Understanding the impact of a hospitalist on staff's perceptions of work performance and satisfaction: a qualitative approach

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Background: Research conducted on the hospitalist role has focused on the association of the hospitalists with: shorter length of hospital stay, better quality of care, improved efficiency, enhanced discussion and feedback with patients, shorter time to consultation and surgery, higher patient satisfaction and lower costs of care. No studies to date have qualitatively examined the impact of the hospitalist role on clinician workload, performance and well-being. To address this gap, our study explored the impact of the hospitalist role on clinician's work performance and satisfaction. **Context:** This research was conducted in a specialized facility that performs elective orthopedic procedures. This facility has less access to medical resources and infrastructure than larger tertiary care centres and the patient population is older adults that tend to have co-morbidities. Currently, one full-time hospitalist is responsible for managing in-hospital patient care. **Methods**: A general qualitative descriptive approach was undertaken. Qualitative sampling requires that enough data be generated to sufficiently explore the issues under investigation. Compared to quantitative studies, the qualitative sample number needed tends to be smaller. Using purposive sampling interviews were conducted with 12 clinicians from surgery, internal medicine, anaesthesiology, nursing, physiotherapy, pharmacy and administration. Interviews were transcribed and coded using NVivo software. After all interviews were coded, a larger research team met several times to identify similarities and differences across the data. Codes were then combined into themes and the relationships between the themes were summarized. Ethics approval was obtained from the local REB.
Results: Clinicians uniformly agreed that the role of the hospitalist improves patient care. Clinicians identified several benefits resulting from the addition of the hospitalist role including: improved patient safety, expedited patient transfers, enhanced communication with the family and PCPs of patients, and better continuity of care. However, the impact on workload was not consistent amongst professional groups. Some clinicians reported that the hospitalist's ability to intervene with patient medical complications and arrange patient transfers eased their workload while others commented their workload increased as a result of more testing and medical orders. Both physician and non-physicians described the hospitalist role as freeing up their time, but only non-physicians commented that increased patient screening and medical orders increased their workload.
Conclusions and implications: Our study underscores the importance of considering existing professional role boundaries prior to implementing this role. For example, while the inclusion of a hospitalist in an interdisciplinary team may increase nurses' access to assistance related to patient concerns, at the same time this may increase rather than reduce their workloads. The patients in our study had been admitted for elective orthopedic surgery. Numerous physicians were working with these patients, including; the hospitalist, the surgeon, the primary care physician and internal medicine. Several participants discussed the possibility of conflict among these professions and the importance of establishing clear boundaries. At our centre the hospitalist role has worked well. However, it may be important for the hospitalist to include explanations for increased orders and testing as part of the medical education they provide to staff and to establish clear professional boundaries when working with multi-disciplinary teams.