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Letter regarding “Characteristics of the relationship that develops from nurse-caregiver communication during telecare ”

Jeffrey S. Tebbs, ARNP-BC, DNP, MN, BSN¹

University of Washington, Department of Biobehavioral Nursing and Health Systems

To The Editor

As a psychiatric mental-health nurse practitioner (PMHNP) with some experience in telehealth, and attention to the related literature, I read the Solli *et al.* (2015) qualitative nursing study conducted in Norway, with great interest. In the United States, telehealth is an increasingly accepted way for nurses, who may be less restricted than physicians in this regard, to improve care (Health Resources and Services Administration 2103). With supportive legislation and improving reimbursement for psychiatric-mental health telecare services (Condi 2015), telehealth-enabled nursing is likely to become a new health care norm (Sunderland *et al.* 2012). As Solli *et al.* (2015) are no doubt aware, in the past decade, nurses have been the most studied group of care professionals to employ videoconference (VC) enabled care in randomized controlled trials (Flodgren *et al.* 2015), and access has been a prominent consideration in telehealth study (Seidel & Kilgus 2014, Casey *et al.* 2013, Lingley-Pottie *et al.* 2013, Yuen *et al.* 2013, Morland *et al.* 2010, Yellowlees *et al.* 2010, O'Reilly *et al.* 2007), regardless of the nation in which telehealth is employed.

It is, however, also important to note that although telehealth was introduced over 60 years ago (Dijksman *et al.* 2013, Hilty *et al.* 2013), widespread telehealth adoption has yet to occur. If the gap between care demand and the ability of providers to meet it were the only concerns, telehealth access barriers would likely have been overcome, and telehealth would be commonplace. That this is not the case emphasizes the multifactorial nature of incorporating telehealth into practice, and supports more grounded inquiry, like that of Solli *et al.* (2015), to deepen understanding of how telehealth may be best employed to improve care. It may be useful to remember: it is possible to focus on a problem (e.g. disease) to the detriment of human experience (Dwamena *et al.* 2012). Solli *et al.* (2015) reinforce this notion by describing how prioritizing barrier resolution (e.g. VC access) above individualized care (e.g. value of distance) can diminish how end-users value the intended care--even if it is accessible.

Corresponding Author: Jeffrey Tebbs, ARNP, PMHNP, DNP, tebbjs@uw.edu, 1211 4th Avenue East, Suite 200, Olympia, Washington 98506, Office: 1-(360) 570-1161, Fax: 1-(360) 786-1089, Cell: 1-(240) 315-6085.

¹PhD student, University of Washington, Seattle, WA, USA

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I found it refreshing to find that the Solli *et al.* (2015) study focused on spouse-caregiver experiences related to telehealth provided by nurses. Of particular interest to me was that the researchers (1) privileged the telehealth experience of spouse-caregivers, an often overlooked population that is integral to holistic care (Lewis 2016, January), and (2) designed a multimodal intervention that engaged a combination of synchronous (e.g. VC), asynchronous (e.g. internet message boards), and in-person care to allow for more nuanced nurse-caregiver transactions. This was not simply yet another study of how telehealth care may be considered equivalent to in-person, usual care. Solli *et al.* (2015) centered their effort on accommodating the complexities of individualized care, using telehealth. By not limiting their intervention to one modality, and contrasting different approaches, Solli *et al.* (2015) were able to provide much-needed elucidation of how an over-emphasis of care access might be perceived as “surveillance” (p. 2002), and miss the mark of improving care. This is important, as failure in this regard could have the unintended effect of inhibiting the uptake of a technology with the potential to improve health around the globe.

From a critical analysis (Fontana 2004) perspective, the Solli *et al.* (2015) study can be seen to have embraced a dialectic of opposing ideas. They emphasized the importance of not only fostering “a sense of closeness” (p. 2002), perhaps the more obvious aspect of therapeutic alliance, but they went on to juxtapose it with the value of “distance in the relationship” (p. 1998). This is a salient point. Family-caregivers may not feel particularly supported by transmitting video images from inside their home. Some may, but it is not hard to imagine the additional burden a spouse-caregiver might experience with the pressure of having to keep up appearances for VC with a nurse.

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