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Data in black and white, stories in color

# **Press Ganey's Workforce Well-being Collaborative**

**Journey to Physician Well-being**



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**Installment 2:** *This month, Dr. Moskowitz invites us along on his system-wide listening tour. Read on for more, including a video update!*

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Hi again, this is Dr. Michael Moskowitz, Vice President of Clinician Resilience and Well-being at Catholic Health. This month, I want to share what I've learned on a "Listening Tour" throughout the Catholic Health system. Although we are capturing data on clinician wellness and well-being through a Press Ganey survey, I wanted to supplement the data with direct insights from clinicians. So, compiled in this installment are blog entries and recorded vlogs cataloging my reactions to my clinical campus visits. Through the "Listening Tour", I discovered that Catholic Health clinicians from throughout the system—despite working at very diverse facilities—had similar thoughts on their professional well-being. These thoughts, coupled with the survey results, will help create an action plan to improve clinician well-being. I hope our discoveries resonate within your organization! Enjoy!

In Good Health  
Michael Moskowitz, DO

#### **Day 1: Listening Tour for Common Cause Analysis**

My first listening session was a three-hour meeting with key physicians from one of our acute clinical campuses. In attendance were five physicians and two advanced practitioners—all from different departments and scopes of practice. To my surprise and excitement, the providers were eager to share their experiences as Catholic Health clinicians without much probing.

A consistent theme and pain point the group identified was a perceived lack of communication between staff providers and administration. The clinicians feel this can continue to be improved. For example, multiple group members recounted experiences in which their perception was that administration ushered in significant organizational changes without consulting physicians at the beginning of the process.

There was positive discussion as well. The group explained that team dynamics and collegiality between departments lead to a family-like atmosphere. One provider stated she would work at any location as long as she could continue to practice with her team.

I left wondering whether this situation will be mirrored at other hospitals or if this was a one-off situation. I guess we'll see!

#### **Day 2 and 3: Video Reflections**

Please [click here](#) to view the vlog

#### **Day 4: What do Clinicians Really Want?**

Throughout this listening tour, people have repeatedly asked this question. My pre-tour hunch was right, they want more staff and higher salaries. However, they also want to be included in the decision-making process for hospital policies that they believe affect their ability to provide excellent, compassionate care.

This morning, I again heard themes of communication and respect at another clinical campus. Physicians want to feel they are valued and appreciated by both staff and

administration—it's what we all want as humans! In addition, they want to be part of the conversation when change is made.

Leaders must listen to their clinicians and do the work to understand why staff members are not satisfied. Meetings alone cannot provide an adequate solution. There must be clear action and a specific timeline (where applicable) relative to when these changes will occur. Leadership must take accountability and show a top-down commitment to cultural improvement. Only then will clinicians truly feel they are part of something bigger than themselves and feel connected to their institution!

Another great session uncovering meaningful insights. I'm so grateful to my colleagues for their willingness to share their perspective and to Catholic Health for investing in this important work!

### **Lessons Learned**

After visiting five of our six acute care locations, the key takeaways are:

1. Our clinicians truly care about doing great work for our patients, but they believe that administrative obstacles often get in the way. We can remove some of those barriers.
2. Although there are many different clinical campuses throughout the system, they share common challenges that can be addressed systemically.
3. Change is HARD! This is not going to be a “one and done” type thing!

Also, in this job, you must be patient and persistent. Some people share their perspectives openly and immediately while others take more time. The key is to not give up and recognize that all voices are important, no matter how long they take to come out!

Overall, this listening tour has been an incredible success, and I wouldn't have learned as much as I did without my colleagues' willingness to be vulnerable. Thank you to all who participated! I can't wait to see how my observations align with or deviate from our data!

**Missed the first installment? [Read more here!](#)**

### **About Dr. Moskowitz**

Dr. Michael Moskowitz is the VP of Clinician Resilience and Well-Being for Catholic Health. In addition to these duties, he is the Associate Chair of the primary care service line for Catholic Health, and is a practicing family medicine physician at Bellmore Family Practice. He is board certified in family medicine and completed his residency at Good Samaritan Hospital where he was chief resident. He also holds the role of head team physician for Molloy University and is a board member Catholic Health Physician Health Partners Accountable Care Organization where he serves as the chair of Contracting and Funds Flow Committee.

Please email us at [workforcewellbeing@pressganey.com](mailto:workforcewellbeing@pressganey.com) with any questions.

We look forward to your continued participation in our Workforce Well-being Collaborative!

Sincerely,  
**The Press Ganey team**

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