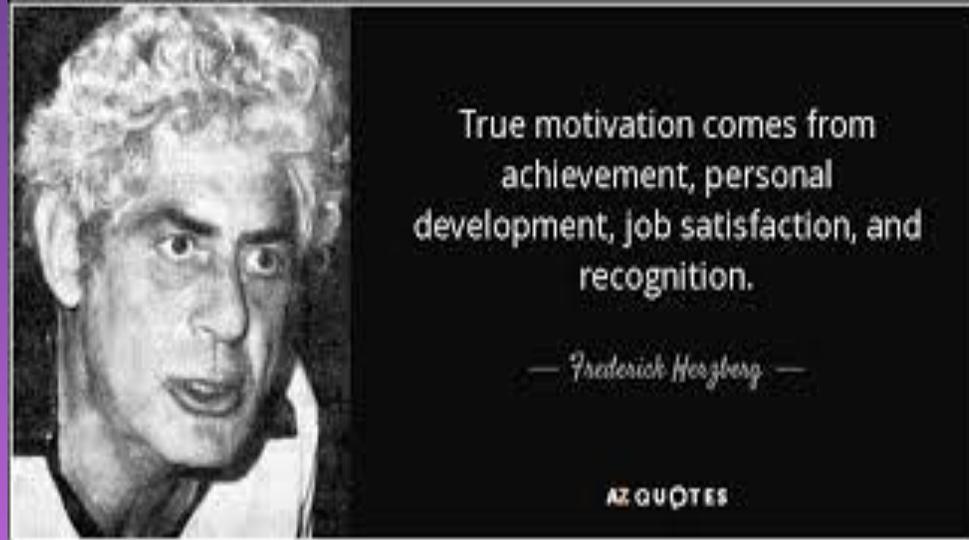


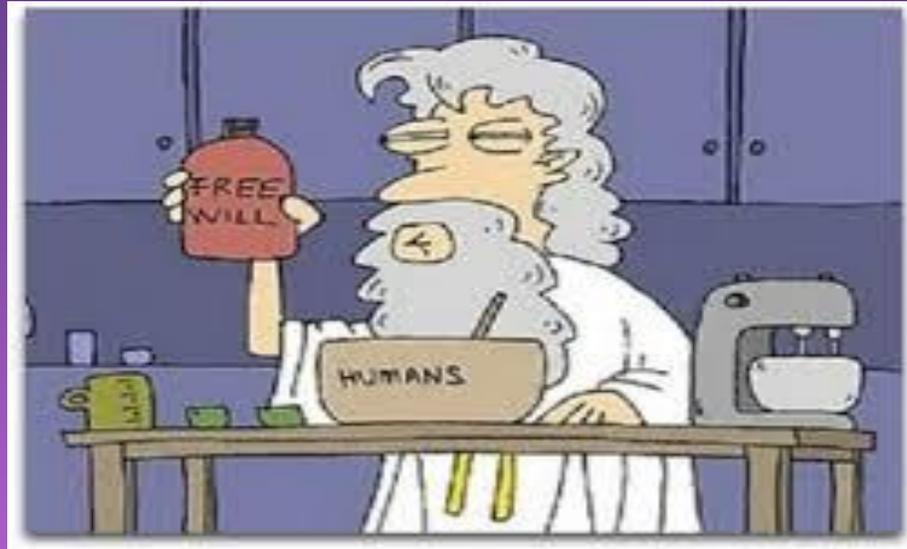
Looney Tunes, Frederick Herzberg and Provider Recruitment



What we learn from Bugs Bunny, Elmer Fudd and Mr. Herzberg's Theory of Motivation



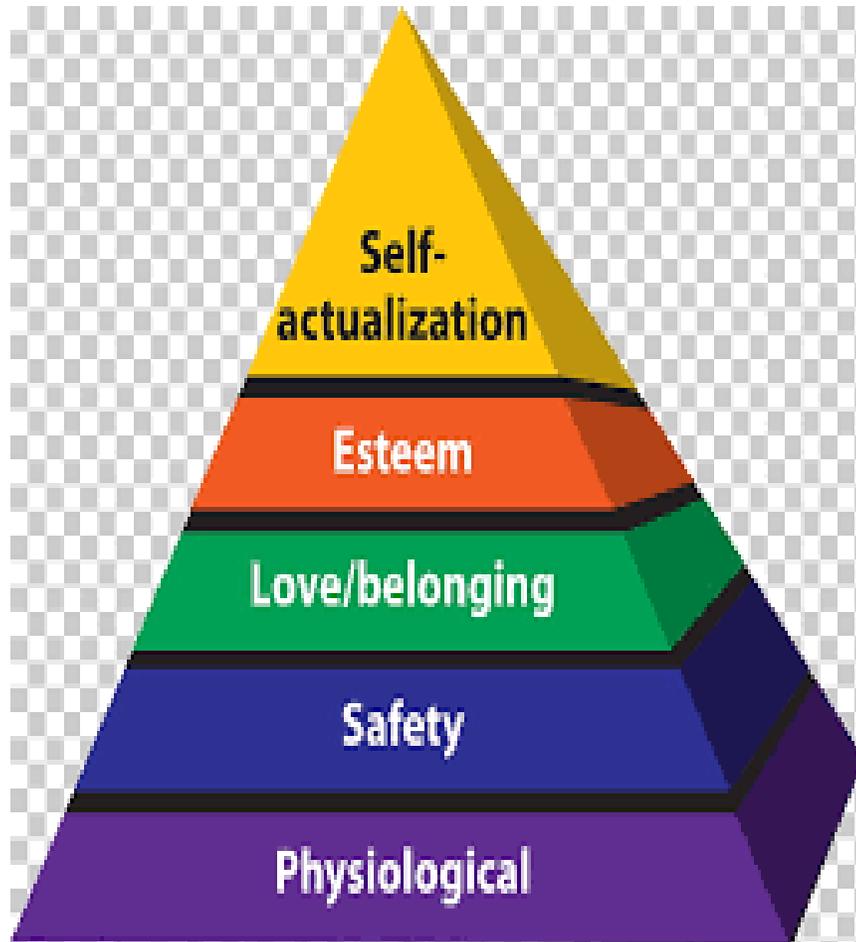
Free Will



Retention Facts to Keep You Up At Night

1. With HR leaders, 46% see retention as a greatest concern.
2. 63% of us are seeking a new position.
3. 47% of us would leave for lesser pay for that “ideal job”
4. Millennial turnover costs the US \$30.5 billion per year.
5. 54% of us stay because we have a strong sense of community.
6. 55% of us don't want to leave our co-workers (I guess that means 45% can't wait to leave!)
7. 85% are more likely to stay with a company that is ‘socially responsible”
8. 87% of us are less likely to leave if we feel “engaged” with our company.

(2019 Officevibe.com)

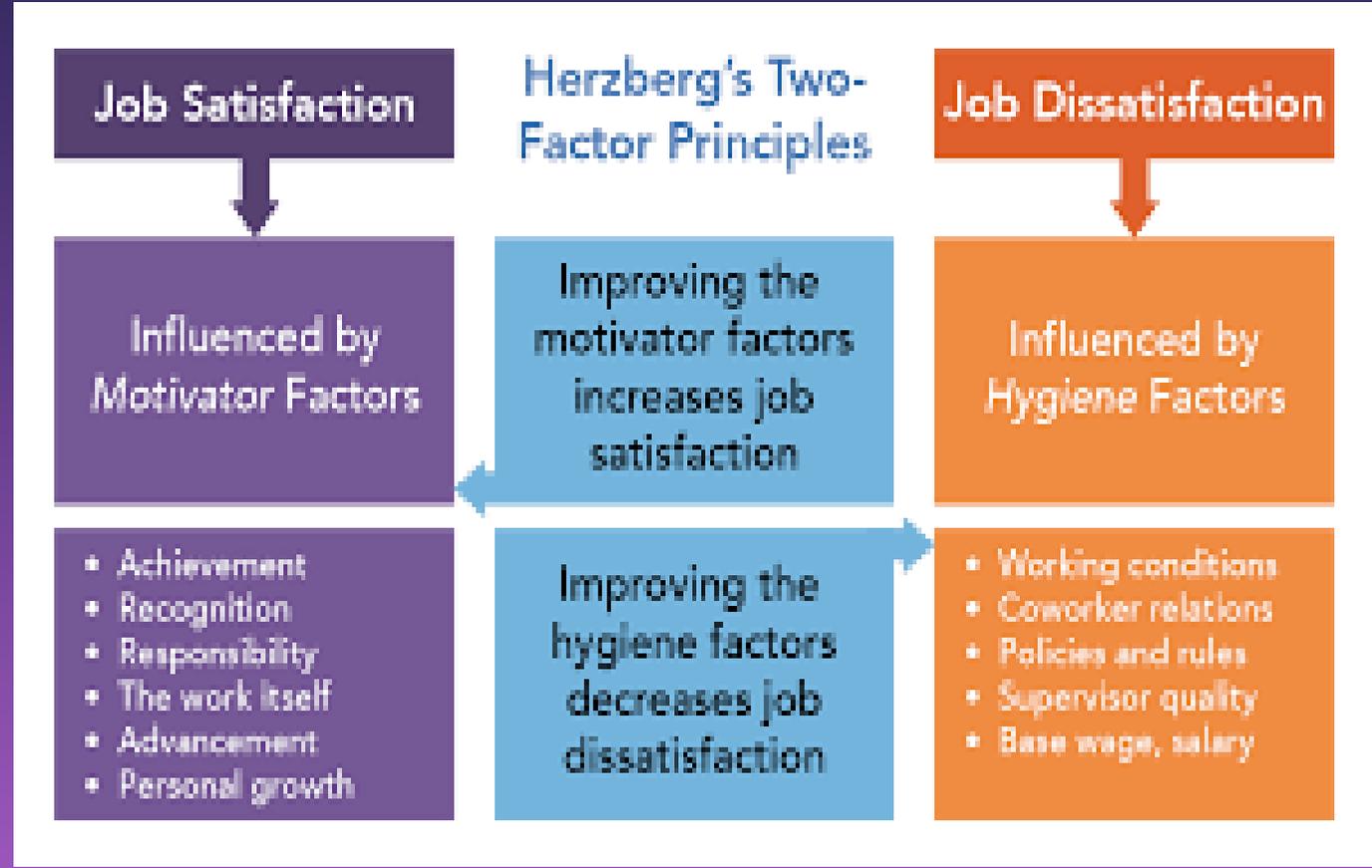


First: Maslow's Hierarchy of Needs Theory

Once we fill the basic needs then we can move towards higher goals such as esteem and “self-actualization”

Taking this to the next level- Herzberg's Motivation Hygiene Theory

1. Frederick Taylor (1856-1915) – laid out the basic laws of scientific management – efficiency, production, value – NOT on motivation of individuals to work or keep on working/retention (era of industrial revolution)
2. Abraham Maslow (1908 – 1970) – went beyond Taylor to focus on individual psychological health predicated on fulfilling innate human needs on a priority level
3. Frederick Herzberg (1923 – 2000) – a student of Maslow; focused more on motivating and hygiene factors, a.k.a. those things that are **satisfiers** at work and those that are **dissatisfiers**. **THIS IS THE FOUNDATION OF A 'RETENTION PLAN.'** (e.g Checklist)



Herzberg's Motivation-Hygiene Theory



© 2013-2016 Alan C. Clark, Derived from Herzberg and Kane

Factors Leading to Dissatisfaction (Hygiene)

- Company Policy
- Supervision
- Relationship with Boss
- Work Conditions
- Salary
- Relationship with Peers

Factors Leading to Satisfaction (Motivation)

- Achievement
- Recognition
- Work Itself
- Responsibility
- Advancement
- Growth

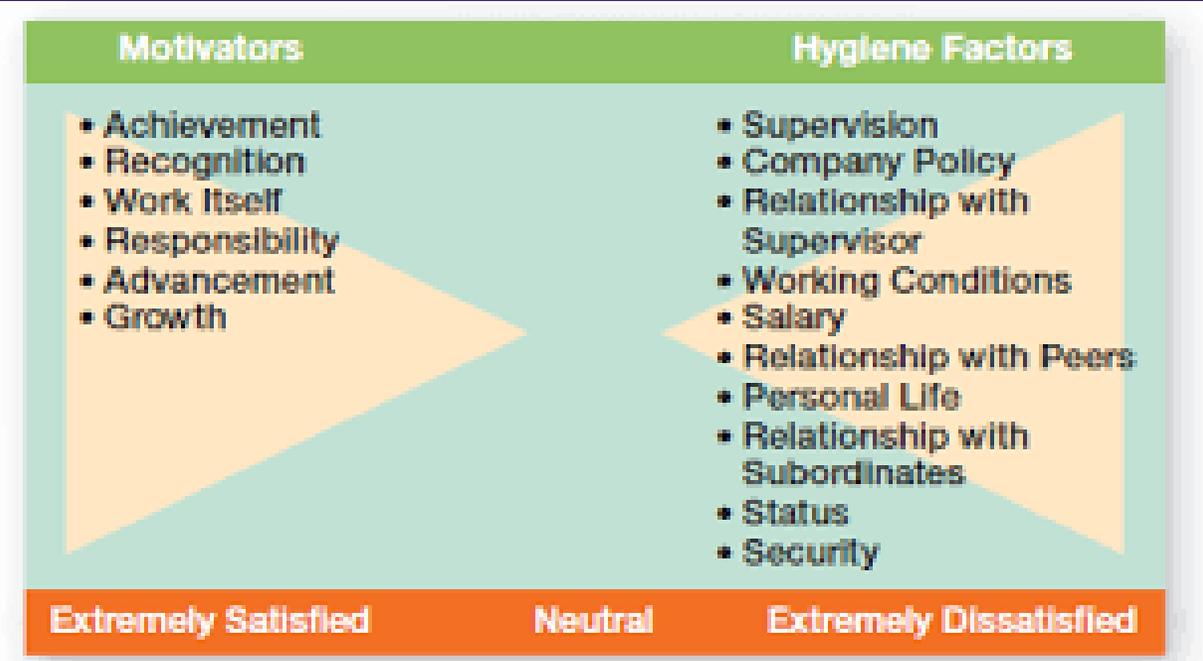
Looney Tunes – What's Up Doc?

- Bugs Bunny represents achievement, success, purpose, joy, recognition, fun
- Bugs is a Motivator!



- Elmer Fudd is always searching for the Wabbit; searching for happiness, achievement, purpose; represents the Hygiene Factors of rules, food, security, pay
- Elmer is a Dissatisfier! If he caught Bugs he would be 'dissatisfied'





This leads to Job Enrichment and Empowerment

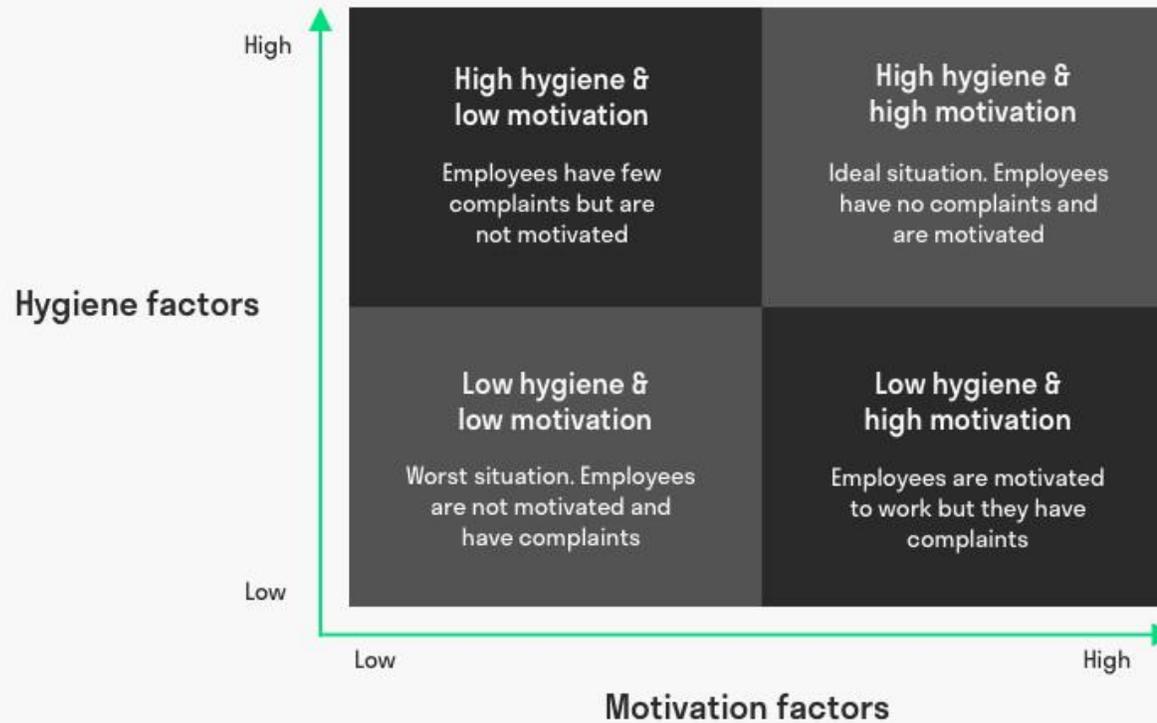
- Wider variety of tasks
- Greater complexity and challenges
- Ability to manage our own workload
- Increase the sense of achievement/value
- Greater responsibility and autonomy
- More independent decision-making
- Less supervision and more TRUST

Four Quadrants / One Goal

HIGH HYGIENE LOW MOTIVATORS	HIGH HYGIENE HIGH MOTIVATORS
LOW HYGIENE LOW MOTIVATORS	LOW HYGIENE HIGH MOTIVATORS

Illustration of the Two Factor Theory in practice

toolshero





Some Examples of High Hygiene and High Motivators in RETENTION

1. Pay well
2. Keep the job secure – have longer employment agreements
3. Keep the practice clean and updated
4. Fix the parking lot potholes
5. Have solid, responsible supervision and superior communication
6. Encourage with personal contact endearing working relationships within the practice
7. Encourage active involvement in hospital/clinic committees
8. Be sure your senior admin leaders are out there rounding/listening
9. Provide a leadership track – a ‘university’ for ongoing professional growth
10. Recognize work well-done: e.g. a clinical “Good Catch” (baseball button) (“hugs” and thank you’s)

Bugs Bunny – Motivation



- Eat quality carrots = do meaningful work
- Pretty much Happy Go Lucky = increase responsibilities at work with new challenges and projects
- Feel successful = set up the providers to achieve value with those things under their control
- Self-assured and fun = Bugs achieved recognition through tenacity, skill and focus.
- Lots of friends = outside work: Meet ups, church, recreation, school, music, the arts

Elmer Fudd – Some Key Questions that are ‘Dissatisfiers’



- ✓ Contract renewals: are you paying current fair market rates: CME, base comp, wRVUs, incentives, benefits?
- ✓ Are your provider policies FAIR and EQUITABLE – most important
- ✓ Is your EHR effective, updated and working? Haha
- ✓ Are your practice managers and service line leaders: engaging, personal and available?
- ✓ Is your Senior Leadership out in the trenches meeting 1:1 with them?
- ✓ Do your practices needs updating: paint, floors, furniture, pictures?
- ✓ Is there a proactive plan to keep the providers fully “engaged”? (surveys, committees, quality improvement, local medical societies, book clubs, etc.)

[https://www.bing.com/videos/search?q=bugs+bunny+outakes
&view=detail&mid=C64D756EEC3E0F7BFF23C64D756EEC3E0F7
BFF23&FORM=VIRE](https://www.bing.com/videos/search?q=bugs+bunny+outakes&view=detail&mid=C64D756EEC3E0F7BFF23C64D756EEC3E0F7BFF23&FORM=VIRE)



The woods were dark and foreboding, and Alice sensed that sinister eyes were watching her every step. Worst of all, she knew that Nature abhorred a vacuum.

Acclimation and Engagement

The highest turnover is during the first three years on the job among well-paid professionals in all industries, including medicine, and is especially high during the first year. To retain the highest percentage of new providers, organizations should plan to work with them for three years.

Continue to build relationships with the providers

Help them adjust professionally and develop their practices

Help them adjust personally to their new environment

The key to provider retention is to maintain regular contact with providers and their spouses to stay abreast of how they are adjusting and to anticipate any problems that may develop. The most critical element in any retention plan is a mechanism to “check in” on the provider’s expectations.

Recruiting cannot be considered completely successful until the provider is on staff and productive to the point of providing a service to the community and producing enough revenue to pay back recruitment. Therefore, the recruitment function should include responsibility for seeing that the provider and his or her family are not only recruited but are successfully acclimated to their new location. At all times you should keep in mind the needs of the providers’ spouses and families because frequently providers’ satisfaction depends on their families’ adjustment. Retention efforts will not be wasted because it is far less costly to save one promising recruit than to find another.

Sample checklist

CEO/COO calls and sends a handwritten note welcoming the provider to the practice upon receipt of the new provider's signed contract.

Select a "mentor" (non-clinical) for the new provider, if warranted and wanted to help him/her assimilate into the community and medical culture. Recruiter sends the Physician Liaison a copy of the Provider's CV and a brief memo regarding the provider, spouse/family, start date, new address, hobbies, etc.

Recruiter sends a note advising that the Physician Liaison will be contacting them for future connections and activities.

Offer the spouse a 'buddy' if needed for the provider's spouse. If interested in participating, select a Spouse Buddy and let the spouse know that their Buddy will contact them prior to arrival. Recruiter speaks with Spouse Buddy on specific needs of the spouse and the family (includes start date, new address and contact information). Items of interest include hobbies, interests, community connections, birthdays, babysitters, churches, social/cultural activities, parks and recreation, etc.

VP or Director and Practice Supervisor checks in with new provider on such operational issues as lab coat, business cards, equipment, scheduling and staff complement.

Recruiter keeps in touch with the provider and spouse routinely to "check in" on relocation preparations, send company newsletters, etc. Recruiter is available to act as a resource in preparing the provider and family for relocation.

VP or admin team will call the new provider to keep him/her informed of developments in the group/department before arrival.

VP or Director ensures that the provider's office is cleaned and ready (furniture, telephone and computer lines installed, starter office supplies, etc.), exam rooms are cleaned and stocked, mailbox in mailroom, and that appointment cards have been ordered.

Marketing meets with provider and issues a memo introducing the new provider one week prior to their start date.

Recruiter follows up with the Physician Liaison via telephone call to ensure that calls to the new provider are being made.

Provider Orientation on the new provider's first day of work

Checklist (cont.)

Recruiter calls to welcome provider and their family within the first week of relocation. Sends a “Welcome” basket to the home on the new provider’s first day of work to include the family in the feeling of celebration; to include local food items of interest and listing of store recommendations and local services/resources. Spouse Buddy calls to welcome spouse/family within the first week of relocation

New provider (and family) attends a small dinner party with Physician Liaison and Recruiter, inviting the key practice leaders.

CMO introduces the new provider at the general Medical Staff Meeting (biography to be included on the agenda).

Physician Liaison introduces the new provider to employed and independent providers. Specialty physicians are introduced to PCP physicians per usual policy and procedure. As feasible, the Physician Liaison takes the new provider to satellite offices to introduce and to facilitate networking between the satellite clinics and main clinic.

If needed, Recruiter works with the Spouse Buddy to organize a luncheon within two months of the new provider’s start date.

First Three Months: meeting with **CEO/COO** to get feedback on practice development and discuss problems or any other topics relevant to their practice (provide feedback on progress and information on the hospital, foster on-going communication and to ensure that the new provider feels valued to the group and community; build goodwill between the new provider and Administration.

Physician Liaison meets with new provider quarterly to continue to provide information, guidance and support. Meeting times to be determined between providers and Liaison.

Practice marketing: Marketing and Communications issues a press release to the local newspaper, places print and radio advertising, introduces the new provider on the telephone on-hold audio, in the Main Clinic elevator display cases, Satellite Clinic bulletin board/waiting room displays, IntraNet and website (posting of biography card), other advertising, promotions and special events as appropriate. Presentation through Medical Affairs Office if appropriate.

Recruiter calls the spouse on a quarterly basis to see how she/he and family are acclimating to the community and new lifestyle.

VP or Director or AVP meets with provider on a semi-annual basis for status and assimilation.

Annual meeting with the **CEO/COO** is held.

VALUE + EXPERIENCE =
ENGAGEMENT

AAPPR, Amanda Kaiser

"That's all Folks!"



Cartoon Songs From

MERRIE MELODIES & LOONEY TUNES