

A Unified Approach to Driving Patient and Physician Loyalty

By focusing on shared drivers of patient and physician loyalty, health care leaders can improve performance across inpatient, medical practice, and emergency department settings.

Executive Summary

Patient and physician loyalty are two of the most important concerns facing health care leaders today, as both are essential to organizational success. And while the loyalty of patients to a provider or facility and the loyalty of physicians to their employers affect health systems and care delivery in different ways, research confirms that they are influenced by many of the same considerations.

Previous research has shown that patients' likelihood to recommend a physician or practice, the primary indicator of patient loyalty, is highly correlated with markers of physician loyalty, including physicians' likelihood to recommend their organization to friends and family, their likelihood to stay with the organization, and their trust in the quality of care.

In this report, we examine this relationship more closely by analyzing the top drivers of patient loyalty and comparing them to drivers of physician engagement across various care settings.

Specifically, the analyses found the following associations.

- Caregiver teamwork is a critical consideration in both patient and physician loyalty, and is the strongest predictor of patient loyalty in inpatient and medical practice settings.
- Patients' perception that staff cared about them is the strongest patient loyalty driver in the emergency department.
- Feeling respected by their physicians, being treated courteously by both physicians and nurses, and perceiving caregiver responsiveness to their concerns are also strong predictors of patient loyalty.

Together with engagement items that influence physician loyalty, such as trust in leadership, respect from leadership, and organizational support for delivering care that meets patients' needs for safe, high-quality, compassionate care, these insights provide direction on where and how to focus improvement strategies.

Introduction

In today's consumer-driven, value-based health care market, patient loyalty and physician loyalty are more than “nice-to-haves.” They are “must-haves.” Health systems are competing for patients' business, so they need to consistently and reliably meet patients' expectations around the care experience to retain and increase market share. In addition to the financial benefits of patient loyalty, care coordination—and thus, care safety and quality—is likely to improve when patients remain with the same physician and network. This not only feeds the cycle of patient loyalty, it also feeds the cycle of physician loyalty by supporting doctors' emotional connection to their patients and their mission.

On the caregiver side, health systems need the loyalty and trust of their physicians to take good care of patients, improve value under new payment models, and develop and maintain High Reliability cultures—outcomes that similarly feed back into both patient and physician loyalty.

These interdependencies suggest that although patient and physician loyalty are distinct objectives, they respond to the same types of improvement, and the return on investment is care that is safer, technically excellent, more efficient, and better at meeting patients' and physicians' needs.

Connecting the “Why” and the “How”

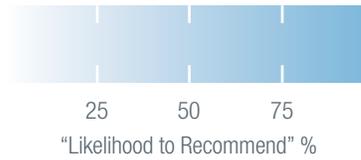
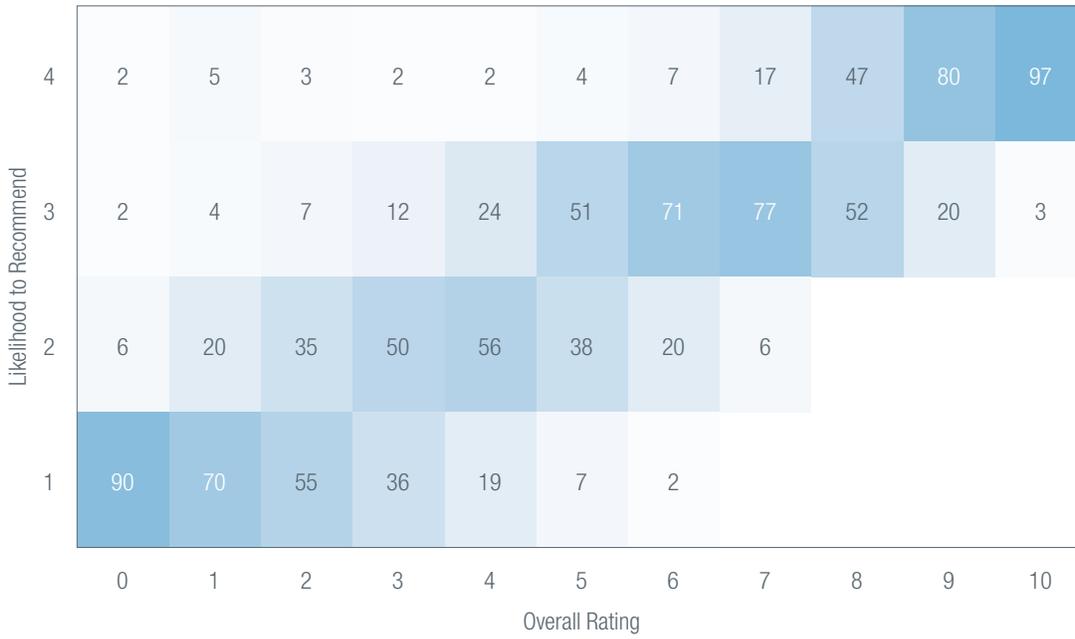
“People don't buy what you do, they buy why you do it.” This simple yet powerful lesson about consumer behavior and loyalty from Simon Sinek's 2009 “How Great Leaders Inspire Action” TED Talk¹ gets to the heart of the overlap between patient and physician loyalty in health care. Sinek observed that leaders and organizations that inspire loyalty are guided by their purpose, their “why.”

Sinek posited that once organizations clearly articulate and believe their “why,” they can focus on the “how”—the specific actions that will deliver on their mission. This then leads to the outcome, or the “what.” Loyalty patterns identified through analyses of patient experience and physician engagement feedback are consistent with this framework, with some intriguing nuances.

The universal “why” of health care is to reduce patients' suffering by meeting their needs for safe, high-quality, compassionate care, and data show that both patient and physician loyalty are tied to perceptions of care quality. In terms of patient loyalty, this relationship is indicated by the strong correlation between patient likelihood to recommend the provider or organization and their overall rating of the care experience (Figure 1).

Figure 1

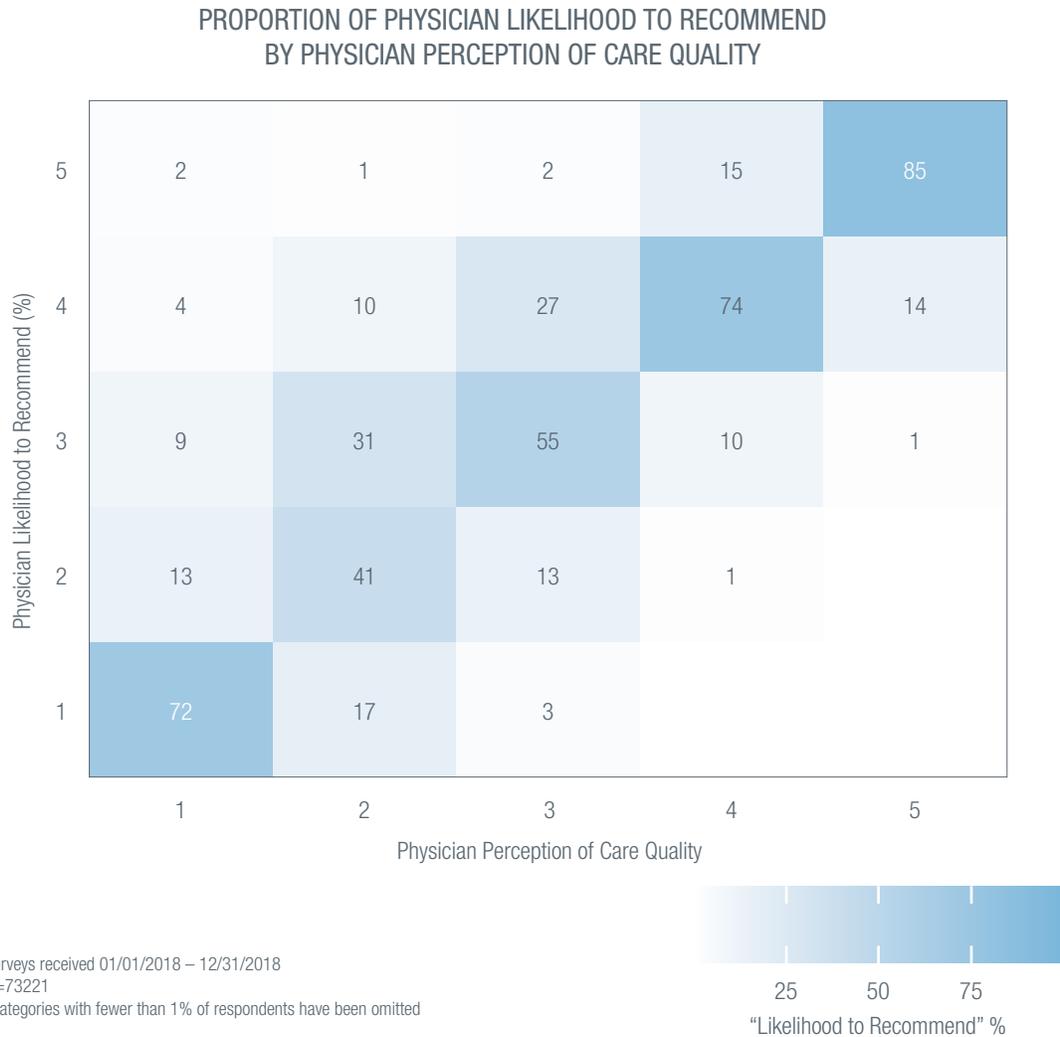
PROPORTION OF PATIENT LIKELIHOOD TO RECOMMEND
BY PATIENT OVERALL RATING



Surveys received 01/01/2018 – 12/31/2018
3,071,602 respondents
*Categories with fewer than 1% of respondents have been omitted

Similarly, physician engagement data from medical practices and hospitals across the country show a strong correlation between physicians’ perception of care quality at their organization and their likelihood to recommend the organization to family and friends (Figure 2).

Figure 2



Further insight into physicians’ connection to their personal “why” have been gained through a Resilience measurement tool focused on assessing activation (the extent to which they feel that their work has meaning) and decompression (the ability to disconnect from work when they are off-duty).

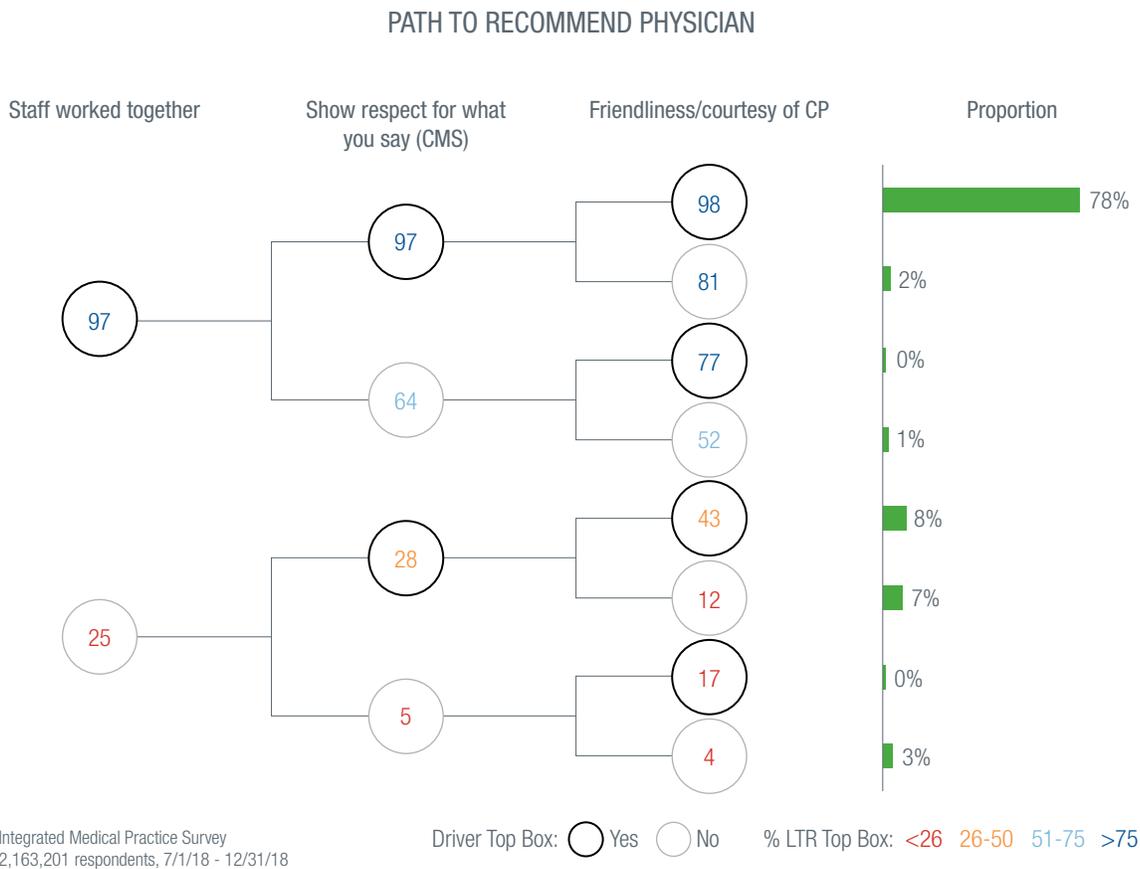
Analyses of these resilience data confirm that physicians really care about the “why” and being connected to the meaning of their work. When they believe the organization has the right values and that their work has purpose, they are more engaged and are more likely to expect to stay with the organization.²

Beyond the tremendous impact of the “why,” both patient and physician loyalty are also influenced by the “how.” How can we reduce suffering? How do we deliver safe, high-quality, patient-centered care? How do we perform at a high level consistently and reliably?

The degree to which patients and physicians value these considerations is evident in an examination of the loyalty drivers for both groups.

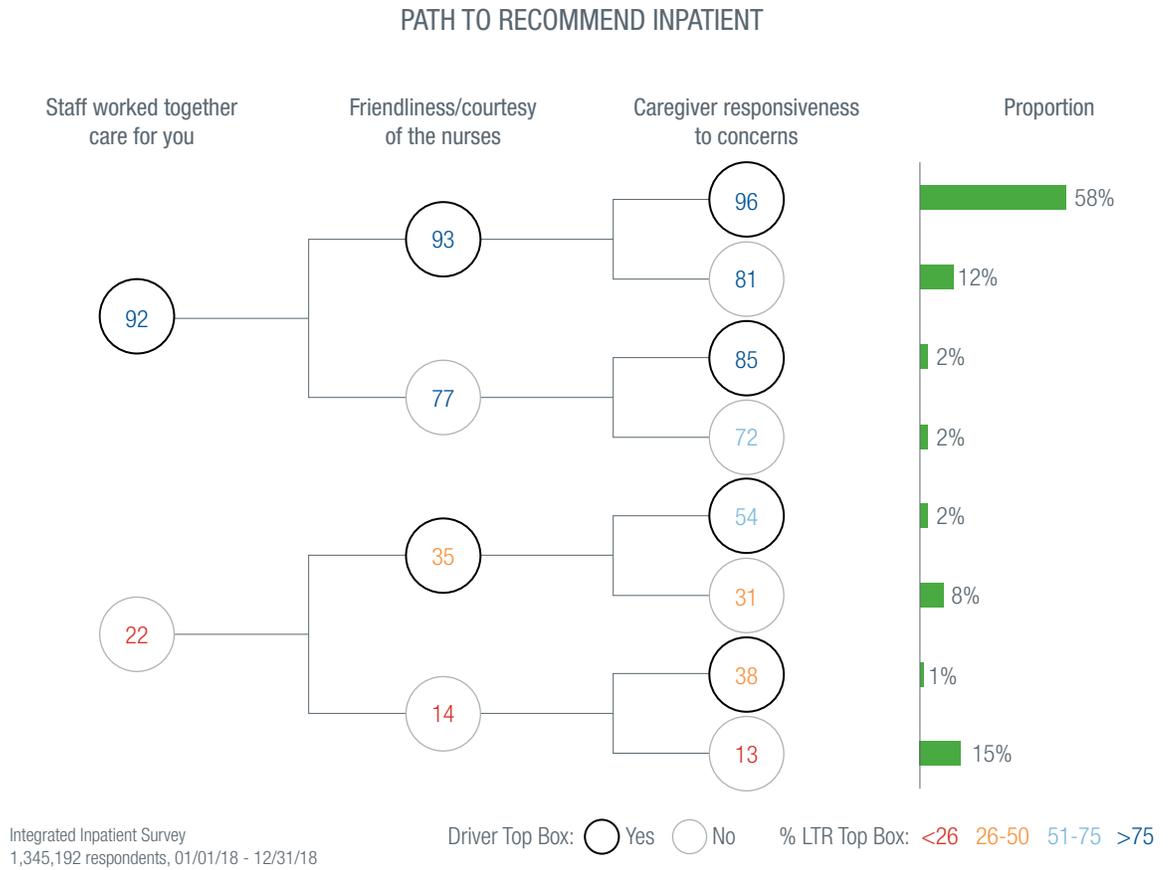
Analyses of key drivers of patients’ Likelihood to Recommend ratings in various settings indicate that patients want coordinated care, communication, and empathy. For example, in the medical practice setting, teamwork, respect, and courtesy emerge as the top three drivers of patient loyalty (Figure 3).

Figure 3



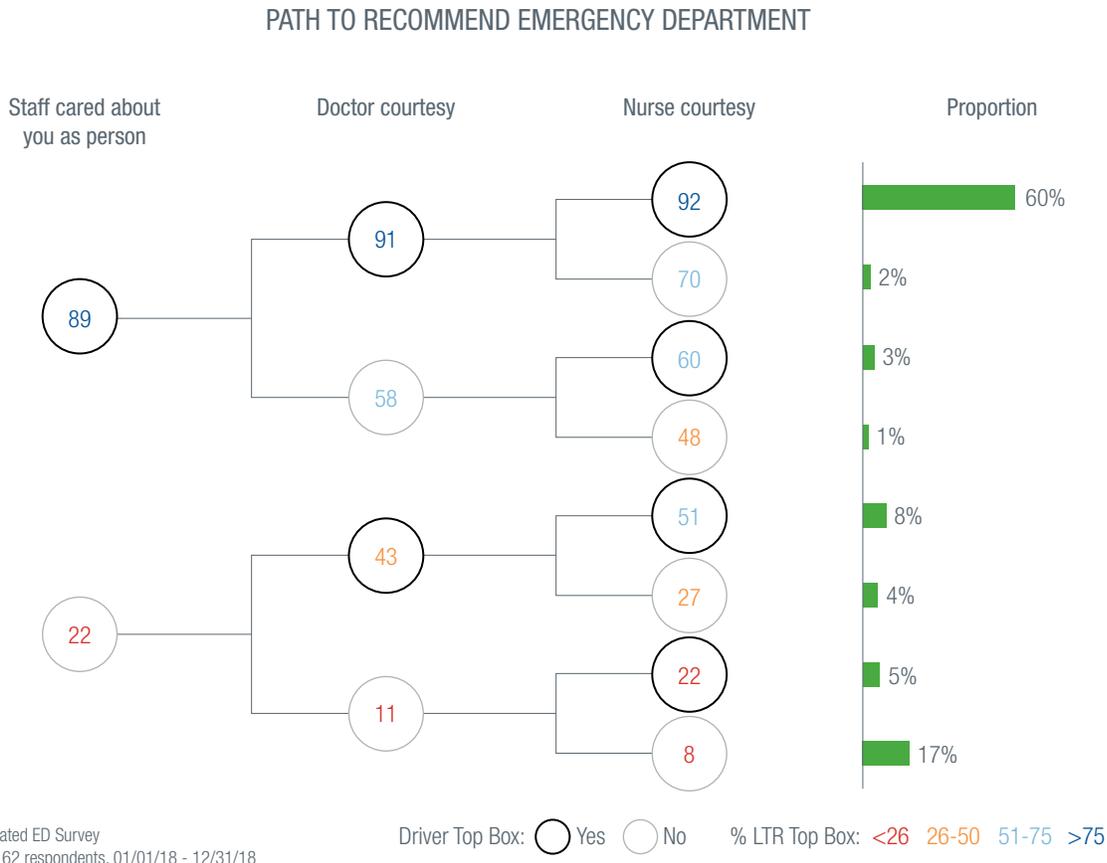
In the inpatient Physician setting, patients' perception of teamwork is again the top loyalty driver, followed by nurse courtesy and caregivers' responsiveness to patient concerns and complaints (Figure 4).

Figure 4



Finally, the strongest path to loyalty among patients receiving care in the emergency department starts with patients' perception that staff cared about them, followed by physician and nurse courtesy (Figure 5).

Figure 5



These data suggest that if providers are aligned with the “why” and deliver care with a patient-centered “how”, the result, or the “what,” is a positive experience both for the patient and physician. This loyalty results even when patients give low ratings to some of the other experience items, such as wait times or hospital noise.

For instance, in the analysis of medical practice data, among patients who gave top-box scores for teamwork, 97% also gave top-box scores for recommending their provider. And when those same patients who experienced great teamwork also perceived that their care providers respected what they had to say, top-box scores for Likelihood to Recommend remained at that high of 97%. In comparison, among patients who experienced teamwork but did not feel their care providers respected their input, only 64% were likely to recommend their provider.

Among the 78% patients who gave top-box scores for teamwork, caregiver respect, and caregiver courtesy, 98% gave top-box Likelihood to Recommend ratings. This high level of recommendation was achieved, regardless of performance on other patient experience measures.

On the physician side, the loyalty drivers related to teamwork, care quality, respect, and responsiveness overlap with many of the physician engagement survey items, called power items, that most powerfully drive physician commitment. Some examples include

- My work unit works well together;
- There is effective teamwork between physicians and nurses;
- This organization provides high-quality care and service;
- This clinic/group cares about quality improvement;
- This clinic/group makes every effort to deliver safe, error-free care to patients;
- I get the tools and resources I need to provide the best care for patients;
- I have adequate input into decisions that affect how I practice medicine;
- Administration is responsive to feedback from physicians/providers;
- There is a climate of trust in this organization; and
- Overall, I believe my patients feel highly satisfied with the care they receive.

The nature of these items and their relationship to physicians' commitment to their work and to their organizations indicate that physicians want to practice medicine in a setting where they perceive collaboration across the care team, a strong partnership with the organization, and support for delivering safe, high-quality, patient-centered care.

Integrating Patient and Workforce Loyalty

Integrated analyses of both patient experience and physician engagement demonstrate that these two considerations are complementary and interdependent. Patient experience ratings tend to be better in organizations where clinicians are highly engaged and report finding more meaning in their work.³

Further, understanding and optimizing the symbiotic relationship between these as well as other care delivery attributes is fundamental to accelerating the pace of transformational change that health systems need to achieve to thrive in the new competitive marketplace.⁴

In fact, new data indicate that when patients' overall perception of their care experience and workforce engagement both improve, there is a compounding effect on business performance.⁵

Based on these insights, medical practice, hospital, and health system leaders should consider the Why–How–What framework when developing a transformational roadmap, beginning with the “why” and focusing closely on the following “hows” that will likely have the most profound rising-tide effect:

- Care coordination and teamwork
- An environment of compassion, trust, and respect
- Support for physicians’ capacity to deliver safe, high-quality care
- Communication that makes patients feel heard and physicians feel valued

Identifying and focusing on these considerations in a culture of continuous improvement requires regularly measuring progress, communicating outcomes, and adapting as needed.

Conclusion

Patient and physician loyalty are increasingly recognized as both intertwined and interdependent. One cannot occur in the absence of the other, and health care organizations need both to be successful. There is a virtuous cycle in which, if patients have a better experience with their care, personnel have greater pride in their organizations and their own work, and they are more likely to express a desire to stay. And organizations need and want their personnel to stay so that they can develop and maintain a High Reliability culture, which is foundational to delivering consistently safe, high-quality care.

Insights into the shared attributes that drive patient and physician loyalty suggest that the best approach for improving both is less patient- or physician-specific than it is why- and how-specific. When providers start with the right “why” and pursue it through the “hows” that best represent patients’ needs and expectations and physicians’ values and principles, the outcome—the “what”—will reflect this alignment and accelerate high performance organization-wide.

¹ Simon Sinek, “[How Great Leaders Inspire Action](https://www.ted.com/talks/simon_sinek_how_great_leaders_inspire_action),” filmed September 2009 at TEDxPuget Sound, Newcastle, WY, video, 17:58, https://www.ted.com/talks/simon_sinek_how_great_leaders_inspire_action.

² “[Burnout and Resilience: A Framework for Data Analysis and a Positive Path Forward](#).” 2018 white paper, Press Ganey Associates, Inc.

³ “[Achieving Excellence: The Convergence of Safety, Quality, Experience and Caregiver Engagement](#).” 2017 *Strategic Insights Special Report*, Press Ganey Associates, Inc.

⁴ “[Accelerating Transformation: Translating Strategy into Action](#).” 2019 *Strategic Insights Special Report*, Press Ganey Associates, Inc.

⁵ Nell W. Buhlman and Thomas H. Lee, MD, “[When Patient Experience and Employee Engagement Both Improve, Hospitals’ Ratings and Profits Climb](https://hbr.org/2019/05/when-patient-experience-and-employee-engagement-both-improve-hospitals-ratings-and-profits-climb),” *Harvard Business Review*, May 8, 2019, <https://hbr.org/2019/05/when-patient-experience-and-employee-engagement-both-improve-hospitals-ratings-and-profits-climb>.

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