for reviewing their relationship, using peer review tactics to draw out the best in each other. The format for evaluation is less important than the discipline of structuring time to honestly review the relationship's effectiveness and diligently committing to improving it.

The potential for irresolvable conflict seems to grow in the absence of any one of these four relational qualities. The potential for stellar performance seems to grow when these qualities are alive and well in the physician-administrator team. Everyone on the team has an opportunity and responsibility to build a culture that nourishes the relationship, and to protect the integrity of it for the benefit of the whole organization. Building and keeping healthy relationships becomes both a career-enhancing experience and a means of developing healthy patient-care relationships.