

Research Article

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Satisfaction and Experiences in Telehealth of The Filipino Patient and Caregiver: A Sequential Explanatory Single-Center Study

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ABSTRACT

Introduction: The CoVID-19 pandemic paved a way for telehealth which was then considered as the “new normal”. Generally, satisfaction influences the decision making of users. This study determined patient and caregiver satisfaction and experiences with the use of telehealth services.

Methods: A cross-sectional sequential explanatory design was utilized. Patients and caregivers from May to August 2022 at the Department of Internal Medicine in University of Santo Tomas Hospital initially answered the Telemedicine Satisfaction Questionnaire (TSQ), followed by exploring their experiences with telehealth through key informant interviews. A score of ≥ 4 over 5 from the TSQ showed a higher satisfaction score. Pearson R correlation, Spearman Correlation, Fisher-Freeman-Halton Exact Test, and Mann Whitney U test were used in the quantitative phase, while inductive thematic analysis was utilized for the qualitative phase.

Results: A total of 182 patients and caregivers participated in the first phase, while 11 respondents were interviewed. There were 146 patients and 36 caregivers with mean age of 41.48 ± 12.7 . The TSQ scores ranges from 4.32 to 4.62, and 96.7% of the participants had overall score of ≥ 4 over 5. Age and location had significant association with telehealth services. The qualitative phase introduced three themes 1) Telemedicine: Improving Quality of Life in the Digital Age, 2) Limiting Consequences of the Primary Setup Shift in Consultations, and 3) Nuances of Traditional and Modern Health Services.

Conclusion: The participants had a high overall satisfaction score which means patients and caregivers has high level of satisfaction leading to advocating the use of telehealth. Personal accounts from the interviews showed that telemedicine improved the overall quality of life of patients and caregivers. Creating a convenient, efficient, economical, safe, and comfortable health care service where actual needs of patients and caregivers are met.

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Introduction

In the advent of the CoVID-19 pandemic major impact on the capacity of health systems to provide and deliver essential health services has been an issue. According to the World Health Organization due to the pandemic, challenges arise with the increasing demand for care of the vulnerable populations such as children, elderly, patients with chronic diseases, minorities, and people with disabilities. In compliance with the Universal Health Care Act, our country has been striving hard to provide Health for All Filipinos. The American Journal of Public Health stated that “Health for All” means health is to be brought within reach by each citizen of a given country. Health for all requires multisectoral approach, but it primarily depends on the continuous progress in medical care, hence technological advancements in health services should be accessible to the people [1,2].

The American Academy of Family Physicians defined Telehealth as the electronic and telecommunication technologies and services used to provide health care at a distance. In the Philippines, the

use of Telehealth was augmented during the COVID 19 pandemic. The application of telehealth services around the world was limited until March 2020, when surge of COVID 19 cases initially happened in the country. Telehealth has provided an appropriate and efficient way of improving health in the Philippines. According to the COVID-19 Healthcare Coalition, almost 80 percent of people reported patient satisfaction with the use of telehealth, and over 70 percent expect to access virtual care post-pandemic [3,4].

As we carry on with the new challenges of this pandemic, Telehealth has been a new way of life and can be considered as a the “new normal”. Tertiary hospitals in the Philippines confronted the pandemic by adapting with the “new normal”. Telehealth has been one of the present-day approach of our health care providers as they make an effort to bring forth remote access to healthcare [5]. Patient satisfaction greatly influences the decision making of users. However, satisfaction from healthcare does not solely come from the patient. Only a limited number of studies regarding caregiver satisfaction in the use of telehealth has been published.

A lot of times, satisfaction is objectively assessed through questionnaires or survey forms. Satisfaction also equates to the quality of actual care received, and on how it can deliver care that

is comparable to face-to-face consultations [5]. On the other hand, satisfaction is broad and experiences in telemedicine can still be greatly elaborated through in depth interviews and narratives of their experiences. Interviews shall expose unexplained satisfaction phenomenon that were initially identified using the objective scales. This study shall provide a quantitative and qualitative analysis of patient and caregiver satisfaction and Telehealth experiences.

Methods

A cross-sectional sequential explanatory design was utilized. The study determined patient and caregivers' satisfaction and experiences among Filipinos in a tertiary hospital receiving health care through telehealth during the COVID 19 pandemic. It determined patient and caregiver satisfaction in telehealth by using the Telemedicine Satisfaction Questionnaire (TSQ), correlated baseline demographic data obtained with the level of satisfaction, described the depth of patient and caregivers' satisfaction and experiences and provided a comprehensive view regarding caregiver satisfaction and experiences by integrating quantitative and qualitative data.

A total of 182 patients and caregivers using telehealth services at the University of Santo Tomas (UST) Hospital Department of Internal Medicine from May to August 2022 were included in this study. Patients and caregivers that were included in the study were as follows: adult patients or caregivers, ≥ 18 years old, male, or female, users of telehealth whether as a patient or as a caregiver of a patient, English literate: able to read, write and understand English, and with a reading and comprehension level of a 6th grade. The researchers utilized a validated tool entitled Telemedicine Satisfaction Questionnaire (TSQ) to assess satisfaction scores of patients and caregivers. After explaining the objectives of the study and securing consent from the patients and caregivers, a data collection sheet via electronically generated form was given to the participants.

Demographic profile of the patients and caregivers were gathered which included: age, sex, educational attainment, location type of gadget use, reason for consultation (first-time or follow up), type of internet connection used, and subspecialty of attending physician. This demographic profile was then correlated with the TSQ score. During the self-administered questionnaire/survey, patients and caregivers were asked to answer the electronically generated copy of the TSQ, they were as to tick the 14 item questionnaire which consisted of a 5 point Likert-scale scoring system 1 - strongly disagree, 2 - disagree 3 - neither agree nor disagree, 4 - agree, and 5 - strongly agree. Answered forms were collected immediately once electronically generated form was submitted.

The sample size was calculated using the Cochran's formula. According to the census of outpatients per week in University of Santo Tomas Hospital, there are 323 patients per week coming from

subspecialties specified in the study. Consequently, according to caregiving statistics in United States, we may estimate there are around 21.3% caregivers attending to patients. Using this as a basis, $NNcc=323(0.213)=68.799 \approx 69$. For medical survey type of studies, we may suggest using a confidence level of 92% and margin of error of 0.08 to give more leeway for variation but not sampling more than necessary from the population. A suggested sample size of 114 patients and 45 caregivers was obtained using this formula.

Cross tabulation of data was done in creating easily understandable rows and columns of the demographic data. Data means with standard deviations and percentage counts were used as descriptive statistics. The Likert-scale responses were analyzed using descriptive statistics as well which showed the mean scores with standard deviations of responses. Correlation analysis was done in two parts: 1.) correlation of the components of the TSQ to overall satisfaction and 2.) correlation of demographic variables to overall satisfaction. Initial analysis using the Pearson R correlation was done to identify the correlation of the components of the TSQ to overall satisfaction, in which question number 14 of the TSQ was then set as the overall satisfaction measure. The Spearman Rho correlation was then utilized to determine the strength of correlation between two ordinal variables (age and educational attainment). Other variables were analyzed using the Fisher-Freeman-Halton Exact Test for Association to detect significant associations despite the limitations raised by the sample (participant type: patient or caregiver, sex, location, type of gadget used, internet connection, and subspecialties). While comparison between the overall satisfaction of caregivers and patients toward telehealth service was done using the Mann-Whitney U Test. For the second phase of the study, qualitative data was acquired through the interviews, other dimensions of satisfaction through the patients and caregivers' experiences were discussed. An inductive thematic analysis was used to analyze these data.

Results

Phase I: Telemedicine Patient Satisfaction Levels: Survey

A total of 182 participants divided into 146 patients and 36 caregivers which showed a mean age of 41.48 ± 12.7 . Overall telehealth users were predominantly female $n=124$ which constitutes 68.13% of the total population. Location were standardized to NCR cities and provinces, 78 (43.09%) of the population were residents of Manila City. Educational attainment of telehealth users were also obtained, and out of 182 telehealth users, 139 were college graduate (76.37%) while 3 (1.65%) graduated up to elementary level. Cellphone was the most common gadget that was used during teleconsultations having 145 users or 79.67% of the total population. Follow-up consultation was more frequent compared to first-time consults at 142 (78.02%). Consultations per subspecialty was also obtained, with Internal Medicine having the highest number of teleconsultation at 40 (21.98%) followed by Endocrinology 38 (20.88%) and Cardiology having 28 (15.38%).

TABLE 1. BASELINE DEMOGRAPHICS			
DEMOGRAPHIC VARIABLE	PATIENTS (N = 146)	CAREGIVERS (N = 36)	TOTAL
Age	41.58 (13.51)	41.08 (8.82)	41.48 (12.70)
Sex (female)	94 (64.38%)	30 (83.33%)	124 (68.13%)
*Location:			
Abra	1 (0.68%)	1 (2.78%)	1 (0.55%)
Aklan	1 (0.68%)	4 (11.11%)	1 (0.55%)
Batangas	4 (2.74%)	1 (2.78%)	5 (2.76%)
Bulacan	13 (8.90%)	1 (2.78%)	17 (9.39%)
Caloocan City	1 (0.68%)	20 (55.56%)	1 (0.55%)
Cavite	5 (3.42%)	3 (8.33%)	6 (3.31%)
Davao del Norte	1 (0.68%)	3 (8.33%)	1 (0.55%)
Laguna	1 (0.68%)	2 (5.56%)	2 (1.10%)
Las Piñas City	2 (1.37%)		2 (1.10%)
Makati City	1 (0.68%)		1 (0.55%)
Malabon City	1 (0.68%)		1 (0.55%)
Mandaluyong City	3 (2.05%)		3 (1.66%)
Manila City	58 (39.73%)		78 (43.09%)
Mindoro	1 (0.68%)		1 (0.55%)
Muntinlupa City	1 (0.68%)		1 (0.55%)
Navotas City	1 (0.68%)		1 (0.55%)
Pampanga	21 (14.38%)		24 (13.26%)
Pangasinan	1 (0.68%)		1 (0.55%)
Parañaque City	3 (2.05%)		3 (1.66%)
Pasay City	1 (0.68%)		1 (0.55%)
Pasig City	2 (1.37%)		2 (1.10%)
Quezon City	11 (7.53%)		14 (7.73%)
Rizal	7 (4.79%)		9 (4.97%)
Taguig City	3 (2.05%)		3 (1.66%)
Valenzuela City	1 (0.68%)		1 (0.55%)
Educational Attainment:			
Elementary	3 (2.05%)		3 (1.65%)
High School	12 (8.22%)	7 (19.44%)	19 (10.44%)
College	112 (76.71%)	27 (75.00%)	139 (76.37%)
Post-graduate	19 (13.01%)	2 (5.56%)	21 (11.54%)
Gadget used for Teleconsultation:			
Cellphone	115 (78.77%)	30 (83.33%)	145 (79.67%)
Desktop	4 (2.74%)		4 (2.20%)
Laptop	22 (15.07%)	4 (11.11%)	26 (14.29%)
Tablet	5 (3.42%)	2 (5.56%)	7 (3.85%)
Type of Internet Connection:			
Local Area Network (LAN)	6 (4.11%)		6 (3.30%)
Mobile Data	45 (30.82%)	15 (41.67%)	60 (32.97%)
Wi-Fi	95 (65.07%)	21 (58.33%)	116 (63.74%)
Reason for Consultation:			
First-time Consult	37 (25.34%)	3 (8.33%)	40 (21.98%)
Follow-up	109 (74.66%)	33 (91.67%)	142 (78.02%)
Subspecialty of the Patient's Doctor:			
Cardiology	22 (15.07%)	6 (16.67%)	28 (15.38%)
Endocrinology	33 (22.60%)	5 (13.89%)	38 (20.88%)
Gastroenterology	13 (8.90%)	3 (8.33%)	16 (8.79%)
Hematology	11 (7.53%)	3 (8.33%)	14 (7.69%)
Infectious Disease	3 (2.05%)	1 (2.78%)	4 (2.20%)
Internal Medicine	31 (21.23%)	9 (25.00%)	40 (21.98%)
Nephrology	9 (6.16%)	4 (11.11%)	13 (7.14%)
Oncology	5 (3.42%)	3 (8.33%)	8 (4.40%)
Pulmonology	7 (4.79%)	2 (5.56%)	9 (4.95%)
Rheumatology	12 (8.22%)		12 (6.59%)

*Location was standardized to NCR cities/Provinces
Data are means (SD) or count (%).

The Telemedicine Satisfaction Questionnaire (TSQ) is a 14-item questionnaire consisting of a 5 point-likert scale with the score of 1 correlating to strongly disagree while a score of 5 to strongly agree. The TSQ scored showed an overall mean score ranging from 4.32 to 4.62 with a standard deviation range of ± 0.53 to 0.90, and 96.7% of the participants had overall satisfaction score of ≥ 4 out of 5. This means that they have answered the telemedicine satisfaction questionnaire with either agree or strongly agree, and we could correlate this with patients and caregivers having high level of satisfaction leading to advocating the use of telehealth. TSQ responses were correspondingly divided into the patient and caregiver group.

TABLE 2. TSQ OVERALL RESPONSES			
	MEAN	SD	RANGE
1.) I can easily talk to my health-care provider	4.51	0.54	3 - 5
2.) I can hear my health care provider	4.39	0.84	1 - 5
3.) My health care provider is able to understand my health-care condition	4.53	0.61	1 - 5
4.) I can see my health care provider as if we met in person	4.34	0.90	1 - 5
5.) I do not need assistance while using the system	4.32	0.79	1 - 5
6.) I feel comfortable communicating with my health care provider	4.55	0.60	2 - 5
7.) I think the health care provided via telemedicine is consistent	4.48	0.59	3 - 5
8.) I obtain better access to health-care services by use of telemedicine	4.46	0.66	1 - 5
9.) Telemedicine saves me time from travelling to hospital or a specialist clinic	4.62	0.53	3 - 5
10.) I do receive adequate attention	4.48	0.69	1 - 5
11.) Telemedicine provides for my health-care need	4.46	0.72	1 - 5
12.) I find telemedicine an acceptable way to receive health care services	4.52	0.64	2 - 5
13.) I will use telemedicine services again	4.50	0.70	1 - 5
14.) Overall, I am satisfied with the quality of service being provided via telemedicine.	4.53	0.63	1 - 5

	MEAN	SD	RANGE
1.) I can easily talk to my health-care provider	4.51	0.55	3 - 5
2.) I can hear my health care provider	4.45	0.76	1 - 5
3.) My health care provider is able to understand my health-care condition	4.53	0.62	1 - 5
4.) I can see my health care provider as if we met in person	4.40	0.84	1 - 5
5.) I do not need assistance while using the system	4.32	0.84	1 - 5
6.) I feel comfortable communicating with my health care provider	4.57	0.61	2 - 5
7.) I think the health care provided via telemedicine is consistent	4.46	0.61	3 - 5
8.) I obtain better access to health-care services by use of telemedicine	4.45	0.69	1 - 5
9.) Telemedicine saves me time from travelling to hospital or a specialist clinic	4.62	0.54	3 - 5
10.) I do receive adequate attention	4.48	0.72	1 - 5
11.) Telemedicine provides for my health-care need	4.44	0.73	1 - 5
12.) I find telemedicine an acceptable way to receive health care services	4.51	0.66	2 - 5
13.) I will use telemedicine services again	4.49	0.74	1 - 5
14.) Overall, I am satisfied with the quality of service being provided via telemedicine.	4.53	0.66	1 - 5

	MEAN	SD	RANGE
1.) I can easily talk to my health-care provider	4.50	0.51	4 - 5
2.) I can hear my health care provider	4.17	1.08	1 - 5
3.) My health care provider is able to understand my health-care condition	4.53	0.56	3 - 5
4.) I can see my health care provider as if we met in person	4.08	1.11	1 - 5
5.) I do not need assistance while using the system	4.36	0.54	3 - 5
6.) I feel comfortable communicating with my health care provider	4.50	0.56	3 - 5
7.) I think the health care provided via telemedicine is consistent	4.56	0.50	4 - 5
8.) I obtain better access to health-care services by use of telemedicine	4.50	0.56	3 - 5
9.) Telemedicine saves me time from travelling to hospital or a specialist clinic	4.61	0.49	4 - 5
10.) I do receive adequate attention	4.50	0.56	3 - 5
11.) Telemedicine provides for my health-care need	4.53	0.65	2 - 5
12.) I find telemedicine an acceptable way to receive health care services	4.53	0.56	3 - 5
13.) I will use telemedicine services again	4.56	0.56	3 - 5
14.) Overall, I am satisfied with the quality of service being provided via telemedicine.	4.53	0.51	4 - 5

Overall satisfaction score was high in question 9 which may take aim to that telemedicine definitely saves them time from travelling to hospital or a specialist clinic. Next to saving time, participants also found telemedicine comfortable as their mode of communication with their healthcare provider.

An article entitled Patient Satisfaction with telediabetes education in Hong Kong stated that, question number 14 can be set as the overall satisfaction measure [6]. In line with this, the Telemedicine Satisfaction Questionnaire (TSQ) underwent internal validation, hence good correlation may be expected. For these reasons, question number 14 from the TSQ was used as point of comparison throughout the analysis. Analogous to the Pearson R correlation, observed that all questions exhibited a moderate-strong significant positive correlation with the overall satisfaction measure, having coefficients approaching ± 1 from 0.52907 to 0.91028. Moreover, as we examined these coefficients, questions 11 – 13 may likely attribute the strongest influence to question number 14 which is the overall satisfaction measure. In question with the characteristics of the sample, the driving force of need and sense of acceptance of both patients and caretakers are considered to be the main factors in availing telehealth services. Correlation of demographic variables to overall satisfaction was also done using the Spearman Rho correlation. Both age and educational attainment have a significant correlation with satisfaction, age having a negative weak correlation with satisfaction.

Additional statistical analysis of other variables was done, observing a significance level of less than 0.05. The location of patients/caregivers has a significant association with telehealth services (p-value 0.006497). While subspecialties showed a p-value of 0.05747, considering the p-value was estimated and

simulated using remedial techniques to obtain an approximation, we can infer that despite having a deviating p-value from the significance level, there is still a possibility that the subspecialty of the attending physician may have a significant association with telehealth services satisfaction. However, comparison of the overall satisfaction rates between the patient and caregiver groups toward telehealth services showed no significant difference with a computed p-value of 0.6821.

Phase II: Qualitative Explanatory Interviews

Satisfaction has been a measure of good health care delivery. However, it cannot be solely based from data extrapolated from satisfaction surveys only. To provide a comprehensive grasp of satisfaction, experiences of receivers of a specific intervention should also be taken into consideration. The second phase of the study involved patients and caregivers using telehealth. First hand experiences with telehealth services were explored through interviews.

A total of 11 accounts were written, 9 patients and 2 caregivers shared their experiences with telehealth. The Interviewees comprised of patients who are suffering from SLE, Diabetes, Hemophilia, and Hypothyroid, come from the working age group (18 – 65 years old), and respondents have high overall satisfaction scores. While the caregivers took care of diabetic patients. Analysis of these interviews introduced three themes on providing their in-depth experience on telemedicine.

Telemedicine: Improving Quality of Life in the Digital Age

Amidst adversities existing in the Philippines, telemedicine brought several advantages to improve the quality of life of both patients and caregivers. According to the interview

respondents, telemedicine possesses convenience, efficiency, safety, economical, comfortable, and encouraging. Coupled with long queues and time-consuming processes, teleconsultation is noted to be a more convenient option than the traditional one. While, opting to use the virtual setup, the risk of contracting CoVID-19 along with other pathogenic agents gets minimized and further assures safety. Telemedicine also paved a way for doctors to become more approachable since they have opened post-communication channels primarily using chats, motivating the patients to be more proactive in asking about their conditions and preparing their questions before the teleconsultation.

Limiting Consequences of the Primary Setup Shift in Consultations

Despite having many advantages, telemedicine also comes with limitations due to the abrupt paradigm shift from physical to virtual consultations. Inherent differences in privileges regarding the means of attending virtual consultations may affect the quality of health service received. The interviewees have stated that connectivity issues, health service discrepancies, and accessibility issues are some of the limitations of telemedicine based on their perspectives. Health service discrepancies hovering around that inability of the physician to do physical examinations hence incomplete assessment, while accessibility issues primarily having the means to use high-end gadgets such as smartphones as well as the digital literacy which plays a crucial role in navigating their respective virtual venues correctly.

Nuances of Traditional and Modern Health Services

To achieve the optimal health services given to patients, the combination of traditional and modern ways is adapted to fill their individual limitations. The interviewees recognize that for emergencies, teleconsultations are most suited to health advice that the patients/caregivers can do within their reach. However, a respondent pointed out that it is disadvantageous when there is a need for immediate consultation due to new symptoms and waiting for the turn in the queue, just like in a hospital facility. Differences in Preferences and Perspectives, there are counterintuitive statements needing further examination in terms of costing due to the consumption of devices, electricity, and internet bandwidth which would cost more in the long run. And as a point of clarification, due to the sudden shift to teleconsultations, availing of devices at once would cost them more. Hence an argument was raised that others should use traditional health services since it would be more economical. Also, patients who can self-administer the doctor's advice stated traditional in-person medical visits and teleconsultation almost offers the same health service. However, a respondent prefers the traditional setup since physical examinations can be performed, leading to a more accurate diagnosis and treatment. This further supports that the type of consultation that suits the patient the most depends on the health service they need. The respondents mostly recommend in-person medical visits when patients suffer from physically manifesting serious symptoms so they can be addressed accurately. On the other hand, an interviewee claimed that medical advice and instructions from teleconsultations are more detailed compared to traditional in-person medical visits.

Discussion

This study's primary objective is to determine patient and caregivers' satisfaction and experiences among Filipinos in a tertiary hospital receiving health care through telehealth during the COVID 19 pandemic. A comprehensive review on patient and caregivers' satisfaction was done through a sequential

analysis. Scores from the telemedicine satisfaction questionnaire showed that patients and caregivers from the University of Santo Tomas Hospital strongly agrees to the use of telehealth services correlating to a high level of satisfaction. According to Orrange satisfaction with telemedicine during the COVID-19 pandemic is high. Their satisfaction is shaped by the degree of trust in physician and visit-related factors more so than patient factors. However, comparing satisfaction scores between patients and caregivers has no significant difference. In addition, one of the limitation of this study is that the study sample for the caregiver group did not meet the suggested sample size, hence may not be sufficiently powered to detect a difference between the groups and the study may turn out to be falsely negative leading to a type II error [7,8].

Analyses of demographic variables illustrated that the older the patient/caregiver is, the more likely they will be unsatisfied with the telehealth services. This could possibly be due to the difficulty using the system and use of technology as supported by the lower satisfaction scores regarding technicalities. This is said so, since elderly patients and/or caregivers are probably less versed with the use of technological advancements compared to younger ones. Digital divide due to lack of equipment, limited literacy, and lack of assistance may have been an issue in telemedicine [9]. Deduced from this study is that patients and caregivers consider their proximity to the hospital or clinics when availing telehealth services. This can also be supported by the previous data denoting the overall highest satisfaction scores toward telehealth services is that telemedicine definitely saves them time from travelling to hospital or a specialist clinic. Meaning location is especially important. Accounts from the qualitative interviews also mentioned that coming from different provinces and cities, the hospitals or clinics are situated far from the comforts of their transportation, given the traffic conditions in the country, telemedicine have saved them time and efforts making it very convenient, efficient, economical, and comfortable.

Despite high satisfaction scores in general, the questionnaire may have not explored all aspects of patient satisfaction and experiences. Statements from the respondents have seen the sights of telemedicine has improved their overall quality of life. On the contrary, limiting consequences of telehealth services were identified stating the internet connectivity may press an issue, as important instructions may be omitted due to slow internet connection. Several accounts also made remarks regarding difficulty in physical examination making it less possible to fully assess and diagnose patient's condition. Additionally, conflicts in perspectives were discovered which may suggest that both modes of consultation may provide enough health service in times of emergencies, depending on the need for a doctor's direct intervention.

Nevertheless, overall patient and caregivers' high satisfaction rates as it caters to their needs led to by and large advocating the use of telehealth services.

Conclusion

Patient and/or caregiver's satisfaction is a growing concern in all aspects of healthcare, it serves as their voice and it also serves as a measure of quality of care. This study utilizing mixed methods provided a quantitative and qualitative evaluation of patient and caregiver satisfaction and experiences with telehealth services. Both patients and caregivers expressed a high level of satisfaction with the use of telemedicine. Telemedicine improved the overall quality of life of patients and caregivers. It created a convenient,

efficient, economical, safe, and comfortable health care service where actual needs of patients and caregivers are met. Hence, it is a promising alternative in acquiring health care services nowadays.

References

1. Gurley N, Ebeling E, Bennett A, Kashondo JK, Ogawa VA, et al. (2022) National policy responses to maintain essential health services during the COVID-19 pandemic. *Bull World Health Organ* 100: 168-170.
2. Støme LN, Wilhelmsen CR, Kværner KJ (2021) Enabling Guidelines for the Adoption of eHealth Solutions: Scoping Review. *JMIR Form Res* 30: e21357.
3. Marques S, Cruz JAW, da Cunha MAVC, Tuon FF, de Moraes TP, et al. (2022) Patient and family experience with telemedicine and in-person pediatric and obstetric ambulatory encounters throughout 2020, during the COVID-19 epidemic: the distance effect. *BMC Health Serv Res* 16: 22-59.
4. Pogorzelska K, Chlabicz S (2022) Patient Satisfaction with Telemedicine during the COVID-19 Pandemic-A Systematic Review. *Int J Environ Res Public Health*. 17:19-6113.
5. Yip MP, Chang AM, Chan J, MacKenzie AE (2003) Development of the Telemedicine Satisfaction Questionnaire to evaluate patient satisfaction with telemedicine: a preliminary study. *J Telemed Telecare* 9: 46-50.
6. Yip MP, Mackenzie A, Chan J (2002) Patient satisfaction with telemedicine education in Hong Kong. *J Telemed Telecare* 8: 48-51.
7. Orrange S, Patel A, Mack WJ, Cassetta J (2021) Patient satisfaction and trust in telemedicine during the COVID-19 pandemic: Retrospective observational study. *JMIR Hum Factors* 8: e28589.
8. Nayak BK (2010) Understanding the relevance of sample size calculation. *Indian J Ophthalmol* 58: 469-470.
9. Doraiswamy S, Jithesh A, Mamtani R, Abraham A, Cheema S (2021) Telehealth use in geriatrics care during the COVID-19 pandemic-A scoping review and evidence synthesis. *Int J Environ Res Public Health* 18:1755.

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