



Connection and Connectivity: A Systematic Review of Telehealth Survey Instruments

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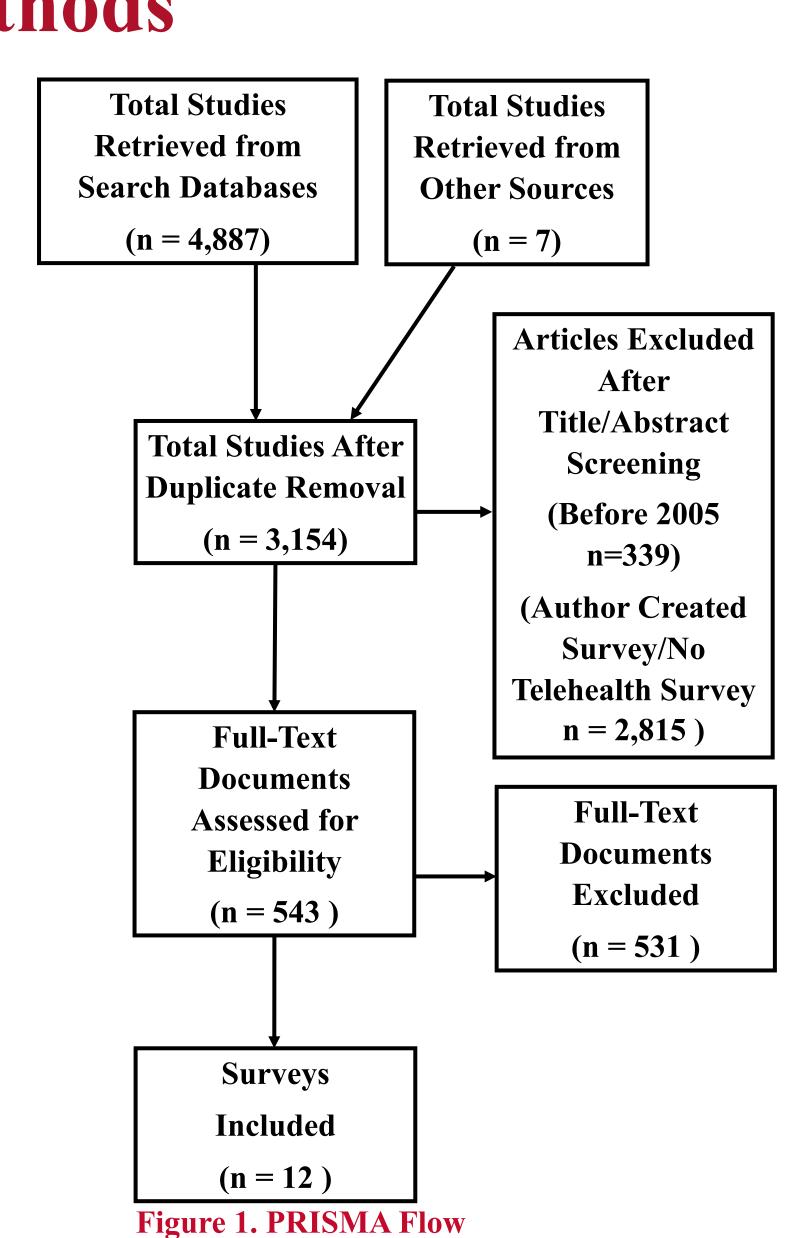
Background

The current upsurge in telehealth use in palliative and hospice care warrants consideration of patient, family caregiver, and interdisciplinary perspectives on telehealth modality and communication experiences.

This study purpose was to locate survey instruments available to assess telehealth interactions, to determine the content and constructs covered by the available instruments, and to describe the patient populations previously surveyed by the existing instruments.

Methods

The review protocol was registered with PROSPERO. Databases (PubMed, EMBASE, and CINAHL) were queried with search terms approved by a research librarian. Keywords of interest included "telehealth" and "telemedicine", "survey(s)" and "questionnaire(s)", "experience(s)", "communication", "validity" and "reliability".



A standard extraction form was piloted and utilized with two blinded reviewers per data point.

Inclusion and Exclusion Criteria

Included studies were available in English, published between 2005-2020, and contained a survey instrument that measured patient or provider perceptions of telehealth-based communication.

Table 1. Instruments and Constructs Survey Summary

Instrument	Subject	Constructs Measured		
		Voice/visual quality, length of time to access, personal comfort, ease of use, length of time, privacy, & overall attitude towards		
Telehealth Satisfaction Scale (TeSS)	Patient	telemedicine experience		
	Patient +			
Technology Acceptance Model (TAM)	Provider	Usefulness, ease of use, attitude towards, intention to use		
Telemedicine Satisfaction and Usefulness				
Questionnaire (TSUQ)	Patient	Usefulness, effectiveness, ease of use, attitude, intention to use, comparing telemedicine versus in-person visit(s)		
Patient Assessment of Communication During				
Telemedicine (PACT)	Patient	Patient-centered communication, provider competence, interpersonal skills, convenience		
		Communication, privacy/confidentiality, time and cost savings for patient and provider, difficulty, accessibility, physical contact,		
Telemedicine Perception Questionnaire (TMPQ))Patient	trust in equipment, standardization for future, satisfaction		
Telehealth Usability Questionnaire (TUQ)	Patient	Usefulness, ease of use and learnability, interface quality, interaction quality, reliability and effectiveness, and satisfaction		
		Satisfaction, technical quality, interpersonal manner, communication, financial aspects, time spent with the physician, and		
Telemedicine Satisfaction Questionnaire (TSQ)	Patient	accessibility and convenience		
	Patient +			
System Usability Scale (SUS)	Provider	Technical quality		
Perceived Efficacy in Patient-Physician				
Interactions (PEPPI-5)	Patient	Self-efficacy, communication mastery		
		Clinicians' ability to clearly communicate, professional competence of clinician, information exchange, decisional roles in		
Patient Experience Questionnaire (PEQ)	Patient	communication, wait times, satisfaction		
	Patient +			
Computer System Usability Questionnaire	Provider	System usability		
Tele-Nursing Interaction and Satisfaction				
Questionnaire (TISQ)	Patient	Interaction quality, satisfaction		

Results

- Surveys (mean 20-items) relied on Likert scales; minimal open-responses
- Validation was inconstantly and under-reported; reliability reported as internal consistency was high (mean >0.78)
- Lack of language diversity noted with only 5 surveys available in languages other than English (n=2 Chinese, n=2 Dutch, n=1 Spanish, n=1 Swedish).
- Communication theory was rarely used in survey development (n=3/12).
- Few applications included pediatric cohorts (n=2/13).
- Participant demographics are under-reported in telehealth experience studies with a frank lack of diversity in ethnic/racial, geographic, age, educational, and income representativeness in current telehealth survey instrument respondents

• While the surveys claimed to assess communication experience, most (n= 3/13) only assessed technology interface rather than domains of communication experience.

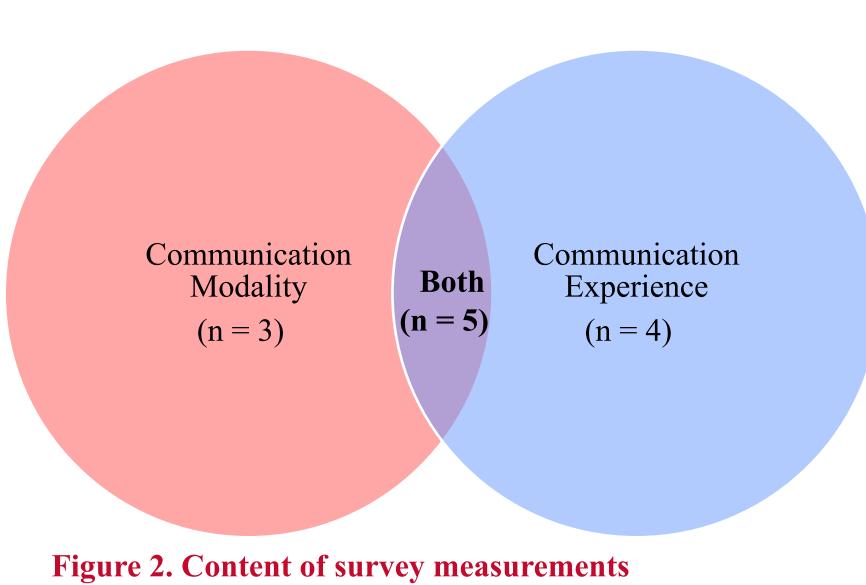


Table 2.
Summary of Diversity Inclusion by Survey

Instrument

	of papers						
	of papers	percent female	percent non- white	percent low- income	percent HS education or below	percent rural	
SUS	13	70%	30%	х	21%	х	
TAM	10	64%	38%	62%	55%	х	
TUQ	6	58%	8%	х	25%	х	
TeSS	3	49%	х	X	53%	58%	
PEPPI-5	3	69%	25%	X	40%	х	
TSUQ	2	51%	46%	X	х	х	
PEQ	2	64%	х	X	x	х	
TSQ	2	х	х	X	x	х	
PACT	1	4%	4%	16%	x	х	
TMPQ	1	57%	х	X	х	х	
TISQ	1	х	х	X	x	х	
CSUQ	1	66%	х	x	87%	х	

Number If diversity information is quantified, percent represented in sample per group*

Conclusion Palliative care teams may consider familiarity with telehealth survey instrument as an essential component to progress from description of telehealth use to evaluation of telehealth experiences. Current survey instrument outcome reports do not represent inclusivity or diversity, although telehealth is now being clinically applied across settings.

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