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Presenting author’s short biography

Jeroen Trybou is research assistant at the Health Care Management Center Ghent and the Interuniversity Centre of Health Economics (Ugent-VUB). His PhD research focuses on the hospital-physician relationship. He acts as strategic and financial advisor for several Health Care organizations. He is guest lecturer in the domain of Health Care Management & Policy at the HUBrussel and acts as board member of de ‘Vereniging voor GezondheidsEconomie’. His key research interests include organizational and financial aspects of Health Care delivery, a domain in which he published several peer-reviewed articles.
Context

Worldwide, hospital administrators face challenging times and are consistently under pressure to control cost and simultaneously improve quality of the delivered care. In this challenging environment hospital executives have been struggling to build effective hospital-physician relationships (HPRs) which are considered a critical determinant of organizational success. The process of building effective relationships with the medical staff has been described as physician-hospital integration. Three types of integration have been distinguished: Economic integration in which alignment is realized by financial means, non-economic integration which emphasizes the cooperative nature of the relationship and clinical integration which focuses on the coordination of patient care.

Methods

In a first part a theoretical study of the HPR was performed. Building on agency -, transaction cost economics and social-exchange theory an in-depth, holistic understanding of hospital-physician exchanges was developed and a conceptual model was conceived. In a second part an empirical study of the hospital-physician relationship using a mixed method methodology was undertaken. Firstly, a qualitative inquiry of executives and physicians of three Belgian hospitals was performed to develop rich understanding of how they interpret and experience mutual obligations and areas of ambiguity in their working relationship and issues of importance in physician-hospital contracting. Secondly, a quantitative study was conducted in which we linked hospital characteristics to organizational attractiveness to physicians. Thirdly, a quantitative study was conducted in which the importance of social-exchange and social identification in physician-hospital exchange was studied.

2 Trybou, Gemmel & Annemans (2011). The ties that bind: an integrative framework of physician-hospital alignment. BMC Health Services Research
3 Trybou, Gemmel & Annemans (2013). In the eye of the beholder: a qualitative interview study of mutual obligations and areas of ambiguity in the hospital-physician relationship in Belgian hospitals. Under review
5 Trybou, Gemmel & Annemans (2013). Hospital-Physician Relations: determinants of organizational attractiveness of hospitals to physicians. Under review
Results

While previous research has focused almost exclusively on the contractual arrangements between both hospital and physician, our study shows that physician-hospital integration encompasses more than just strengthening the economic ties between both. Optimizing the underlying working relationship between hospitals and their medical staff members (noneconomic integration) lies at the very basis of effective physician-hospital relationships. It aims at making the hospital more attractive for physicians by improving the hospital’s working environment and addressing physicians’ related concerns. Moreover, these efforts emphasize the needed cooperative behaviour in the symbiotic relationship. It contributes directly to alignment through the norm of reciprocity and indirectly by building trust with the medical staff, laying the foundation for alignment of financial incentives. A distinction can be drawn between administrative obligations (the physician as co-worker, referring to the way the hospital is organized) and professional obligations (the physician as autonomous medical expert, referring to medical care delivery).

Discussion

It is clear that the policy-framework has a great influence on the HPR. More specifically, the dual split in payment and alignment of incentives poses serious challenges. This conflict of interest challenges physician autonomy and tends to fuel conflicts. Therefore, it is perceived as an obstacle to effective collaboration and a more integrated model of hospital financing is highly needed.

Secondly, hospital executives should recognize the critical need to develop and maintain effective HPRs. Research rooted in social exchange shows that individuals seek to maintain a balanced exchange relationship with their organization. This principle is based on the belief that physicians tend to reciprocate beneficial (or detrimental) treatment they receive with positive (or negative) work-related attitudes and behavior. In this respect, the management of HPRs can be considered as highly important. However, taking in consideration and weighting the interests of both hospital and self-employed physicians remains a difficult balancing act.