

Go beyond staffing

Imperative 4: Physician engagement as a business strategy



CHG[®]
Healthcare

Imperative 4

Physician engagement as a business strategy

Building culture that competes

Reframe engagement as a measurable lever for performance, culture, and retention.

As many as 76% of physicians believe happiness and balance are attainable in their profession, pointing to a gap between what physicians see as possible and what systems provide.⁶ This is a rift in what Harvard Business Review calls the psychological contract, the implicit understanding about what employees owe their employers and what they receive in return.²¹

“Physicians don’t just want a seat at the table—they want meaningful influence on care models and workforce strategy,” says Austin Chatlin at CHG Healthcare, who advises health systems daily on physician engagement.

These insights are supported by a growing body of national research. The American Hospital Association has emphasized that clinician involvement in governance models is not only possible but directly improves systemwide decision-making and performance by strengthening physician trust and institutional alignment.²² The American Medical Association (AMA) also reports that when physicians feel valued by their organizations, it’s a striking mitigator against burnout and turnover.¹⁸

This imperative is gaining urgency as physician expectations continue to evolve. Data from Mayo Clinic Proceedings (2023) show that younger physicians—particularly millennials and Gen Z—prioritize organizations with visible values, flexible work environments, and

meaningful participation in decision-making. They are less motivated by compensation alone and more likely to leave when they feel unheard.

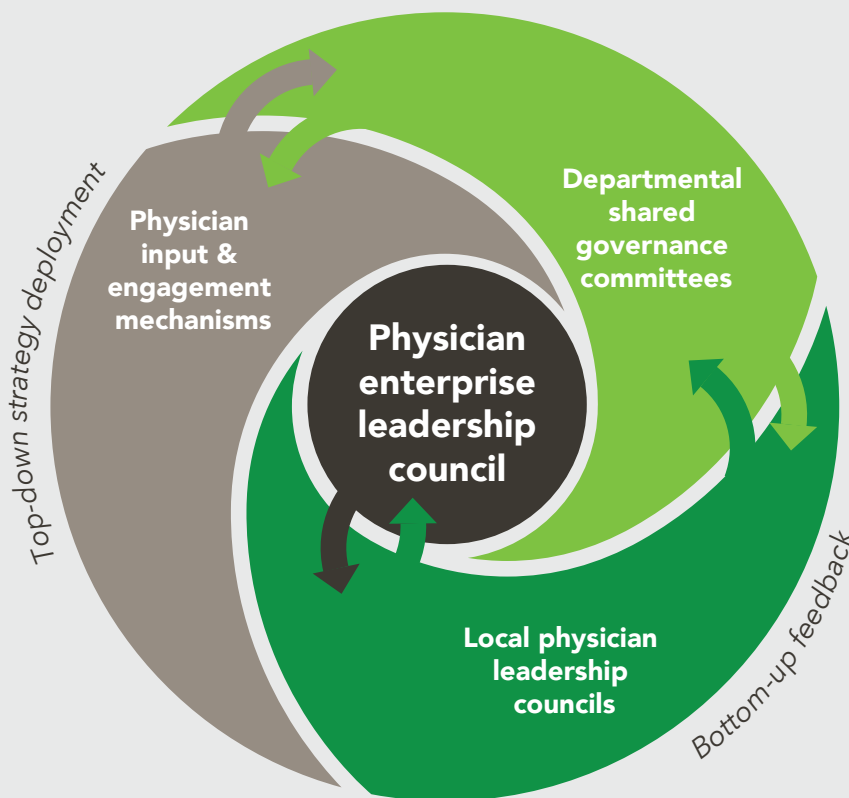
“Health systems need to take physician engagement a step further and ask themselves, ‘How can we make physicians system stewards who really are invested in the success of the organization?’” says the Advisory Board director of physician and medical group research. “That’s a competitive advantage that independent medical groups have had for years because those doctors are shareholders and financially invested in the group’s success. It’s harder to do that when there isn’t that financial tie at a health system.”

Yet, barriers persist. Time constraints, the lingering distrust from past failed initiatives (such as difficult EHR rollouts), and generational differences complicate physician participation.

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— Austin Chatlin, senior director of Advisory Services by CHG Healthcare

Physician governance model



Key strategic enablers

Technology stack

Scheduling platforms, engagement analytics, credentialing tools

Advisory services

Strategic workforce planning, onboarding redesign, internal float pool creation

Leadership development

Physician leadership tracks and succession planning frameworks

Cultural reinforcement

Communication strategy revamp, recognition, and two-way dialogue mechanisms

Physician enterprise leadership council

Participants: CMOs, medical staff leadership, service line directors, operational executives

Function: Strategic oversight, alignment to system goals, culture stewardship

Role: Sets strategic direction, evaluates system-wide workforce initiatives, champions engagement efforts

Local physician leadership councils

Participants: Chief of staff, local medical directors, department heads

Function: Tailors enterprise directives to local context, identifies engagement risks, coordinates scheduling and succession planning, etc.

Role: Bridges clinical expertise with organizational strategy, ensures physicians have a structured voice in decision-marketing processes

Departmental shared governance committees

Participants: Physician leads, advanced practice providers, nurse leaders, operations managers

Function: Daily workflow, quality improvement, communication practices

Role: Empower frontline interdisciplinary teams to collaborate on decision-making processes that affect their practice and patient care

This is prompting many leading institutions to adopt more formal, integrated structures for physician engagement. The result: higher retention, faster change adoption, and greater systemwide trust.

“Those leading organizations who really do walk the walk when it comes to physician leadership recognize that we need to bring physicians in all along the way, instead of waiting until the very end when we need their buy-in to roll out a change or a new initiative,” says the director of physician and medical group research at the Advisory Board.

Still, structural fragmentation remains the root challenge. Many systems silo HR, medical staff, and strategic planning functions, reducing engagement to periodic surveys rather than actionable frameworks.

“We can’t invite physicians in just for window dressing. We have to genuinely seek their input

and give them real power and responsibility in shaping decisions,” says Dr. Geeta Nayyar, who left a traditional, employed health system model herself due to burnout and a lack of engagement. Today, she’s a chief medical officer and technology strategist helping healthcare better integrate technology with physicians.

Organizations shifting away from this fragmented approach are investing in engagement infrastructure. These include physician onboarding journeys aligned to strategic goals, longitudinal leadership development tracks, and quarterly feedback-to-action loops built into governance.

The future of workforce sustainability requires reimagining physicians in several ways: as clinicians, revenue engines, and most importantly, as co-creators of strategy and culture—partners in building resilient, high-performing care systems.



Executive takeaway

Physician engagement is now one of the clearest levers health systems have to retain top talent, foster innovation, and build resilient teams. Yet health systems frequently underestimate the challenge, especially when aggregating diverse initiatives or physician groups under centralized ownership. Without cultural integration, even the best capital and technology strategies fall short.



Culture as a competitive advantage

CHG Healthcare's internal culture offers a compelling example of how engagement can be institutionalized. **"We're workforce experts. And our culture is a strategic part of that message,"** says Matt Brown, CHG Healthcare vice president of advisory and telehealth.

Jeff Freeman, EVP of CHG Healthcare culture and engagement, adds, **"We are proactively building an environment where people feel seen, heard, and valued—where they feel like they're connected to something bigger than themselves."**

From paid time off for volunteering and employee-led service projects to purpose-driven leadership development, CHG Healthcare has integrated a values-based culture into every layer of its employee experience. These principles serve as a recruiting differentiator and retention strategy.

"What we do for non-healthcare employees works just as well for physicians—it's translatable," Austin Chatlin notes. **"That's what makes our cultural playbook powerful."**

This commitment to engagement has earned CHG Healthcare consistent recognition on *Fortune's 100 Best Companies to Work For*® and top rankings among large healthcare employers. But accolades are not the goal. The real measure of success is the company's ability to apply its cultural principles to client solutions—advising healthcare systems on provider engagement, workforce development, and retention strategies grounded in real-world experience.

"Our people do incredibly important work every day to place providers where they're needed most," says CHG Healthcare CEO and president Leslie Snively. **"I'm proud of the culture of caring, compassion, and growth we continue to create together."**

As the market leader in physician workforce management, our company's culture remains our most powerful competitive advantage, and a blueprint for the healthcare partners we serve.

Case Study

Mayo Clinic’s model for physician engagement

Mayo Clinic has become a national leader in physician engagement by integrating well-being, leadership development, and culture into organizational design. Its Listen-Act-Develop framework identifies and addresses drivers of burnout through system-level changes. As Dr. Stephen Swenson, co-creator of the strategy, explains, “It is critical to authentically follow through after raising expectations with surveys or focus groups.”

Mayo also supports physician well-being through dedicated programs and research, including the work of Dr. Colin P. West and Dr. Lotte Dyrbye, who tie physician satisfaction directly to care quality. Rotational leadership, salaried compensation, and physician-led governance all reinforce a culture that prioritizes collaboration and trust. These combined efforts have helped Mayo maintain a **physician attrition rate of just 2.2%**, one of the lowest in the country.

Key practices

- Systematic feedback loops and leadership development
- Physician-led decision-making and governance
- Organizational KPIs tied to physician engagement

Outcomes

2.2% annual physician attrition rate

National recognition
for physician satisfaction and workplace excellence

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Let's connect

Schedule a workforce strategy session or risk assessment consult with a CHG Healthcare physician workforce strategist. We'll evaluate your physician workforce, capture unrealized care opportunities, and provide insights on how to better manage your provider pool.

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