

# Leadership in Healthcare: Identifying leaders within your staff and fostering growth

## The Current Practice Environment And Healthcare Staff

On the surface, the concept of “leadership” may seem basic. It’s the people in charge, the ones who run the group and make the decisions. But that’s just the surface. When you take a deeper look at the concept, suddenly the word balloons in detail and becomes very abstract, and nowhere is this more apparent than in the field of healthcare.

Healthcare as an industry can be broken down into millions of networks that are all interconnected to make the system work. These networks expand into many different areas, but the part of the healthcare chain where leadership is most crucial are the healthcare practices who interact with and provide care to patients.

The staff of a practice, from the front desk, to providers, to backend coders, all play a part in providing care and making

sure payment is received, but this work requires training and having strong leadership to turn to.

Leadership is what makes these practices function, but how can you find leaders in your practice? And what training do they need? Are there even any benefits to trying to build up your leaders? These questions should always be at the forefront of a practice owner’s mind in order to build up the leadership potential to maximize the efficiency of their practice and creating a healthy and positive workplace.

### COVID-19 and its Effects on the Workplace

The healthcare industry was greatly affected in 2020 by the COVID-19 pandemic, and the effects of the pandemic on the workplace are still being seen in 2021.

“Covid turned the focus of healthcare on patient care and safety,” said **Chris Zaenger, president of Z Management Group, Ltd.** “And the latter for employees.” The pandemic caused many providers to take a hard look at their options to keep their employees safe while still seeing patients. “A number of practices initially closed to seeing patients even though they were in primary care and could see patients for a month, sometimes a little longer, to set up and prep for it [the pandemic] if they weren’t sure how to handle it initially.”

Because the onset of the virus was very sudden, many rules laid out by the CDC were confusing and tended to change without notice. To compensate for this confusion, practice management had to create their own protocols to help keep their staff safe. Some practices set up gowning and

masking protocols, while others refused to see patients who had fevers, and many practices relied on drive-through patient flow protocols to keep as much precautionary distance between the staff and patients as they could.

Even in the second quarter of 2021 and with a vaccine rollout in the US, these protocols are still in place. But these strict standards helped create a work environment of burnout, felt by staff and management alike.

The LA Times article **“Coronavirus may be creating better bosses, who talk less and listen more”**, written by Deborah Netburn, discusses how management gained a new perspective during the pandemic which allowed them to see the hardships that their staff faced, and even if there was nothing they could do, they listened to their staff’s concerns, showing great amounts of empathy. This empathy and need to act as a therapist to help their staff increased management’s burnout, and when their management style reflected this exhaustion, the rest of the practice felt the negative moral shift as well. But some workplaces are taking steps to mitigate the stress that they and their staff feel as best they can with what is in their control.

Many practices have turned to Telehealth during the pandemic but will also be keeping the technology in the long term as it can help balance the flow of patients physically in the office, but also help front desk staff manage patient communications and gather the necessary information they need before an in-person visit to reduce confusion and strain on a practice’s staff.

“So that [Telehealth] has been a huge change, and it got accelerated by this last year,” says Zaenger. With better technology to rely on, healthcare practices can ease into a full reopening, making sure they are not exerted by the strain of returning to normalcy.

### Identifying Leadership Potential within Your Staff

When looking for leaders, it’s best to start off with who you hire. Over the past decade, how practices go about hiring

staff has changed, with many practices are turning to jobsites to recruit who they need.

“It’s harder to do in-person networking,” says **Debra Phairas, president of Practice & Liability Consultants, LLC**. Many practices have turned to jobsites because of the ability to publish all the details of a job at no cost, getting specific with responsibilities, perks, benefits, and more, but it’s important to look for candidates with the motivation to improve your practice.

Some doctors are also going directly to students to find smart and motivated staff. “Most of my doctors are going to universities, like UC Berkeley for example,” said Phairas. “A lot of my doctors in the Berkeley-Oakland area hire pre-med students to be their scribes because they want a recommendation to medical school.”

Benchmarking is also a very important part of hiring new staff, as it will impact how many new members a practice can take on if more support is needed in a particular department.

“The first thing I suggest is that they [practice owners] overall analyze their staffing patterns. Groups like MGMA and Medical Management Association, Sullivan Cotter, American Medical Group Association, the National Society of Certified Healthcare Business Consultants—we all do data surveys on our practices,” said Phairas.

She suggests that owners look at the range for what’s typical for those staffing patterns from the data collected by these practice surveys. “The other benchmark is full time equivalent to doctors and providers. A full time equivalent is adding up the hours per week a staff person works. For example, a 20 hour per week staff and a 40 hour per week staff person is not 2.0 FTES,” says Phairas. “It is 20 plus 40 hours which equals 60 hours and divide by 40 hours to get 1.5 FTE staff.”

This can be adjusted for the number of full-time doctors and providers at a given practice, but when graphed out, it will show if a practice is operating at the norm, under the norm, or over the norm of full





time equivalent to doctors and providers. If the pattern shows a practice is over staffed or understaffed, this must be considered if a practice wants to bring on new hires in any of their departments.

By graphing out these benchmarks, practices can put together an anticipato-

qualities in their staff, many of which may seem basic at first, but can be incredibly effective in identifying leaders.

“I always tell my doctors they need to hire for attitude and train for aptitude,” said Phairas. “Just because somebody doesn’t have experience, that person might really

prehension, toss a piece of candy to the 1st person who answers correctly. Staff can also break into teams to learn certain material, and have teams compete against each other for the most correct answers. Role play out scenarios based on the training material, have others watch and critique (suggestions of improvement).

Finding and training leaders for your staff doesn’t just have to be external effort alone, as developing leadership skills with-in your existing staff is just as important. “The best way to do that [find leaders] is to make it part of your job description,” says Zaenger. “The other way is to pro-mote someone internally who naturally seems to be a leader.”

Coholey believes management should be looking to identify leaders amongst their staff who could help make the practice more efficient and have a more open culture with attributes that include an employee’s training/mentoring back-ground, their loyalty and honesty, if they’re willing to take responsibility and is a self-starter, and most importantly, if they have a positive demeanor (you can train people, but you can’t train personality).

“I think the idea of a “welcoming workplace” varies a lot... but it is a constant.”

— Chris Zaenger,

President of Z Management Group, Ltd.

ry budget and expenses so many months ahead and measure if they can or should hire new staff.

So now that a practice owner has budgeted and found potential staff members to hire, they move into the most crucial part of building leaders: training.

What’s important to remember is that training leadership goes beyond making sure a staff member is prepared to handle the work. They need to be able to communicate, work on a team, and take on the responsibilities required of them to be an active member of a practice.

“I typically would research different team building programs online,” says **Shelly Coholey, a healthcare consultant with SC Practical Solutions.** “And select a few based on the personalities and dynamics of the practice (meaning what I thought the majority of my staff would respond well to base on their personalities). The more fun you can make the training with simple incentives, tends to keep staff engaged and more open to remembering and implementing the material.”

There are many other training programs that management can implement to help promote team building and leadership

have a great attitude and can be trained.”

Coholey also suggested leadership training activities that can be helpful when learning new material. In group settings the trainer can toss a ball to someone when they want them to answer a question, and have them toss it to the next person who must answer the next question. When asking open forum questions to identify com-



But how can management transition these staff members to leaders without over-loading them? Coheley's solution is communication. "Work with them close-ly and have open communication of what they are responsible for and to commu-nicate if they start to feel overwhelmed. Identify as they take on more leadership responsibility, that some of their other tasks may need to be reassigned." Making sure your staff is comfortable with the training is also important, as adding this into a workday may run against resistance from staff who prefer to keep things as is.

"I think it's just the nature of the beast," says Phairas. "Medical office staff just like to keep doing things the way they've always been doing them." But if they believe in evidence-based medicine, they should be open to change when evi-dence shows that there's a method to make operations run more efficiently, and the ones who are willing to do this are the people who should be leaders. And this also applies to how staff reacts to training involving how they treat patients during a trying time, like the pandemic. Those who rose to the occasion are staff members that management knows they can rely on.

"Make them [the staff] understand that patients are sick and not feeling well," says Zaenger. "Be kind to them, even if they're not kind to you." The members of your staff who are willing to put in the extra work to understand the patient's feelings and take on more responsibility to make their healthcare experience easier instead of refusing to change outright are the lead-ers of your practice.

### Bringing Out the Leaders

Open lines of communication between your staff and management can also encourage members to take on more responsibility. Zaenger advocates for exist-ing management to frequently touch base with employees to measure how they are handling patients and whether they are succeeding in their primary role as health-care providers.

He also suggested track-ing referrals over time by patients to see if patients favor one healthcare provider over another to monitor where gaps in the staff's attitude or professionalism may be.

"Getting new patients in a practice is a critical thing," said Zaenger. "We saw that in terms of practices hiring new physicians and how quickly they grow them."

If you can train new hires to be self-sustaining, and monitor and address issues as they arise, practices will see positive returns on fostering these leaders.

There are also external surveys that practices can rely on to find out wherein their practices that they need to be focusing. "MGMA has anonymous texting polls

## Meet The Panel

Healthcare practices are often small, family-run businesses and like any business, they need to remain profitable to survive. So how can healthcare practi-ces manage to stay profitable during a time when many peo-ple are wary of coming into the office?

To answer that question, we asked for input from an Health-care Thought Leadership panel of NSCHBC members, including:



**H. Christopher Zaenger, CHBC**  
 Z Management Group, Ltd.



**Debra Phairas,**  
 President of Practice & Liability  
 Consultants, LLC.



**Shelly Coheley**  
 Healthcare Consultant  
 SC Practical Solutions



that I get at least once or twice a week that are from all around the country about certain things,” says Phairas. “So, one that came through... is that 88% of practices surveyed are having trouble finding medical assistants, and I have certainly seen that in my area. Most of my clients are desperate for medical assistants when somebody leaves.”

Phairas also advocates for a practice’s use of yearly surveys to find any problem areas that may have arisen between their staff that is making it hard to have a cohesive team. “They need to do an anonymous staff survey at least once a year.

And they need to ask questions like, ‘How happy are you?’ and ‘Are you happy with the wage and the benefits?’... ‘How happy are you with your supervisor?’”

These surveys identify what staff members need to have better management and supervision, and if these suggestions are listened to, the turnover rates will drop. Any by keeping the surveys anonymous, staff members will also be more willing to open up about their colleagues and suggestions they have for them. With anonymity, you get honesty.

However, if a staff member still chooses to leave a practice, exit surveys are incredibly important, as the outgoing staff

can also help you identify problem areas within your practice which need fixing.

But even with training and open communication to help foster the leaders within a practice, giving external motivation or a reward also never hurt. “Staff need external motivation, and that gets them thinking and participating and improving,” stated Phairas.

In the same vein of the training exercises for new staff, Coheley also suggested putting a cyclical reward system in place for existing staff. “Reward systems can be put into place to help foster an environment where staff feels like their efforts have been appreciated, incentivizing people to take on more responsibility because they know their efforts will be seen and rewarded. This could be done discreetly through Merit pay increases, bonus, gift cards, PTO time,” said Coheley.

But Coheley also recommended more open rewards and suggested methods like the sunshine award, where staff and patients can nominate employees who went above and beyond to be friendly, and the star award, where staff nominates an employee who has stepped in and helped them during a busy time, with a problem they were having difficulty resolving, a difficult patient, or other situations. “Create a wall of honor for the year showing each month who won the awards,” said Coheley. “This is also useful when writing employee performance review. Including positive or encouragement comments based on if a staff member is always being nominated or never nominated.

Phairas agrees. “You should always praise in public, reprimand in private.”

## What Consultants can do to Help

Putting a plan in place to help foster the leadership potential of your staff can be daunting. Creating training programs and benching marking the successes and areas needing improvement takes a lot of work, and with the rest of the day-to-day stress



of a running a practice, management may not always have the time to dedicate to their staff's development.

Consultants are a viable option for developing every department in a health-care practice, from human relations, to creating better communications, to risk management, and every other aspect needed to make a practice successful. When it comes to leadership, consultants can help develop training programs and identify how to grow your staff into a self-sustaining team.

“For most practices we’ve helped design protocols with them to do internally in the office, phone screening and such like that in terms of booking appointments,” said Zaenger. He has also had experiences where he was hired to completely rework the patient flow in the space of the office to make it safer for staff during the pandemic, as well as achieving other goals set forth by practice owners.

“I do customer service training for medical office staff because most of them have never had that. I think doctors and managers just expect that they’re going to know it, but they don’t.” Says Phairas. What might fall by the wayside can be something all staff members learn to do to make your practice that much better. By taking on a consultant, you take on an outside member of your staff who can review your practice and help grow your staff and business, and post-COVID, it’s not about returning to normal, but going beyond to be more successful.

Leadership doesn’t have to be complicated if you have the right tools to better prepare your existing staff and hire for the future. By putting in the work now to develop the leaders in your practice, the



return will be a more efficient and positive workplace, and your staff and patients alike will be better because of it. ■

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