

Physician Well Being and Patient Satisfaction: Analyzing the Relationship

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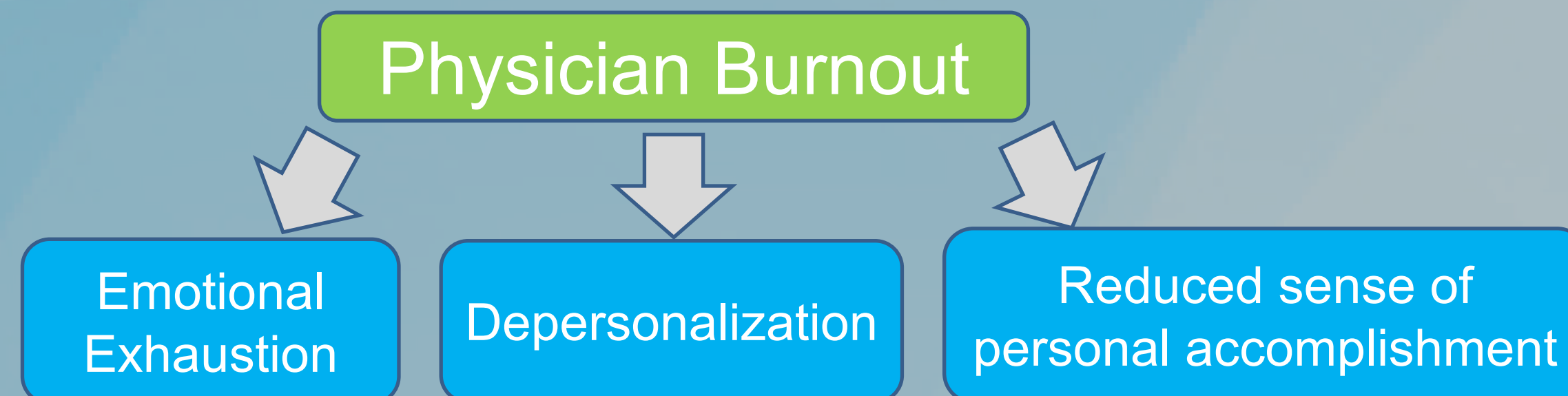
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Physician Well Being and Patient Satisfaction: Analyzing the Relationship

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Background



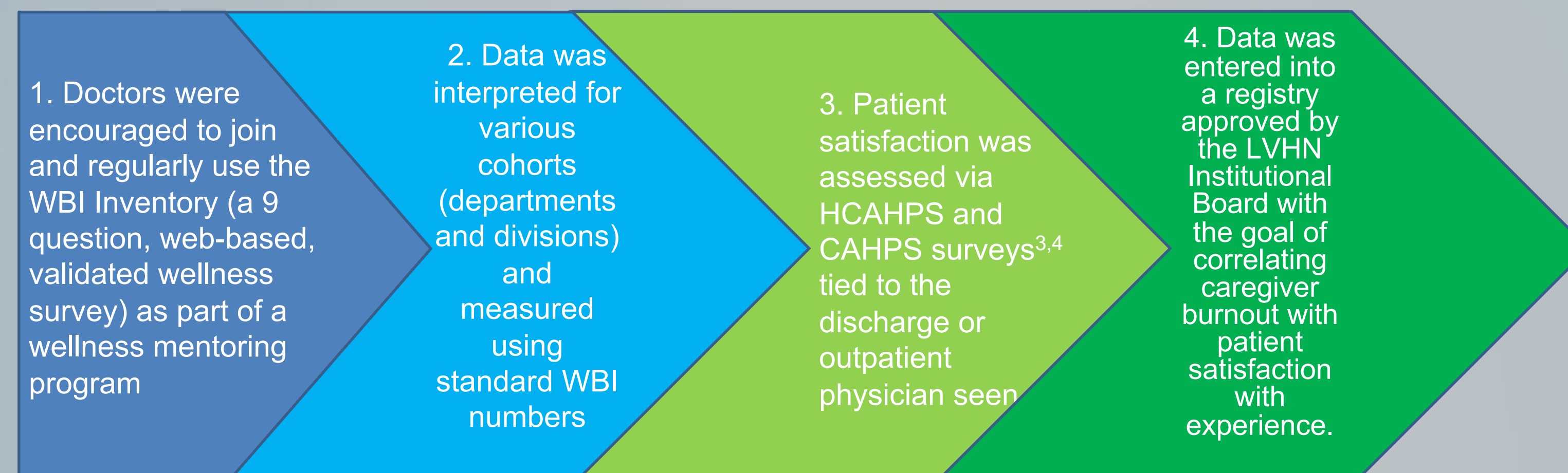
- Burnout is a syndrome characterized by emotional exhaustion, depersonalization and cynicism, and a loss of personal satisfaction
- Physician burnout is increasingly recognized as a systemic health care problem¹ with prior research identifying its adverse impact on physician health and patient care.²
- Recent studies examined the impact of “burnout” on health care delivery including patient experience which is a critical factor in how health systems are rated, reimbursed financially, and also correlates with quality metrics.
- LVHN is committed to providing an optimal patient experience which is supported by the fact that this metric is part of the network’s goals for “Better Care.”
- The correlation between physician burnout and patient experience, based on prior research, remains unclear and mixed in results

Objective

- Determine if a relationship exists between burnout, as measured by Well Being Index (WBI) scores, and HCAHPS/CAHPS scores which evaluate patient experience
- Determine if a specific HCAHPS/CAHPS survey questions- linked to network “better care” goals – are influenced by caregiver burnout

Methods

Data for this study came from the Lehigh Valley Health Network, a large nonprofit health system and included physicians who worked in the ambulatory setting and care in 8 hospitals.



Results

Table 1

DPT/SUBSPE	Inpt HCAHPS rating (%)	Outpt CAHPS rating	High Distress (HD) %
Cardiology	78.71	94.53	38.33
Family Med	67.01	93.55	38.43
General Internal Med	83.37	95.45	32.73
Endocrinology	N/A	95.91	72.09
Infectious Disease	N/A	96.06	24.32
Pulmonary Critical Care	70.85	95.16	47.73
Rheumatology	N/A	91.37	33.33
Neurology	76.32	91.33	52.31
Surgical Oncology	76.60	96.30	23.33
Hematology – Medical Oncology	86.35	94.66	44.83
Pediatrics	N/A	93.63	36.72
OB/Gyn	85.02	93.39	51.9
Trauma Surgery/General Surgery	63.81	93.59	45.95
Physical Medicine	N/A	91.50	38.46
Plastic Surgery	65.56	92.94	43.75
Orthopedic Surgery	83.25	89.36	16.92
Vascular Endovascular Surgery	82.53	94.26	33.33
Colon Rectal Surgery	77.79	N/A	43.75
Diagnostic Radiology	83.12	N/A	34.97
Emergency Med	100	N/A	30.52
Geriatrics	90.56	N/A	28.57
Hospital Med	72.28	N/A	40
Head and Neck Surgery	82.72	N/A	51.61
Heart Institute	80.03	95.43	33.33
Cancer Institute	88.14	95.11	39.88
Surgical Specialties	81.08	92.15	38.15
Medicine	75.02	93.36	40.034

Table 1. High Distress percent and average HCAHPS and CAHPS rating by department or subspecialty; 100% = maximum value

Figure 1

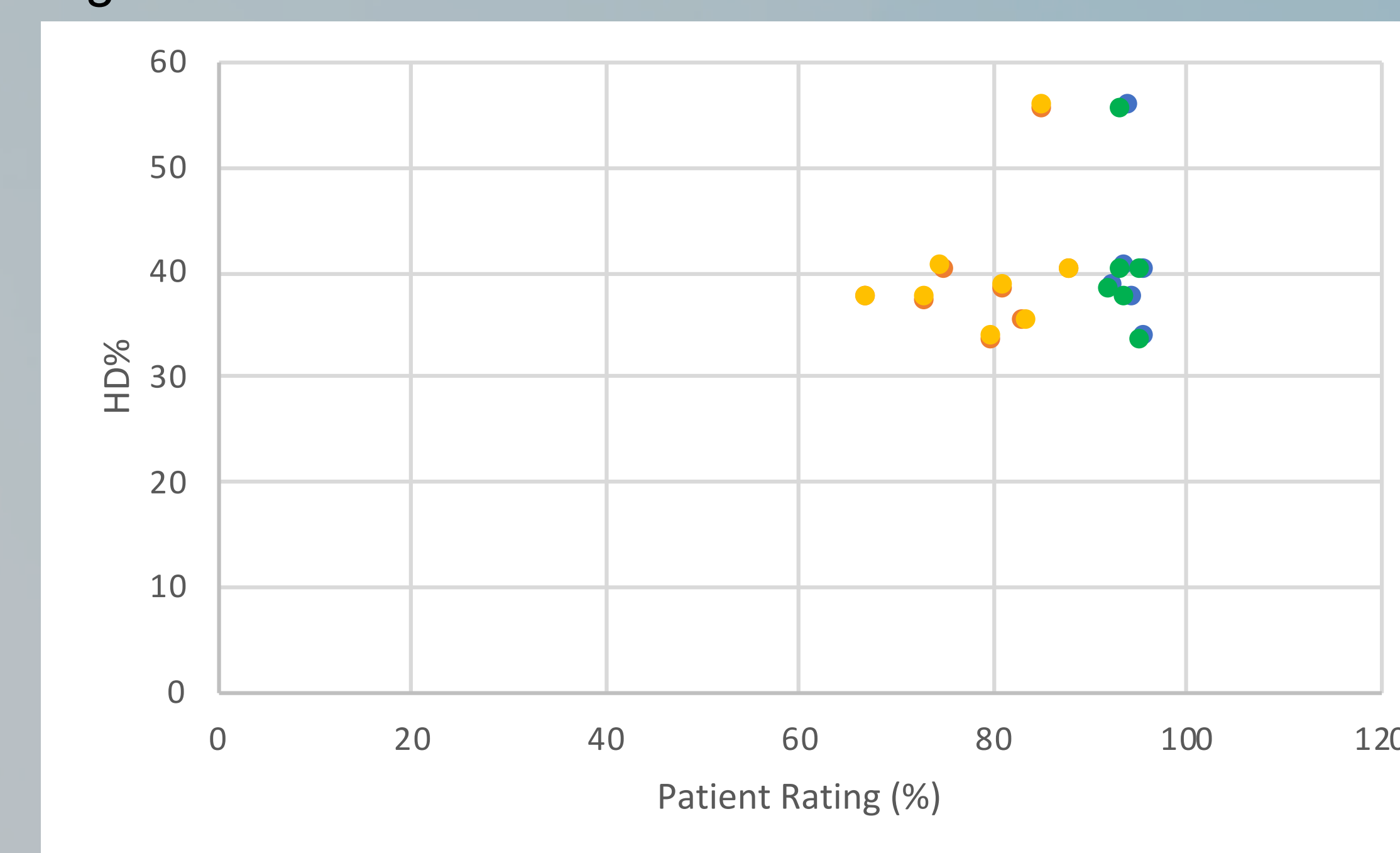


Figure 1. Correlation by department between Patient rating and WBI score where blue is outpatient satisfaction rating, orange is inpatient patient satisfaction rating, green is outpatient physician communication rating, and red is inpatient physician communication rating.

Figure 2

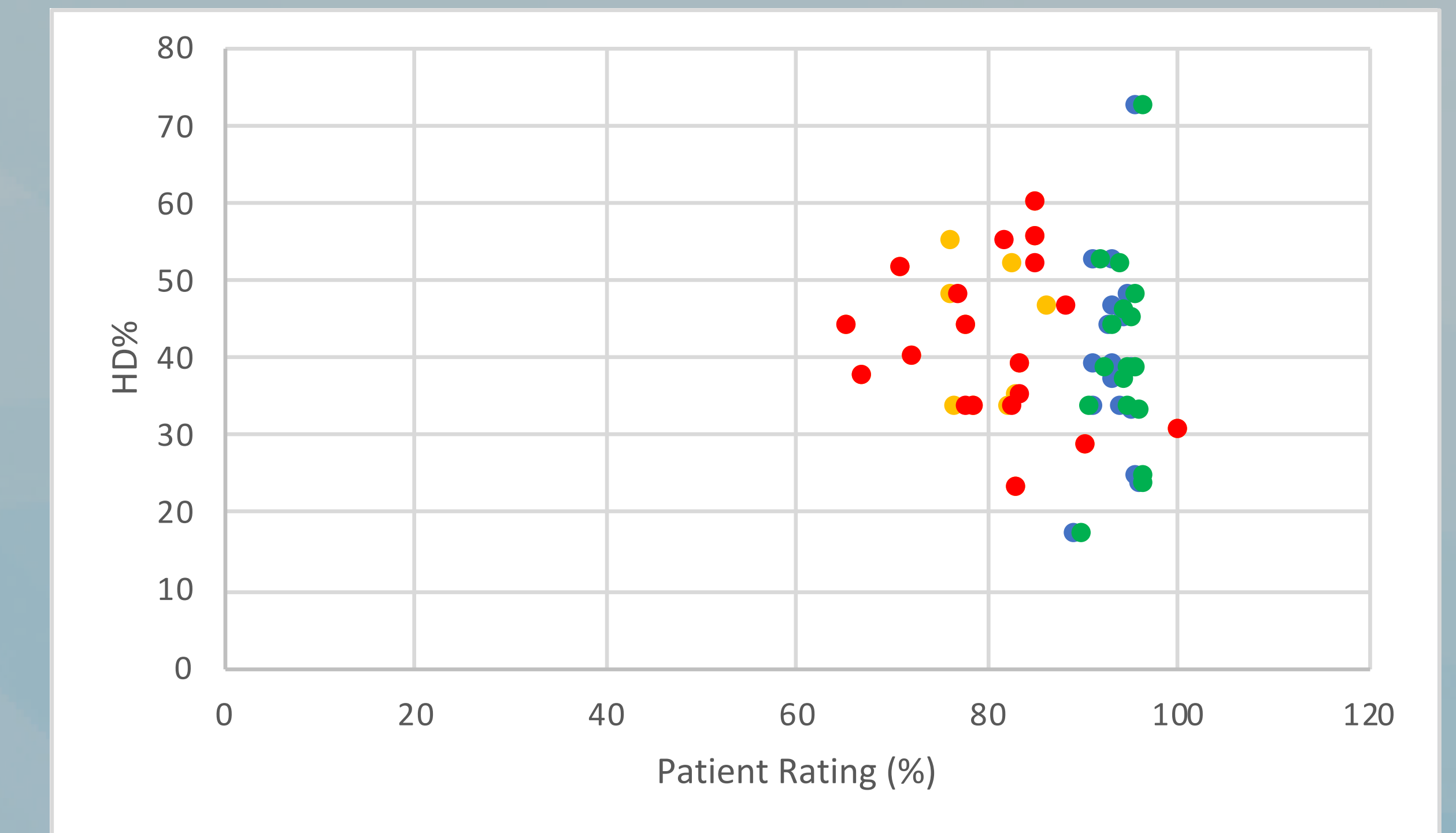


Figure 2. Correlation by subspecialty between Patient rating and WBI score where blue is outpatient satisfaction rating, orange is inpatient patient satisfaction rating, green is outpatient physician communication rating, and red is inpatient physician communication rating

Conclusion

- Patient experience values in the outpatient setting were higher ranging from 89th % to 96th % (mean 93rd %) compared with inpatient experience ratings ranging from 67% to 100% (mean 85th %)
- WBI scores and distress were less favorable in the inpatient setting ranging from -0.45 to 4.02 (mean 2.10) compared to the outpatient setting -0.11 to 3.12 (mean 1.44)
- There is a negative correlation between “communication with doctors” and WBI burnout scores when looking at subspecialties, with caregivers with poorer communication having greater burnout.
- The true significance of correlational data between patient satisfaction and physician burnout could not be determined due to the limitations of the WBI data set and access to individual physician’s survey data based on anonymity concerns.

Future Directions

- Improving the specificity and access to more granular, individual, data for both burnout and patient experience data would enhance the value of the study
- When given the opportunity, evaluate other aspects of data relating to physician burnout and patient experience including: gender, years of practice, complexity of clinical environment, burnout measures for other teams (e.g. nurses), and EHR utilization metrics

References:
¹ Panagioti M, Panagopoulou E, Bower P, et al. Controlled interventions to reduce burnout in physicians: a systematic review and meta-analysis. *JAMA Intern Med.* 2017;177(2):195-205.
² Shanafelt TD, Hasan O, Dyrbye LN, et al. Changes in burnout and satisfaction with work-life balance in physicians and the general US working population between 2011 and 2014. *Mayo Clin Proc.* 2015;90(12):1600-1613
³ Windover AK, Martinez K, Mercer MB, et al. Correlates and Outcomes of Physician Burnout Within a Large Academic medical Center. *JAMA Intern Med.* 2018; 178(6): 856-858. doi: 10.1001/jamainternmed.2018.0019
⁴ Halbesleben, J.R.B. Rathert, C. Linking physician burnout and patient outcomes: Exploring the dyadic relationship between physicians and patients. *Health Care Management Review.* January-March 2008 - Volume 33 - Issue 1 - p 29-39 doi: 10.1097/01.HMR.0000304493.87898.72