Extending Patient Care Office Hours
What Factors Are Important to Consider?

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BACKGROUND. Primary care physicians are feeling increasing pressure to see more ambulatory patients each day, and most practices are considering expanded hours. The goal of this study was to identify factors that physicians and office personnel felt were important to consider when deciding whether to extend patient care office hours.

METHODS. We used a qualitative descriptive study design with focus groups to elicit responses from office personnel. We recorded and transcribed unstructured interviews and used an editing style of data analysis to identify important factors. We then categorized the factors and compared them with the transcripts to identify which personnel groups considered each category of factors important.

RESULTS. Eight categories of factors emerged from the focus group discussions. Some factors were common to more than one category. The most important categories were: defining the purpose of this schedule change (addressing specific office needs); impact on the quality of resident education; disruption of complex office schedules; and impact on time outside the office, and the potential disruption of the balance between personal and professional commitments.

CONCLUSIONS. A broad spectrum of office-specific characteristics and personal considerations has to be considered when deciding whether to extend office hours. These factors are interdependent, and their importance varies among office personnel groups. The factors can be considered in a systematic fashion, however, providing a practice with useful, objective data on which to base its decision.

KEY WORDS. Office visits; ambulatory care; physicians' practice patterns; focus groups. *(J Fam Pract 1999; 48:196-201)*

Should we extend our patient care office hours? This question is being asked more frequently by primary care physicians because of the increasing prevalence of managed care and its influences on medical practice. During the past several years, there has been a change of focus from inpatient care to ambulatory patient care that has resulted in an increased number of visits to physicians' offices.[1,2] Many physicians have reported feeling pressured to increase the number of patients they see each day[3,4] and may feel the need to extend their office hours into evenings and weekends.

The decision to provide after-hours care is likely to affect most practice functions and personnel. Authorities at these practices who are considering extended office hours are frequently unsure if they have sufficient and correct information on which to base their decision. Published work in this area has focused on patient office-hour utilization patterns, the types of problems managed during evening hours, and patient satisfaction with their after-hours experiences.[5,6,7,8] The factors to consider when faced with the decision to extend office hours, however, have not been considered in the medical literature.

The goal of this pilot study was to identify factors that the office personnel of a single practice felt were important to consider when deciding whether to extend patient care office hours. The approach used to elicit these factors may be useful for others dealing with this issue.

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METHODS

We used a qualitative, descriptive study design and interviewed focus groups to elicit unconstrained responses from office personnel.

SETTING

This study was carried out in a community-based family practice residency that is administered by a 770-bed tertiary-care, not-for-profit hospital. This hospital is part of a larger managed care system in an upper Midwest city with a population of approximately 350,000. The residency has 18 family practice residents, 6 in each class.

All members of the practice (physicians and non-

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physicians) are salaried employees of the hospital. Approximately 35% of the 20,000 annual outpatient visits to the family practice center (FPC) are covered under managed care plans. The region's 2 largest plans offer monetary bonuses to community practices that have extended hours.

At the time of this study, there were ongoing negotiations to build a new FPC. The current facility was considered outdated and small, given the recent rapid growth of the practice. The physician faculty were considering extending office hours to relieve some of the problems caused by the current lack of space.

The practice had experimented with extended office hours approximately 7 years earlier. That arrangement included extended office hours on 2 weeknights and on Saturday mornings. It was discontinued after approximately 1 year, because it was underused by patients and unprofitable.

The physician faculty were considering extended office hours at the time of this study without overt pressure from hospital administration. The faculty typically seeks broad input from the members of the practice when considering major office decisions.

Participants

The office members were divided into groups according to their roles and duties. The physician faculty group was composed of 5 full-time, board-certified family physicians, and the nonphysician faculty group included a practice manager, a clinical pharmacist, a behaviorist, the director of quality assurance and patient education, and a licensed social worker. The clinical nursing constituency contained 9 nurses (5 registered nurses, 2 licensed practical nurses, and 2 medical assistants), a radiology technician, and a laboratory technician. There were 8 people in the administrative support group, including a referrals coordinator and secretarial, medical records, and receptionist personnel. The residents made up the fifth group.

Data Collection

Over a 3-month period in the winter of 1997 through 1998, each of these groups participated in an unstructured interview session lasting approximately 90 minutes. All group members were invited to their interviews, and all participated, with the exception of 2 nurses. The groups were interviewed in the following order: physician faculty, nonphysician faculty, nursing staff, ancillary support staff, and residents. This order was determined solely by the most convenient time for all members of each group to meet. Each of the 3 resident classes was interviewed separately to limit the number of members in each group and maximize group dynamics. The discussions took place among the members of each group while the investigator facilitated but did not participate in the discussion. Since the investigator was part of the physician faculty, facilitation and recording of that group's discussion was done by the behaviorist on staff. Each session began with the questions: "Should we [our office] extend office hours [and] what factors are important in answering this question?" There was no script beyond this. When each focus group felt that it had exhausted its discussion, the investigator revealed comments and statements from other groups, stimulating further discussion in all groups. Each session was audiotaped and then transcribed.

Focus groups were chosen as the most appropriate method of eliciting the desired information from each of the groups because of the large number of office members. The discussions were facilitated to elicit comments from all members of the group (including dissenting opinions) in an attempt to minimize any dominant or monopolizing spokesperson.

Potential Bias

The study's investigator, a participant in the physician-faculty group, felt that the consideration of extended hours was driven by financial considerations rather than by patient desire or resident education and, therefore, preferred not to extend office hours. The physician faculty were aware of this view; other members of the practice stated that they were not. Although being the discussion facilitator was congruent with his usual office interactions and practices, the investigator's opinion may still have influenced group responses.

Data Analysis

Using an editing style of analysis,[9] factors were identified from the transcripts on the basis of recurrent topics of discussion and participants' statements. They were categorized according to natural associations and groupings of the identified factors. These categories and factors were then compared with the transcripts to identify the personnel groups that considered them important, according to the frequency and intensity with which they were discussed.

To strengthen validity, a nonphysician researcher not affiliated with the practice, a faculty physician, and the staff behaviorist independently compared the investigator's interpretations with the transcripts to confirm that those interpretations accurately summarized the data. All disagreements were discussed, and the investigator and reviewers agreed to change, leave unchanged, or eliminate the interpretation in question.

RESULTS

Demographic data are shown in Table 1. All 5 faculty physicians had practice experience before joining the residency. Four had experience with extended hours arrangements; 3 were with the residency during its earlier attempt. Fifty-six percent of the personnel (excluding residents) were working in the office when the practice had previously extended office hours.

TABLE 1

Characteristics of Participants in Study Groups

Characteristic	Physician Faculty (N=5)	Nonphysician Faculty (N=5)	Residents (N=18)	Nursing and Ancillary Staff (N=11)	Administrative Support Staff (N=13)	Totals (N=52)
Sex						
No. men (%)	5 (100)	2 (40)	8 (44)	0	0	15 (29)
Age						
Mean (range)	43.0 (34-52)	42.8 (35-51)	28.7 (26-43)	43.3 (32-56)	39.2 (23-58)	37.15 (23-58)
Years with practice						
Mean (range)	6.6 (2.0-13.0)	4.8 (3.0-8.0)	1.4 (0.5-2.5)*	8.7 (1.0-20.0)	8.2 (0.8-19.0)	7.8 (0.8-20.0)†

*This is a fixed number based on resident training requirements (3-year), class composition (6 residents in each of first-, second-, and third-year classes), and timing of the study.

†Numbers include all groups except residents.

Factors considered important by the personnel groups are shown in Table 2. This table represents data gathered before the responses from previous groups were introduced. After previous groups' responses were revealed, however, 4 of the categories were discussed in all the groups: purpose, resident education, office schedules, personal issues. They are listed below in order of increasing time and intensity in the group discussions.

Purpose

The faculty physicians tried to identify the problems that would be eliminated by expanding office hours. Problematic issues included increased patient volume during regular office hours and more telephone calls and patient visits to the on-call physician. Several physicians noted that Saturday morning hours would decrease the number of Friday admissions of patients who do not need to be hospitalized but are too sick to wait until Monday to be seen; these patients could be seen during the weekend. The most pressing issue was the inadequate physical space caused by the practice's recent growth. Although it was generally unquestioned by the faculty physician group that extended office hours would solve these problems, they noted potential new problems, such as insufficient physician faculty to adequately supervise more resident time in the office. They also noted that there was not enough nursing staff to cover longer days, and there were fiscal barriers to hiring more nurses.

Resident Education

The residents feared that increasing clinic hours would disrupt rotational commitments and interfere with their education. They also questioned whether the quality of supervision and teaching in the after-hours setting would decline because there were not enough faculty to cover more hours. One faculty physician questioned whether there would be an educational benefit to such a schedule change or if it would only be a requirement to provide more service: "[Part of] our mission statement... includes...educating residents. How would extending office hours enhance this education...or does it?" However, one resident suggested that extended hours might help prepare them for more realistic practice arrangements after graduation that would require evening or weekend clinics.

Office Schedules

All of the groups noted that an extended-hours program, including any compensation time arrangement, would "wreak havoc with the schedules" and affect nearly every function in the office. Members of the physician faculty considered scheduling possibilities that would result in shifting the hours that they worked rather than requiring them to work more hours. Those participants, however, stated that they could not realistically implement these options because of their "plethora of other responsibilities" including inpatient rounds, office precepting, nursing home rounds, home visits, staffing various outpatient clinics, committee meetings, and a "multitude of residency-associated administrative and educational tasks." They pointed out that schedules in a community-based academic setting were not as flexible as those in a private practice setting: "No matter how you look at it, I'd end up working 18-hour days."

Personal Issues

More than 25% of the interview time among all groups centered on the effect of evening or weekend hours on their time outside of the office. These discussions were livelier and contained more emotional content than those of the other categories. Several respondents expressed a fear that evening and weekend hours would interfere with personal and family time, resulting in "less time with the kids, missed ball games," and so forth. Nearly all of the physicians and nurses felt that this

TABLE 2

Categories and Factors in the Decision to Expand Patient Care Hours, and the Office Personnel Groups to Which the Category Was Important

Categories*	Factors	Group †
Purpose	• Define the specific problem(s) to solve: increasing on-call load/stress, increasing patient visit volumes during day, limited space in facility/building	Physician faculty
Schedules	• Wide-ranging impact on intricate schedules including personnel/staffing, rotations, call, didactics/conferences, inpatient rounds, patient scheduling • Unable to shift time to cover evenings/weekends instead of working more hours	Physician faculty, residents
Personal impact	• "Just added duties" vs a valuable extension of time • Infringement on free time and family time ("sacred time") • Define compensation time arrangements • Professional vs personal balance	Ancillary support staff, physician faculty
Education impact	• Educational benefit vs only more service/work • Interference with rotations, didactics, rounds, call schedules • Diminished first contact with patient and initiation of workup by resident • Not enough physician faculty to fulfill supervision requirements	Residents, physician faculty
History	• Consider historical factors of previous attempt • Convenient for patients but money loser • Does history apply today in a different medical climate (with increased prevalence of managed care)?	Nursing staff, physician faculty‡
Goals	• Solutions to defined problems (eg, space shortage, on-call load) • Better service to patients; increased patient satisfaction • Justify request for new facility to administration	Nonphysician faculty, physician faculty
Possible beneficiaries	• Patients: convenient hours; improved access to care. Would continuity decrease? Fulfill patient needs and/or desires. Would patients utilize late clinics? What do patients want—would survey be useful? • Physicians: decreased volume of after-hours telephone calls/nonurgent visits to the emergency department, decreased inpatient load—sicker patients followed up in office instead of hospital or on weekends • Practice and/or health system: recruit patients and expand patient base, increase revenue, increase share of covered lives in competitive managed care environment	Nonphysician faculty
Financial implications	• Consider cost-benefit analysis: significant impact on practice revenues/expenses? • Receive monetary "bonus" from managed care plans for extended hours	Nonphysician faculty, physician faculty

*Factors elicited from interviews were grouped according to a common theme or category. There is some overlap of factors with different categories.
†The group(s) to which the particular category of factors was important on the basis of the frequency and intensity with which the factors were discussed within each group prior to the investigator's revealing responses from previous groups.
‡The majority of the members of these 2 groups experienced the residency's prior failed attempt.

"sacred time" was already diminishing as the result of increasing schedule demands. The administrative support staff in particular objected to developing an extended-hours program, noting that there would be little or no benefit of such a program to them. Respondents from other groups stated that they did not want to work extended hours and they predicted that staff members would become disgruntled with this new schedule, lead-

ing to a decline in office morale. Several dissenters in each group, however, pointed out potential advantages of a varied schedule, assuming adequate time-off arrangements were made possible. The advantages included increased job satisfaction and quality time with family, and a lower rate of burnout.

All of the faculty physicians stated that they struggled to find the balance between professional and personal commitments and obligations in an after-hours arrangement: "Where do we draw the line?" An often-repeated question was, "Even if this is the right thing to do, will we still do it?" Would personnel sacrifice family and personal time for potential benefits to the practice? One physician commented, "Even if there is a need to be fulfilled, other issues, such as longer work-week hours and time away from my family...outweigh the need to have the extended hours."

DISCUSSION

Several underlying and often opposing themes were evident. Extending office hours, for example, may provide solutions to problems that currently exist. The opposing theme was that new problems would be created by this schedule change, and the office would merely be substituting one set of problems for another.

There was sincere interest in determining patient preference and need, and a consideration of the impact that extended office hours would have on quality and convenience of care. The groups felt, however, that simply lengthening the workday would have a negative effect on their own personal lives. Although shifting patient care hours to cover evenings and weekends without increasing the total number of hours worked during the week is common in many practices,[10,11] the physician faculty felt this was not an option because of numerous other responsibilities that could not be shifted or delegated. Longer days in the office would upset the balance between personal and professional commitments that these physicians strive to maintain for themselves and model for the residents. This created the tension of having to choose between patient care and personal balance — a difficult issue and pivotal factor in the decision for this practice.

Since most of the practice personnel experienced the program's previous failed attempt at extending office hours, they approached this discussion cautiously. They wanted to ensure that this decision was made for the right reasons. Further tension came when deciding what the right reasons are: Are they to fulfill the principles in the mission statement (patient care and resident education) or to prevent personnel overcommitment and subsequent burnout? Again, practice members seemed to feel that they had to choose between their patients and their self-interest.

A dialogue pattern emerged in response to the study question. First, the individual focus groups offered relatively balanced input in the spirit of a true decision-making process. Then there was an anti–extended office hours movement that gelled and strengthened as the focus group interviews progressed. This sentiment was expressed by nearly all individuals in every group. The anticipated infringement on personal time outside the office became the rallying cry for this movement. This phenomenon may best be viewed in the context of an organization cultural model described by Goffee and Jones.[12] Using a sociological approach, they describe organizational communities as being composed of (1) sociability — the friendliness among the members of a community; and (2) solidarity — the measure of a community's ability to pursue shared objectives despite personal ties. The practice in this study was found to have high levels sociability and solidarity (author's unpublished data). Although this type of environment produces several advantages for the office (a high degree of teamwork, information sharing, and strategic focus), it also creates disadvantages (colleagues are often reluctant to criticize or disagree with one another), and although all often agree on one strategy, it may be the wrong strategy.[12] In our study, there was cohesiveness and solidarity among those who opposed extended office hours because of the infringement on personal time, despite the acknowledgment of objective issues that argued for the schedule change.

IMPLICATIONS

Our study shows that the decision to extend office hours does not have to be made on the basis of intuition and finger-crossing. Presumably, the study question will produce a predictable answer: "No, we do not want to work more." However, objective data can be systematically collected and used to guide the decision process.

The question asked in this study can divide an organization. Practices considering this decision, however, can enhance their confidence in the choice they make if they have a good understanding of their organizational culture before pursuing this topic. An awareness of the practice culture could assist decision makers in building consensus and selling the decision to the group—even if the ultimate decision made is contrary to the initial sentiments of the group.

Physicians may prefer to protect personal balance even at the expense of enhanced patient care and resident education. This may reflect current societal view that one's profession should be no more important than one's personal life. The reasons for maintaining a balance between the 2 are obvious — enhanced patient care (fewer incorrect decisions or compromises in care because of fatigue or burnout) and enhanced education quality (residents have role-models for maintaining balance). This balance, however, is somewhat opposed to the founding principle in medicine that focuses on the patient. Most physicians

have struggled with these issues at some time in their career. Physicians and practices must take care, however, not to allow this argument to create inertia against meeting patient care needs. This is the equivalent of corporate suicide. Another balance must therefore be maintained: the balance between personal interests and the survival of one's practice.

LIMITATIONS

This study was conducted during the winter months, a time of the year that is traditionally busier than other months. Resulting fatigue may have influenced what factors were elicited and the emotional tone of the discussions. Also, this study was conducted in a residency setting, and most practices considering this decision are not residency programs. Many of the factors, however, may provide insight into important issues to consider in individual practices. Further research efforts should focus on distilling factors that are important in this decision in other practice settings, management styles, and organizational cultures.

CONCLUSIONS

Real or perceived pressure to see more patients in the office does not automatically translate into more or different hours of care. There is a broad spectrum of factors to keep in mind when considering extended office hours. These factors range from office-specific characteristics to personal considerations. They are interdependent, yet the importance of each varies among office personnel groups. Moreover, these factors can be determined in a systematic fashion. In our study, personnel favor extended office hours if they are beneficial to patients and resident education, but only if personal interests, such as life outside the office, are protected. This is not simply the result of people with busy schedules resisting the addition of more work to their schedules. All groups required justifications and rewards for longer work hours to balance the intrusion on personal time that extended office hours would create, even if other considerations in this decision suggest that such a schedule change is necessary or is "the right thing to do."

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