**APRNs’ Perception of Telehealth Use: Article Review**

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Adelman et al.'s (2023) study aims to assess Advanced Practice Registered Nurse's (APRNs) attitudes toward using telehealth for patient care. There is limited research on provider satisfaction with and perceptions of telehealth, including those of APRNs. The study aimed to fill the gap by focusing exclusively on APRNs and their perspectives on telehealth, focusing on the research question: What are the perceptions of APRNs towards the use of telehealth for patient care? The research concentrates on a range of telehealth aspects, such as satisfaction with telehealth, quality of care, rapport, confidentiality, and future use of telehealth. It examines APRNs' perceptions of the quality of care provided through telehealth compared to face-to-face visits for new and established patients.

The study employs a quantitative, descriptive research design, focusing on describing the characteristics and experiences of the study participants related to telehealth. The independent variables are demographic characteristics of the APRNs, such as age, gender, years of experience, and work location. All the variables are crucial in exploring their relationship with APRNs' perceptions of telehealth. The dependent variables are APRNs' perceptions of telehealth, including satisfaction with telehealth, quality of care, rapport, confidentiality and security, and future use of telehealth. Confounding variables such as the type of telehealth platform used, the specific patient population served, and the level of organizational support for telehealth might had some influence on the findings.

A 23-item survey was used, with sections such as informed consent, demographics, and perceptions of working with telehealth. The researchers obtained informed consent from the participant, implying they had explained to them everything pertaining the project including the purpose, their rights, and the potential risks and benefits involved. The demographics section collects information about the participants' demographic characteristics, such as age, gender, years of experience, and work location. The variables can be crucial in examining the potential differences in perceptions based on demographic factors. The section on perceptions of working with telehealth captures APRNs' attitudes and opinions about telehealth.

The questions are developed based on prior research and a modified Delphi approach. Delphi's approach usually involves a series of rounds of data collection and feedback to reach a consensus among experts. The researchers used prior studies to create the questions to ensure they were relevant. The study summarized the demographic characteristics of the APRNs through measures such as mean, median, mode, standard deviation, and frequency distributions. Descriptive statistics are used to describe the sample demographics. Notably, Spearman's rho examines the relationship between perception questions and demographic variables. This is a non-parametric correlation coefficient often used to measure the strength and direction of the relationship between the demographic variables (independent variables) and the APRNs' perceptions of telehealth (dependent variables).

The authors acknowledge several limitations that potentially affect the validity and generalizability of the findings. The study uses a convenience sample of APRNs recruited from two nursing organization listservs in Illinois. Notably, it could be a limitation on the generalizability of the findings because they may not represent the entire APRN population across different geographic locations and practice settings. The study heavily relied on listservs from two nursing organizations with potentially overlapping membership; no identifying information was collected. Consequently, it is possible that the participants completed the survey multiple times, inflating the response count and ultimately skewing the data.

The participants were not required to answer every question, possibly impacting the survey completion rate and introducing bias into the data. Again, there is a possible lack of question clarity; the wording of some questions, such as those citing "rapport" without a clear definition, could have caused some difficulty in understanding or interpreting the participants. Data collection was limited to APRNs in Illinois, restricting the generalizability of findings to other geographical regions with potentially different telehealth practices and regulations. The focus on satisfaction does not profoundly examine the issues raised by participants, such as difficulties obtaining physical data or establishing rapport.

The ethical consideration in the study pertains to the focus on confidentiality and security, particularly assuring confidentiality by not collecting any identifying information from participants. The participants received an assurance that their data would be stored electronically in a password-protected folder accessible only to the researchers. Informed consent is crucial for such study, indicating that participants were provided with complete information regarding the study's purpose, procedures, and potential risks and benefits before deciding whether to participate. The researchers acknowledge potential bias in the survey design and their perspective. For example, the rapport questions did not provide a definition; this could have influenced participants' responses.

A critical finding is that although APRNs are generally satisfied with telehealth, they still have some concerns about potential limitations. Notably, telehealth offered greater convenience for patients, more so rural people or those facing difficulties traveling to healthcare facilities. The nurses successfully established and maintained rapport with new and established patients through telehealth visits, indicating that effective communication and trust can be built in a virtual setting. APRNs reported that they successfully established and maintained rapport with new and established patients through telehealth visits, indicating that effective communication and trust can be built in a virtual setting. Generally, APRNs reported a strong desire to continue using telehealth in the future, even after the pandemic. Consequently, telehealth can become a valuable tool in the nursing practice with massive potential long-term benefits.

There were concerns regard the quality of care provided to new patients, more so the fact that certain aspects of patient assessment or physical examinations were more challenging to conduct effectively through telehealth. Notably, APRNs rely on physical examinations and data collection to diagnose and treat patients. Therefore, telehealth can present challenges in obtaining information because of the difficulty of assessing physical signs or even performing specific procedures remotely. APRNs who worked from their offices rather than at home were more confident in establishing rapport with new patients, implying that a familiar work environment can build trust and connection with patients.

Telehealth training can be massively helpful when incorporated into APRN educational programs as it can facilitate provision of quality care and enhance rapport with patients in a virtual setting. Healthcare organizations should consider offering such training and support particularly to the APRNs new to telehealth. The nurses could benefit with some guidance on determining which patient visits suit telehealth and how to conduct them effectively without physical data. Relevant stakeholders should develop strategies designed to improve the quality of care provided to new patients through telehealth, involving using additional tools for virtual examinations or creating protocols for follow-up in-person visits when necessary.

The same size has a large impact on the reliability of a study’s findings. Future research project should consider using a larger sample size to improve research’s statistical power and also increase the generalizability of the study findings. Additionally, a robust analysis and comprehensive representation of APRNs across various demographics and practice settings can provide much more significant findings. To have a more representative sample of APRNs, a random sampling could still be helpful, but this focusing on inclusion of nurses from different geographic locations, specialties, and practice settings. A stratified random sampling design could reduce potential selection bias and improve the study's external validity, ensuring the sample includes APRNs from diverse backgrounds, such as those working in rural areas, underserved communities, or with specific patient populations.

Greater clarity and specificity in the questions can address potential ambiguity and ensure accurate interpretation by participants. Additionally, a pilot test is needed, using a small group of APRNs to identify any potential confusion or areas for improvement. There are several variables that could be considered because they are significant in the study, including but not limited to type of telehealth platform used and the patient population served; this particular variable could allow for a more comprehensive analysis of factors influencing APRNs' perceptions. Future research projects should include measures of APRNs' telehealth skills, like the ability to use telehealth technology effectively, to provide insights regarding the relationship between APRNs' skills and their perceptions of telehealth. Finally, researchers can improve the generalizability by conducting the study in multiple geographic locations, ensuring results apply to a broader range of APRNs and healthcare settings. The sample should also include APRNs from various specialties, practice settings, and demographic backgrounds, ultimately addressing potential biases and improving the generalizability of the findings.

**References**

Adelman, D. S., Fant, C., & Koklys, J. C. (2023). APRNs’ perception of telehealth use. *The Nurse Practitioner*, *48*(10), 40–47.