Hindrances to Adopt Telemedicine Services among Non-COVID-19 Patients amid COVID-19 Outbreak in Bangladesh: A Qualitative Exploration

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Background

• At present, telemedicine is an integral part of healthcare services and currently being used for reducing the risk of COVID-19 pandemic.

• About 82% of young adults aged 18 to 34 found using a mobile phone is the best option to consult with the doctors.

• Moreover, the provision of telemedicine is far less progressed in lower-middle and low-income countries. Bangladesh is also facing various obstacles for the implementation of telemedicine services.

• People who are interested in receiving telemedicine services have highlighted a number of hindrances that have left them feeling hopeless and anxious.

Objective

• This study aimed to explore the existing hindrances in terms of adopting telemedicine services among Bangladeshi non-COVID-19 patients during this devastating outbreak.

Methodology

• Study design: Qualitative exploratory
• Study participants: Non-COVID-19 patients
• Sampling: Purposive and snowball.
• Sample size: Total of 20 respondents were selected by following the established sample size guidelines (Creswell & Poth, 2016; Patton, 1990).
• Data collection method: In-depth interviews
• Data collection period: 28th June to 20th July, 2020
• Data analysis:
  * Verbatim transcriptions were performed through native Bengali speakers.
  * The transcripts were cross-checked with the audio records to find out the technical errors.
  * An a priori codebook was used through reviewing relevant literature as well as inductive coding was also performed during an open coding process.
  * Finally, the completed codebook was used to code the entire dataset and the thematic analysis was performed through manual coding follows the themes identifying techniques (Ryan & Bernard, 2003)

Results

Low-frequency networks for remote areas

“A patient shared her perception towards telemedicine barriers that she had been suffering from hypertension and unable to take telemedicine services due to having network problems in her living area which was more densely populated that may be creating an extra burden on the networking system.” [Case: 13; Age: 30 years]

Lack of confidence on health service providers’ authenticity

“In this coronavirus situation, a patient suffering from asthma stated that he couldn’t use telemedicine since he was skeptical of the doctor’s treatment. He further stated that if he receives treatment from doctors from other disciplines, he will get another ailment if the doctors are not trained in this profession to provide him asthma medication.” [Case: 18; Age: 27 years]

Limited access for laboratory diagnostic services

“Treatment would be dangerous if no testing process was used. However, via telemedicine, patients don’t seem to be getting this scope. The patient took service for her severe anemic problem wherever she used to be unable to test hemoglobin level immediately” [Case: 07; Age: 29 years]

Less opportunity for direct physical interaction

“An anemic patient reported her dissatisfaction with telemedicine services for her treatment owing to the lack of face-to-face interaction with the doctor, and also stated that building a close mind bridge through telemedicine was difficult. As a result, the underlying problems that existed at the time of communication could not be shared.” [Case: 02, Age: 22 years]

Conclusion

• In addition to telemedicine service’s benefits, it holds a number of hindrances in terms of getting health care services which make service receivers disappointed.

• The non-governmental organizations should collaborate with government authorities to reach out the services at all levels in order to ensure the basic health needs.

References