**UNDERSTANDING PATIENT EXPERIENCES IN TELEHEALTH SERVICES: A GROUNDED THEORY APPROACH**

**QUALITATIVE REPORT**

# Abstract

The target of this research is to assess patients' satisfaction and engagement with telehealth to identify opportunities, difficulties, and advantages. Ten participants who had used telehealth services in the last year were included in the study and interviewed using semi-structured interview guidelines. Descriptive data were analysed using a process called grounded theory in order to find out patterns that dominated them. Key findings revealed a dual narrative: As much as telehealth is convenient and easily accessible, there are many problems, such as technical issues and a lack of touch and feel with a doctor. Based on the findings, better communication approaches and friendly technologies in the delivery of telehealth are suggested.

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# Introduction

Telemedicine catapults the concept of healthcare to a new level where several services can be delivered to patients from afar. It has, therefore, attracted much attention because of the possibility of enhancing access and lowering the expenses of delivering quality care (Ezeamii et al., 2024). Its use was already rising before the emergence of the COVID-19 pandemic; the latter forced healthcare providers to continue patient care through telehealth.

However, some unknown factors emerge about telehealth's utility and its impact on patient satisfaction (Ramachandran et al, 2023). For example, it breaks geographical barriers, but technological problems and reduced interpersonal communication may hinder its implementation. These dynamics are critical to understanding and enhancing telehealth services.

The current research uses Grounded theory (GT), a research method that is driven and developed from the participants' narratives (Tie, 2019). Lastly, while GT enables the emergence and elaboration of theoretical frameworks, the method is proper when one seeks to understand patterns in phenomena such as telehealth.

The study seeks to discover patient experiences using telehealth so that it can identify specific importance and drawbacks that patients recognise. By doing so, the study addresses a fundamental deficit in the patient-centred enhancement of telehealth systems.

## Aims and Research Question

## Aim

Assess existing data sources for measures capturing patient perceptions of telehealth services and define what factors impact the level of satisfaction and active use of telehealth.

## Research Question

What do patients with telehealth services consider to be essential phases, and what selection criteria for telehealth practices can be derived from the results?

# Methodology

## Design

The current study employed a qualitative research approach, specifically a constructivist-grounded theory approach, to develop theory from the participants' accounts. Coding, data analysis, and integration in grounded theory allow the work to propose themes and patterns (Mcleod, 2015). This method was chosen rather than thematic analysis because of the more formal approach to theory generation.

## Participants

The study's participants comprised ten individuals aged between 25 and 65 who were keen on using telehealth services. Some plans were considered specifically regarding the demographics of participants in terms of gender, age, and geographical location. To ensure anonymity, demographic characteristics were excluded from the data collected.

## Ethics

The study was pursued in accordance with the principles of the British Psychological Society's ethical codes (The British Psychological Society, 2014). Participants acknowledged participation through their informed consent, and to ensure patients' identities were not revealed and used, the study used secured storage. The ethics likely to emerge with telehealth data include the ability to maintain confidentiality, especially when using online platforms.

## Data Source

We used semi-structured interviews as the main source of data collection because they are flexible and provide depth. The interviews gave information specific to participants' profiles but were also conducive to developing new ideas. The dataset was collected from an open source, and hence, there was no problem of replication in the analysis.

## Analytical Procedure

The grounded theory process involved six steps:

1. ***Open Coding:*** In this method, the first step is data scanning to obtain preliminary work identification of the keywords and concepts.
2. ***Axial Coding:*** Involves arranging the codes that are related in some way into common categories so that the results can be easier to analyse.
3. ***Selective Coding:*** Gathering data to work out the main issues and concerns.
4. ***Constant Comparison:*** Using data for reflection on categories and making comparisons across iterations on data.
5. ***Memo Writing:*** Describe the data analysis process for enriching theory.
6. ***Theory Development:*** Developing a theoretical framework that would help to analyse patient experiences.

# Results

## Theme: The Accessibility-Quality Paradox

## Accessibility

Participants frequently highlighted telehealth convenience, particularly for those with mobility constraints or in rural areas: That is something telehealth saved me much travelling, especially during COVID (Line 34).

However, technological issues posed barriers, especially for older adults: "It could get rather fiendish trying to manoeuvre around in the app independently even when I was not seeking any assistance at all:" (Line 58).

## Communication

It is realized that communication is the variable that has emerged. While some participants appreciated the immediacy of responses, others noted a lack of personal connection. The third negative feature is the Lack of personal care by the doctor. Looking at the following extract, we can see that the doctor didn't look at other patients and seemed to have missed appointments. Apparently, I did not only get a chance to elaborate on some of the issues that I had in the appointment.

What we have here is a consideration for adequate online communication training for qualified doctors to enable them to better communicate with patients.

## Satisfaction

The participants level of satisfaction was moderate. Positive experiences were reported by those who encountered minimal technical difficulties and clear communication: ''All that the doctor said was clear, and there was nothing that made me have any form of doubt about the kind of treatment that I received'' (Participant 5 Line 90).

Conversely, technical challenges and a perceived "lack of personal attention" led to dissatisfaction for some: "It is like talking to a machine, not a person" (Line 105).

# Discussion

## Findings and Contribution

This study highlights the dual narrative in telehealth experiences: While it can improve the client's access to services, other issues related to technology and communication worsens its impact (Vaibhavi, 2024). These results provide evidence to previous studies showing that telehealth must be easy to use and that the training healthcare professionals receive must incorporate the use of technologies such as telehealth.

The consequences of the identified factors are also quite useful in enriching the know-how because they show how each of the factors combines to shape patients' perceptions. For instance, in previous literature, convenience is highlighted as crucial; however, this study finds that communication deficiency aggravates dissatisfaction and that Lack of communication is central to patient satisfaction.

## Methodological Reflection

As such, applying the grounded theory method was helpful in determining the diverse patient experiences. This included using a coding technique known as constant comparison, which allowed the research process to come up with highly developed conclusions that are very detailed. Although this method took a lot of time to code and use constant comparisons, some of these difficulties were overcome by using open-access data, which provides an extensive maturing data set.

## Implications

To enhance telehealth delivery, healthcare providers should focus on the following:

***Technological Training:*** They must teach and even empower the specifically targeted patients, or rather the older people, to fully conduct or participate in telehealth.

***Provider Communication Training:*** Educating healthcare professionals on how to imbibe and apply effective communication with clients.

***Platform Design Improvements:*** Everything said should aim to minimize the use of products with difficult-to-understand interfaces as much as possible.

## Limitations and Future Studies.

On the same note, the study is also limited by the small sample size, which has more in common with region-dwelling people only. The authors should conduct similar research and compare the aspects of telehealth according to different special populations and healthcare facilities. In addition, other longitudinal paradigm studies could investigate the effects of telehealth years after the intervention.

# Conclusion

Exploring telehealth shows that it enhances care delivery because it reduces consumer discomfort and directs attention to the right area of focus. However, when it comes to delivering quality service to consumers, the areas of discomfort remain. For patient-centred care, this study articulates how telehealth can triumph over both technological and administrative communication challenges. There is a need to maintain dialogues of telehealth research and practice on these topics to enhance the sustainability of telehealth systems implementation.

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