Measuring Hospitalist Satisfaction: Designing Survey Questions to Uncover Employment Attitudes of Physicians Specializing in Hospital Medicine

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For hospitals, there are additional benefits of having hospitalists on duty. In addition to providing direct patient care, the hospitalist’s role includes coordinating the care provided by other physicians and other hospital staff, leading to greater efficiency and teamwork. Also, hospitalists tend to be experts in dealing with hospital information technology and other systems.

Hospital medicine, still relatively new, remains the fastest-growing medical specialty. A 1998 report by the Association of American Medical Colleges (AAMC) estimated that there were about 2,000 hospitalists. Today, it is believed that as many as 30,000 physicians identify themselves as hospitalists. Some of the trends driving this growth include the reluctance of community physicians to see hospitalized patients at all hours of the day and night, mandated reductions in resident work hours, the inefficiencies that arise from primary care physicians leaving their practices to treat a small number of hospitalized patients, and the demonstrably beneficial effects of hospitalists themselves on length-of-stay and care costs.

Recent surveys indicate that over half of all hospitalists are employed directly by their hospitals or by medical schools that operate academic medical centers; the remainder work for intermediary organizations that operate on a local, regional or national basis. Because of the nature of their work and the variation in patient demand, hospitalists in any given hospital may become overloaded with patients. With patients needing to be admitted from the emergency department, patients on the floors needing attention, pagers going off and meetings to attend, it is easy to imagine that the workday of a typical hospitalist can be long and demanding. Add to this the pressures that hospitalists are being placed under to improve care quality and control costs, in addition to defining their relatively new role to multiple other players and demands from hospital administration and other physicians to deliver additional services, and you have a formula for a highly stressful work life. The potential for abandoning the specialty, or burning out, would seem to be high.

In this context, Press Ganey Associates collaborated with the Society for Hospital Medicine (SHM) Career Satisfaction Task Force to design a set of custom questions that may be used for the measurement of satisfaction of hospitalist physicians. This paper traces the development of those questions in the context of the history of the development of hospital medicine as a specialty.

The Hospitalist Movement

In Great Britain, there is a two-tier system of medical care that consists of general practitioners and specialists. General practitioners provide continuous care in ambulatory settings, most commonly doctors’ offices, while specialists take over when a patient needs to be hospitalized. During the hospitalization, specialists do the diagnostic tests and provide the treatments the patient needs. Once out of the hospital, the patient’s care reverts to his or her general practitioner.
The medical tradition in the United States is quite different from Great Britain’s, in that in the U.S., the separation between hospital-based and outpatient-based physicians has not been as pronounced. To be sure, some surgical specialists and others (e.g., emergency physicians and neonatologists) practiced primarily in the hospital. However, historically, generalist physicians (such as family physicians, internists and pediatricians) provided care to their own patients during hospitalizations, even though most of their work was treating patients in outpatient settings.

But change is a fact of life in medical care. Over the past 15 years, a new way of doing things has arisen with the emergence of the hospitalist, a new type of physician who practices almost exclusively on hospitalized patients. In 1996, Robert Wachter, MD, coined the term “hospitalist” in an article in the New England Journal of Medicine. Subsequently, the National Association of Inpatient Physicians (NAIP) was founded, followed by the commencement of NAIP’s first annual meeting in 1998. NAIP changed its name to the Society of Hospital Medicine in 2003. SHM continues to be the only medical society devoted entirely to hospitalists and the hospital medicine movement.

According to the 1998 AAMC report, hospitalists are “generalist physicians, mainly general internists, whose careers are devoted largely to inpatient care. The ‘hospitalist’ ... functions as the patient’s physician throughout the hospitalization.”

Under a hospitalist arrangement, when a patient arrives at the hospital, he or she is treated by the hospitalist, rather than his/her own physician. Although there are benefits to hospitalist-provided inpatient care, it poses special challenges with regard to care continuity and information transfer. Furthermore, some patients may expect that their primary care doctor will treat them in the hospital; they are disappointed to be treated by another doctor. Nonetheless, there is evidence that patients are more satisfied when treated at hospitals with hospitalist programs than elsewhere.

SHM has identified several important issues for hospitalists’ careers. They included work hours and daily work load, expectations from the hospital in which they practiced, respect and job satisfaction, and reimbursement issues. The society established the Career Satisfaction Task Force in March 2005 to monitor and report on the state of hospitalist opinion about these issues. In 2006, the task force issued a white paper in which it identified four “pillars” upholding hospitalist career satisfaction: rewards and recognition; workload schedule; autonomy and control; and the environment and larger practice community. These “pillars” are reflected in the Press Ganey hospitalist satisfaction question set, which we will describe in a moment.

The Background of the Collaboration

With hospital medicine playing such a growing role in the inpatient experience, it was natural for Press Ganey to explore how patients view hospitalists’ performance. In 2004, Press Ganey worked with one of the authors of this paper, Joseph A. Miller (then executive adviser to the CEO and now senior vice president and chief solutions officer of SHM), to create an initial hospitalist version of the inpatient survey that featured a set of patient-oriented items by which to evaluate care provided by hospitalists.

Over the past two years, Press Ganey has revised and re-validated the earlier inpatient survey.

In 2008 and 2009, SHM initiated a research project aimed at developing a survey instrument based on the Physician Worklife Survey. One of the major goals of the project was to shed light on issues of career satisfaction and burnout among hospitalists. Accordingly, the SHM Career Satisfaction Task Force met to plan the survey and generated a list of potential survey items, starting with items from previously existing instruments.

In March 2009, Press Ganey signed an agreement with SHM to assist in that project. Specifically, Press Ganey would provide consultation on development of the survey instrument and sampling strategy, capture and scrub survey data, transmit survey data to the SHM Career Satisfaction Task Force and help write papers based on study findings. In return, Press Ganey would be given the opportunity to pilot test a small number of its own items for possible future use.

The Hospital Medicine Physician Satisfaction Survey

In mid-2009, Press Ganey Research and Analytics personnel generated a stratified sample of hospitalists from physician lists provided by SHM. The Hospital Medicine Physician Satisfaction Survey was distributed
beginning in November 2009. A three-wave mail-out, mail-back procedure yielded 816 usable surveys. The response rate (after eliminating ineligible and undeliverable surveys) was 22%.

The Press Ganey items that were pilot tested appeared toward the end of the survey form following a brief instruction, “Based on your experiences working as a hospitalist at your primary place of employment, please rate the following.” (See the list of items in the chart below.)

These items were chosen after a review of the literature on physician satisfaction in general and hospitalists in particular, input from practicing hospitalists and input from Press Ganey consultants. They align nicely with the “pillars” the SHM task force had identified earlier.

**Results of the Pilot Test**

The nine items constitute a reliable scale (Cronbach’s alpha = .81). Item inter-correlations were generally on the order of .40, and no pair of items correlated any higher than .68, suggesting that each of the items measures a different component of hospitalist satisfaction. Collectively, they accounted for nearly half of the variance in responses to the question, “Overall, I am satisfied in my current job” ($R = .684$; adjusted $R^2$).
square = .461, by multiple regression), which appeared in a different section of the survey. In other words, the scale reliably measures what it purports to measure.

Average responses to the items, arranged from highest to lowest, are shown on page 3.

Like other physicians whose satisfaction Press Ganey has measured, hospitalists are harder to please than patients or employees. They are most satisfied with the “bread and butter” of their work — the clinical problems presented by patients every day. And yet, even with that item, the average rating corresponded to just a bit higher than “good” on the Press Ganey “very poor” to “very good” response scale. Moreover, hospitalists are less satisfied about several other key issues, such as overall workload and determination of work hours. And, they are least satisfied with how their hospital measures patient satisfaction with their care — a mean score of 50 translates to a “fair” rating on the response scale.

The top five priorities for these physicians, based on relatively low average scores and relatively high item correlations with “Overall, I am satisfied with my current job” (an item that also was on the survey), were:

1. Satisfaction with your overall workload.
2. Opportunities for professional development.
3. Satisfaction with the way in which your compensation is determined.
4. Satisfaction with the way in which your work hours are determined.
5. This hospital’s measurement of patient satisfaction with care provided by hospitalists.

In sum, workload and autonomy were the highest priority issues for improving hospitalist workplace satisfaction. Because workloads are likely to remain high, hospitalist group administrators might want to increase the involvement of their physicians in decisions about the determination of compensation and workload.

Two items showed a response distribution that differed by gender: “Degree to which you are respected by non-hospitalist physicians in this hospital,” and “Satisfaction with the way in which your work hours are determined.” In each case, female hospitalists rated the item “good” more often, and “very good” less often, than their male counterparts. This was especially true for the “respect” item (see charts at right and on page 5). These results indicate that at least some of the items in the question set are sensitive enough to detect differences in hospitalist satisfaction that may ultimately affect longevity in the specialty.

The hospitalist movement, though relatively new, shows every indication that it will be a permanent part of the American health care scene. Press Ganey’s part of the hospitalist movement has resulted in a survey of inpatients and, now, a piloted custom question set for hospitalists.
themselves. The nine-question set discussed in this paper proved to have good reliability and predictive validity. Certain questions were sensitive to gender, indicating that they can be used in fine-grained analyses of hospitalist satisfaction. Hospitals may wish to include the set in their assessment of physician partnership, and Press Ganey stands ready to help in this endeavor.

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**DEGREE TO WHICH YOU ARE RESPECTED BY NON-HOSPITALIST PHYSICIANS AT THE HOSPITAL**

**FEMALES**

- 21% Very Poor
- 5% Poor
- 4% Fair
- 25% Good
- 46% Very Good

**MALES**

- 37% Very Poor
- 8% Poor
- 2% Fair
- 23% Good
- 31% Very Good

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