Exploring Gaps Between Physicians and Managers in Dutch Hospitals
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Objective
We explore cultural differences between physicians and hospital managers further referred to as gaps. We aim to focus attention on bottlenecks and possibilities in enhancing their co-operation, ultimately leading to better hospital performance.

Method
For this study we used the developed GAHP Questionnaire (GAps between Hospital managers and Physicians Questionnaire), assessing the size and content of three different gaps between physicians and hospital managers. The culture gaps, 20 questions about present and preferred practices. The stereotypical gaps, based on the image theory. And the satisfaction gaps, three questions about satisfaction with innovation, co-operation and quality. Statistical methods: Cronbach’s alpha, Pearson correlation test, ANOVA, paired sample T-tests, and descriptive statistics.

Examples Of Questionnaire items
In our hospital:
... there is a strong sense of belonging to the group,
... there is an open discussion of clinical failures,
... there is widespread agreement about most moral/ethical issues,
... we only hire an extra physician if he is cost-effective,
... our policy plans always mention innovative health care items.

What is the level:
... of power physicians have on hospital policy
... of power managers have on hospital policy

Results
Response rate= 27%, n=1239 (929 physicians, 310 hospital managers) Cronbach’s alpha 0.85
The statistical analyses showed culture gaps between physicians and hospital managers and differences in size and content of culture gaps between subgroups. The differences were persistent when taking intragroup characteristics into account.

• Surgical physicians have a more outspoken scoring pattern
• Images of female physicians are less stereotypical
• Age of the physicians is not related to their degree of stereotyping
• Culture gaps appear smallest between operational hospital managers and physicians
• Practically no gender and age differentiation among hospital managers is found

Physicians appear to be higher in professional status and power, and they are seen as not having compatible goals, according to hospital managers. Hospital managers are seen by physicians as higher in power, lower status and also not having compatible goals.

Conclusion
The GAHP-Questionnaire shows itself a valid instrument to identify the size and content of differences between physicians and hospital managers. The findings will increase awareness and focus attention on the importance of effective co-operation between physicians and hospital managers. Results from the GAHP-questionnaire could be taken into account when designing or selecting organizational intervention methods. The ultimate aim is enhancing organization and performance of hospitals.