

Health Care Provider Satisfaction Towards Telemedicine During COVID-19 Pandemic

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Background & Objectives

- Telemedicine has become a mainstream way to provide patient care during the COVID-19 pandemic.
- There is limited data on the impact of telemedicine on **provider** well-being.
- Objectives: To evaluate the views of health care professionals toward providing virtual patient care and to determine whether gender identification and age significantly impact perspectives on telemedicine.

Methods

Medical practitioners at Temple University Health Systems were invited to complete an IRB-approved survey via email, including questions about demographics and attitudes towards telemedicine. Respondents were categorized by gender and age. Chi-square testing was performed to analyze differences between groups.

Age group	% of total
<30	5.0%
30-40	38.6%
41-50	18.8%
51-60	19.8%
>60	17.8%

Table 1. Breakdown of survey respondents by age

Gender	% of total
Female	53.0%
Male	46.0%
Non-binary or gender diverse	0.0%
Prefer not to say	1.0%

Table 2. Breakdown of survey respondents by gender

Results

- 101 Surveys were completed. See demographics in Tables 1 & 2.
- Only 16% of respondents felt that telemedicine allowed for more meaningful patient relationships, but 60% felt that telemedicine decreased anxiety of contracting COVID-19 (Figure 1):

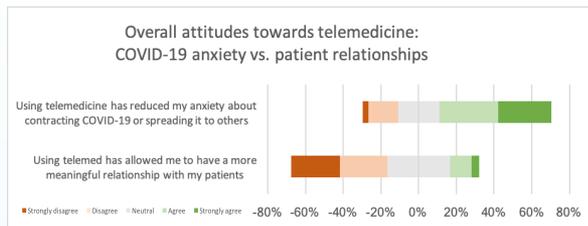


Figure 1. Overall attitudes of telemedicine: COVID-19 anxiety and patient relationships

- Survey participants 60 years old or younger had more positive views regarding work efficiency and physician-patient relationships. Participants over 60 years old felt more isolated than participants in any other age group.
- Females reported more positive views of telemedicine than males with regard to work efficiency, flexibility in personal time (Figure 2), and decreased burnout levels.

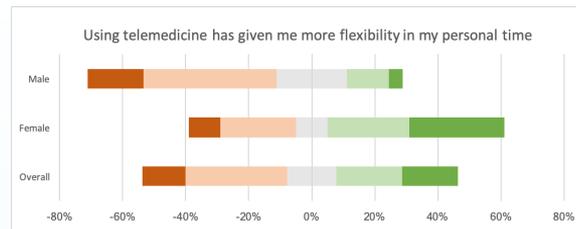


Figure 2. Attitudes towards flexibility from telemedicine, broken down by gender.

Conclusion

- Views on telemedicine differ by providers' gender and age.
- Further research is required to understand root causes of these disparities, and compare these same groups' attitudes towards in-person visits. This will determine if these are systemic differences in perspective or if these differences are specific to telemedicine.
- Further studies should explore how gender differences may be impacted by personal/life responsibilities and whether age differences are impacted by increased comfort with virtual interactions among younger practitioners.