

Patient and professional divergence in the acceptability of telehealth in palliative care; a Self-Determination Theory perspective.

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Background



- Challenges of rural healthcare delivery include
 - Ageing population
 - Rural and remote locations
 - Pressures to provide services closer to home
 - Staff shortages (Koch, 2006)
- Telehealth is being considered as suitable method to overcome some of these challenges (WAG, Longley)
- However, despite numerous pilot studies demonstrating potential effectiveness of telehealth in a range of contexts there appears to be barriers to adopting it more widely as part routine service delivery (Whitten et al., 2004)

Telehealth

- The provision of healthcare remotely by means of telecommunications technology.
- Incorporates a wide variety of methods such as telemonitoring systems, mobile health and videoconferencing

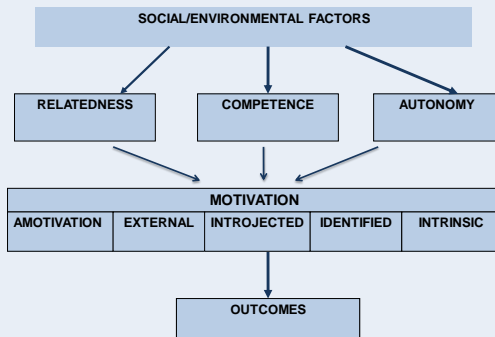


Aim

- Previous research have explored barriers to implementation in a range of contexts
- However we wanted to consider a more psychological and theoretically driven explanation for why groups may hold these barriers and also to consider how these may differ between stakeholders
 - Health care professionals and patients

Self-determination Theory

(Deci & Ryan, 1985)



Research methodology

- Existing data from 2 studies exploring acceptability of telehealth in palliative care
- Both used a qualitative approach using semi-structured interviews
 - 8 health care professionals working in palliative care (one off interview)
 - 3 patients piloting telehealth in their palliative care service (interviewed at 3 time points)
- Data was pooled and subjected to a theoretically driven thematic analysis using SDTs psychological needs as a framework.

Results

Autonomy satisfaction

- Both groups discussed the potential for telehealth to support *patient* autonomy satisfaction
- Healthcare professionals** adopted a view centred on condition management and patient's developing autonomy around their care
- Patients** considered their autonomy in two ways;
 - with consideration of their holistic situation and being afforded more opportunities and choice about how to spend their time
 - With consideration of autonomy supportive environments through increased empowerment and confidence to ask questions

- "I think there is also an element of importance in the terms of the individual feeling they have a sense of self management because if they can see what's happening in terms of how they behave and how it affects their symptoms it will help them as well" (Social worker)*

"So to do a session yesterday was good because I think we went on at half-nine. So I sort of got up, had breakfast, did a few things and then did that. Then the rest of the day -- as soon as you sign off the rest of the day is your own. But if I'd gone to [hospital] it's pretty much the whole day really because, it doesn't take you the whole day to get there obviously, but because I get tired when I do that sort of thing then that would be me finished for the rest day. That would be what I'd do for that day. Whereas sitting here in your own lounge on a computer is not as tiring by any stretch of the imagination, so it kind of leaves you more time to do other things."

if you're on telehealth maybe it would give you a bit more confidence to say, oh wait a minute I need to just ask you this or hang on I need to ask you this. And just give you that bit more confidence because you're not actually there with them, but I think sometimes when you're there with them it can be a bit daunting so you're kind of like -- you're in their space aren't you, whereas at home you're on your own grounds, so you're kind of more confident anyway.

Competence satisfaction

- Both groups discussed competence satisfaction with reference to how age could be barrier to satisfying this need
- Interestingly, the patients involved in the study all excluded themselves from this perception and discussed satisfaction of competence through mastery of the technology

- *"I do think that the young would be far more accepting of it and would probably find it cool. They may also be able to express themselves better because they already express themselves to a screen with Facebook or Twitter. I think they would have no issues whatsoever. My concerns are that ...a large proportion of my patients are elderly and they would find it quite odd" (Specialist nurse),*

Time 1

"The first one when it happened when I got on, I did feel quite stressed. It was so hard and I thought this session is meant to be making me less stressed not more stressed. And I was like fit to pull my hair out and throw things through the window. But once I'd sort of talked about it with [health care professional] for a couple of minutes that kind of went out of my consciousness altogether then. I didn't kind of give it anymore thought after that really."

Time 2

"I've got used to it [telehealth], I know more about it. You know, so it's not so alien if you like. Initially I didn't know what to expect at all. I didn't know how it would work. I mean, I'm not a technophobe, but I was like will I be able to work it and, ...will it be the same as going in, is it going to take something away from that sort of thing. But I think as I'm getting used to using it now, it's getting more comfortable and so I'm feeling that I'm getting the same amount out of the sessions as I would if I was going in to the hospital."

Relatedness satisfaction

- Both groups discussed the importance of good quality relationships in palliative care
- The inability to be face to face with patients was a significant barrier for healthcare professionals raising concerns about developing trusting relationships and the ability to provide emotional support
- However, the lived experience of patients provided a differing perspective and strongly implied that linking from home an environment that facilitated more personal relationship where they were 'themselves'

- *"I think the main barrier is that it's basically changing the way in which nurses work, erm nurses are caring people and nurses want to see people and I think that if you go and see someone who is unwell and put your hand on theirs, you know we touch people, it's what nurses do and that's part of the way that nurses care for people erm and I think to take that away and move to something that is a little more impersonal, might be a barrier to some nurses." (specialist nurse),*

- *"Good emotional support, I don't see that it can quite replace that element of this job. I mean palliative care nursing is specifically the BEING with a person it's the BEING there with a person that is absolutely key to the job I'm afraid. It's very well researched and documented. So you aren't there are you if you're video linking, so that's quite an important thing." (social worker)*

- *"Yeah, it like relaxes you, you're already relaxed. You haven't had to do all the rushing and you're not in a strange place. You're not worried about other people hearing... it's because there was nobody else in the home. Then you're totally relaxed that you can kind of say what you like, whereas if you're go to go into a building you're not quite sure, are you sometimes, whether there are other people around?" PC*

"Well this is for me. I don't know about other people but for myself, like I said before, I feel that I'm on my own and I'm really just talking everything out, whereas if somebody like sat beside me, obviously you can pick up different senses and I don't think I'd be so open. So, I think yes, when I do talk on the computer, I'm very free, you just gabble. You just get it off your chest and it's good because normally, I'm not a talker really" JQ

Conclusions

- SDT provides an interesting perspective into the consideration of how psychological needs underpin the barriers to telehealth delivery
 - All three needs were unwittingly considered by both groups
- HCPs tended to adopt a parental narrative, considering how telehealth would support or thwart patient needs.
- Patient experiences were generally positive demonstrating satisfaction of all three needs and often challenged HCP views.
- Patients were more considerate of their holistic needs which were considered less by HCPs who adopted a more medical approach
- It appears that key barriers to telehealth adoption may be the result of a perceived threat to HCPs own psychological needs indicating a need to consider how best to support HCPs when delivering a novel service.

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