

ORIGINAL RESEARCH

# Distance and connection: Understanding the complex dynamics of telephone consultations for patients with chronic illness

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## ABSTRACT

**Introduction and objective:** This study explores the experiences of chronically ill patients with telephone consultations, a digital communication form that has gained prominence in healthcare, especially during the Covid-19 pandemic. The objective of this study was to understand how telephone consultations impact the relationship between patients and healthcare professionals along with their impact on patients' everyday lives.

**Methods:** The study employs a qualitative, hermeneutic-phenomenological approach inspired by Ricoeur's theory of narrative and interpretation. In-depth interviews were conducted with 12 patients from various outpatient clinics in the Midwestern part of Jutland, Denmark. The interviews were analyzed using a three-level process: naïve reading, structural analysis, and comprehensive understanding.

**Results:** Three main themes emerged: Feeling restrained while time is saved, Feeling the importance of relationships while consultations are result-oriented, and Feeling distanced while keeping up appearances. They appreciated the convenience and time-saving advantages but felt restrained by the need to be constantly available for calls. The lack of visual contact contributed to a sense of distance, and some patients felt consultations were overly focused on results rather than addressing holistic needs. The findings highlight the complex dynamics of telephone consultations. While they offer significant advantages, such as increased accessibility and convenience, they also present challenges, including the lack of visual cues and the potential for depersonalization.

**Conclusions:** Telephone consultations are a valuable tool in healthcare. However, strategies are needed to address their challenges to ensure person-centered care. *Implications:* The study underscores the importance of clear communication, scheduling, and fostering strong patient-healthcare professional relationships to enhance the effectiveness of telephone consultations.

**Key Words:** Telephone consultations, Digital communication, Interviews, Patient experiences, Hermeneutic-phenomenology

## 1. INTRODUCTION

Digital consultations have become a crucial component of communication between healthcare professionals and patients. This is evident not only in general practice but also in

primary and secondary healthcare sectors, both in Denmark and globally.<sup>[1]</sup> Global studies, such as those by Zanaboni and Fagerlund,<sup>[2]</sup> underscore the universal challenges of balancing accessibility and quality in telehealth.

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Consultations supported by technology are also viewed as a part of a solution to the challenge of delivering healthcare to an aging and increasing population with chronic diseases.<sup>[1,3]</sup> The evolution of digital communication within the healthcare sector reflects broader technological and societal advancements in communication solutions.<sup>[3-5]</sup> However, strategies and visions for digital communication have been on the political agenda for years and evolved rapidly in the healthcare service in Denmark.<sup>[6,7]</sup> This study addresses a critical gap by focusing on how telephone consultations influence the daily lives and care experiences of chronically ill patients.

## 2. BACKGROUND

The advancement of digitalization in the healthcare sector has progressively enabled the adoption and exploration of diverse digital platforms for consultations and patient monitoring.<sup>[1,4,5]</sup> Furthermore, ongoing investigations continue to assess the potential applications of telehealth, alongside debates about its effectiveness in reducing healthcare system costs.<sup>[8-10]</sup> The application of digital media for consultations and monitoring of patients increased significantly and exponentially worldwide during the Covid 19 pandemic.<sup>[1,11,12]</sup> In Denmark, the adoption of video consultations expanded rapidly across the healthcare sector during this period.<sup>[12,13]</sup>

Research on patients' experiences with technology-based consultations generally reports positive outcomes. However, these studies are primarily based on quantitative analysis and were conducted during the initial period after the Covid-19 pandemic shutdowns.<sup>[11,14]</sup> Previous studies, such as those by Smithson et al.<sup>[11]</sup> and Greenhalgh et al.,<sup>[3]</sup> have highlighted benefits and challenges, which this study extends through qualitative analysis. In Denmark, The Association of Patients has advocated for an increased use of digital solutions in the healthcare sector.<sup>[6,7]</sup> On the other hand, critical voices in Denmark have raised concerns about the rapid implementation of these technologies, citing limited evidence on their impact on quality of care, patient security, and diagnostic accuracy in digitized consultations.<sup>[12,15]</sup> The Covid-19 pandemic has also led to a notable increase in the use of telephone consultations as part of digital healthcare services. These developments raise critical questions about the extent to which digital media and technology affect patients' everyday lives and their relations with health professionals. Understanding patients' experiences can help tailor healthcare services to meet their unique needs and preferences, which is a key aspect of person-centered care.<sup>[16]</sup> This is particularly important for chronically ill patients, who often require long-term management and frequent consultations. This calls for new research, as limited knowledge exists about how patients experience digitized consultations.<sup>[17]</sup> Unlike

traditional face-to-face communication, digital consultations present both advantages and unique challenges in healthcare communication.<sup>[1-3]</sup> The nature of the interaction between healthcare professionals and patients can significantly influence patients' experiences.<sup>[16]</sup> Exploring how telephone consultations affect this relationship can help identify strategies to enhance communication. Examining chronically ill patients' experiences with telephone consultations and their impact on the patient-healthcare professional relationship is essential for enhancing healthcare delivery and outcomes.

## Aim

This study aimed to investigate how patients with chronic illness experience telephone consultations and how telephone consultations impact their relationship with healthcare professionals.

## 3. METHOD

### 3.1 Design

According to Ricoeur, human life is inherently narrative in nature, as stories provide meaning and coherence to our experiences, making them both necessary and worthy of being told.<sup>[18]</sup> This foundational perspective aligns with the exploratory and qualitative nature of the present study, which seeks to uncover patients' lived experiences. Narration, as Ricoeur explains, facilitates reflection and generates new perspectives, making it particularly suitable for understanding complex human interactions.<sup>[19]</sup> Consequently, a hermeneutic-phenomenological approach inspired by Ricoeur's theory of narrative and interpretation was chosen to achieve insights and a nuanced understanding of the data.<sup>[19-21]</sup> To explore patients' experiences with telephone consultations and their relationships with healthcare professionals, we conducted in-depth interviews, a method suited for eliciting rich, detailed narratives.<sup>[22]</sup> Additionally, the study adhered to the Criteria for Reporting Qualitative Research (COREQ) to ensure methodological rigour and transparency.<sup>[23]</sup>

### 3.2 Participants and data collection

Participants were recruited from three outpatient clinics: the Diabetes Outpatient Clinic, the Department of Renal Medicine, and the Rheumatological Outpatient Clinic in the Central Denmark Region. We included Danish-speaking recipients over the age of 18. Only patients who were offered digital consultation instead of physical attendance in an outpatient clinic were included. All patients had already completed telephone consultations before being included. Furthermore, the inclusion criteria were geographically limited to the Midwest region of Jutland, Denmark.

Clinical nurses from the three outpatient clinics facilitated the recruitment of informants. They identified potential participants based on the inclusion criteria, provided them with study information, and relayed their positive responses and contact information to the authors. Subsequently, the first author called the patients, provided detailed oral information

about the study, ensured they fully understood their informed consent, confirmed their acceptance of participation, and scheduled a date for the interviews.

In total, we included 12 patients in the study: eight women and four men. Table 1 presents some of the characteristics of the included patients.

**Table 1.** Illustration of characteristics of the included patients

Patient	Age	Gender	Medical area	Participated in telephone consultation - times/years
P1	55	Female	Diabetes	three times
P2	50	Female	Diabetes	Multiple years
P3	54	Female	Diabetes	Multiple years
P4	53	Male	Diabetes	Multiple years
P5	72	Male	Rheumatology	Multiple years
P6	80	Female	Rheumatology	Multiple years
P7	51	Female	Rheumatology	Multiple years
P8	68	Female	Rheumatology	Multiple years
P9	61	Female	Renal Medicine	Started during Covid-19 pandemic
P10	63	Female	Renal Medicine	Started during Covid-19 pandemic
P11	58	Male	Renal Medicine	Started during Covid-19 pandemic
P12	78	Male	Renal Medicine	Started just before Covid-19 pandemic

The research approach includes comprehensive descriptions and in-depth analyses of the phenomena experienced by the patients in this study.<sup>[22]</sup> Interviews enable the informants to expand on their answers and express their experiences and feelings.<sup>[24]</sup> To gain a deeper understanding of patients' experiences of telephone consultation, open-ended questions were used,<sup>[22]</sup> such as "Please, tell me about your experiences with telephone consultations?".

Concerning ethical and methodological dilemmas,<sup>[25]</sup> we prioritized conducting interviews with patients individually. This approach aligns with the aim of the study, focusing specifically on patients' individual experiences rather than incorporating perspectives from close relatives.

Patients were interviewed either in their own homes or at the hospital of their choice, with only one participant choosing to be interviewed at the hospital. The first author conducted the interviews, which lasted between 20-60 minutes and were audio-recorded and transcribed verbatim.

**3.3 Ethical considerations**

Ethical considerations followed the directions of the Helsinki Declaration.<sup>[26]</sup> Before providing written consent, patients were informed about the study and received both written and oral information regarding its purpose, the voluntary nature of their participation, and their right to withdraw consent at

any time.<sup>[26]</sup> The study fulfilled the ethical guidelines for nursing research in Scandinavia<sup>[27]</sup> and was reported to the Danish Data Protection Agency. In accordance with Danish law,<sup>[28]</sup> approval from the National Committee on Health Research Ethics was not required.

**3.4 Analysis and interpretation**

This study's approach, inspired by Paul Ricoeur's framework, employed a three-level spiral process: naïve reading, structural analysis, and comprehensive understanding. In accordance with Ricoeur's 'naïve reading',<sup>[19]</sup> we read the data repeatedly with an open approach to understand the text as a whole. As a result of this, the naïve reading provides an initial impression and understanding of what the text is about.<sup>[19]</sup> At this first level of the analysis, a coherent understanding of patients' experiences of telephone consultations emerged. To reach a deeper understanding of patients' experiences, we examined the text for meaningful entities in the following structural analysis.<sup>[19]</sup> This involved dividing the text into units of meaning. Furthermore, we identified quotations that illuminated aspects related to patients' experiences. The quotations served as units of meaning in the structural analysis and covered 'what is said'. Subsequently, the analysis progressed from identifying 'what is said' to uncovering units of significance, i.e., 'what the text talks about'<sup>[19]</sup> was performed. Hence, the analysis process con-

tained a movement back and forth from units of meaning which were then structured into themes (see Table 2). to units of significance to illuminate patterns of meanings,

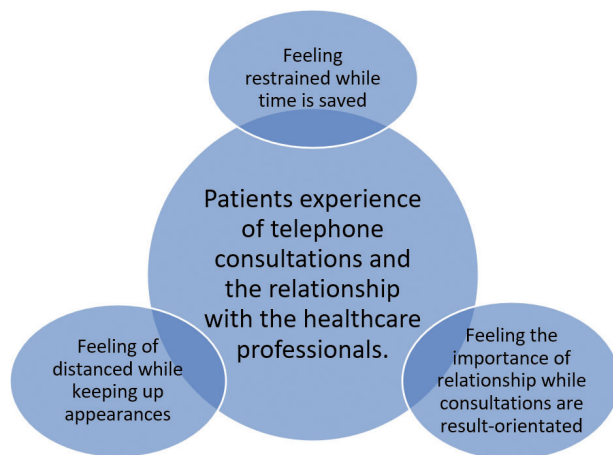
**Table 2.** Example of the structural analysis

Units of meaning What is said	Units of significance What the text talks about	Themes Emergence of key themes
“I do not really know if they are doing something else while speaking to me, do I? Really, when I find myself doing something else while speaking on the phone. Like stirring in a pot or something else, why should they not do the same? I just do not feel present the same way when it is over the phone.”	Reflections on losing focus during the telephone consultation. They find themselves doing other things during the conversation and imagine that health professionals are also engaged in other activities — reflections on feeling distanced.	Feeling distanced while keeping up appearances

At the level of comprehensive understanding, the final phase of the analysis, we conducted a critical interpretation based on the themes extracted through the structural analysis. To nuance our understanding and reach a deeper interpretation, the identified themes were contextualized and examined in relation to relevant theories and existing research.<sup>[19]</sup> The theoretical perspectives included in the interpretation process in this study were guided by the themes emanating from the analysis.

**4. FINDINGS**

The naive reading of data revealed that patient experiences were marked by notable contrasts. Their feelings and attitudes towards telephone consultations and the impact of these consultations on their everyday lives seemed multifaceted and complex, often oscillating between ambivalence and appreciation. Through structural analysis, three themes emerged: *Feeling restrained while time is saved, Feeling the importance of relationship while consultations are result-orientated, and Feeling distanced while keeping up appearances.*



**Figure 1.** The complex dynamics of telephone consultations

**4.1 Feeling restrained while time is saved**

The findings show that the patients experience an oscillation between the perceived convenience of saving time and the constraint of needing to keep their phone nearby while waiting for a call. On the one hand, the patients feel it is liberating and are very excited about not spending time driving to the hospital and searching for parking. As shown in the following, they value eliminating waiting times for consultations and transportation.

*“In my opinion, the most important thing is ... well... I don’t have to wait around at the hospital for the consultation. Normally, you must get a taxi out there, and then when you get out there, you are stuck waiting. First of all, for the consultation, but then you even have to wait for a ride home as well. You can sit for hours and wait for a bloody ride home.”* (Male aged 78, P12)

Telephone consultations can increase healthcare accessibility, especially for patients in remote areas or those with mobility challenges. Understanding their experiences can help identify and address potential barriers and make healthcare more inclusive. On the other hand, many patients report feeling constrained by the need to stay near their phone, which limits their ability to engage in social activities or travel freely.

*“You actually have to have the whole day available because you never know when they will call. I think it is a disadvantage for me because you are tied to that phone. You must take it with you all the time. Even when you go to the toilet or something. You must have that phone with you”.* (Female aged 61, P9)

Patients often delay starting activities while awaiting their telephone consultation, fearing that they might miss the call. Some do not have a specific time slot for the consultation as it may occur whenever health professionals have spare time or between other assignments. These patients express concerns about missing the call or being in a setting – such as

in public or with others – where discussing sensitive information would be challenging. In contrast, patients with assigned time intervals or scheduled time slots report a more positive experience as this predictability enables them to engage in other activities or go out without concern.

#### 4.2 Feeling the importance of relationships while consultations are result-orientated

Patients experience the relationship with the health professional as essential. Before the first telephone consultation, patients experience the importance of building a relationship with healthcare professionals. Some patients experience consultations as being very result-oriented. They feel objectified when health professionals focus on test results, symptoms, or changes of medication but not on the whole person. *“Well, they deliver that effort they are supposed to and then, she asks briefly if I have something on my mind.”* (Male aged 78, P12)

For patients, knowing the health professional conducting the phone call holds significant value. Furthermore, patients express the importance of health professionals demonstrating familiarity with and genuine interest in their situation. This mutual recognition appears to have synergistic effects on the consultations.

*“Well, I think it is because she’s so human. She is interested in the person, isn’t she? She’s not just interested in my arthritis; she’s also interested in the person behind [...] but if I had a new nurse every time, they would not know me like she does. So, I really think it only works for me because I have a permanent relation to the nurse.”* (Female, aged 51, P7)

The interaction between healthcare professionals and patients plays a crucial role in shaping patients’ experiences. When healthcare professionals show a genuine interest in the patient’s lived experience, it appears to influence the depth and nature of what patients are willing to share during the consultation:

*“Well, it must be an extremely talented nurse who knows to ask the right questions - someone who can dig a little deeper and get some real answers. Otherwise, you’ll just say you’re all right and doing fine, even though you’re whole body is actually in pain.”* (Female aged 80, P6)

Patients perceive consultations as more results-oriented if they experience less familiarity with the healthcare professional. As a result, they often withhold subjective concerns and personal experiences. One patient described this dynamic:

*“Well, then you only talk on a professional basis. There are no important twists and turns. You just talk about facts and results, and then that’s it.”* (Female aged 61, P9)

#### 4.3 Feeling distanced while keeping up appearances

The lack of visual contact during telephone consultations seems to create a certain distance between patients and healthcare professionals. Unintentionally, no visual contact could make some patients keep up appearances. *“So, I just want to say that with those telephone consultations ...it’s easier for you to tiptoe around things and keep things to yourself.”* (Male, aged 53, P5)

As a result of this, they report that their disease and their overall condition are stable. During telephone consultations, the inability to show signs, colors, swelling, or general physical condition may discourage some patients from raising concerns, fearing these concerns may seem too trivial. *“On the phone, you might as well put up a facade when talking. It is harder to do that face-to-face, right? Sitting right in front of them makes it harder not to tell things.”* (Female aged 51, P7)

Patients experience that health professionals are more likely to finish the consultation quickly when they are not conducted face-to-face. However, some patients appreciate the absence of visual contact and physical presence because it allows them to avoid being confronted or challenged about their approach to managing their illness or their self-perception as a patient.

*“Well, I think, sitting up there at the hospital, waiting, waiting and waiting, seeing all these very ill people. I do not like that at all. I am more relaxed at home. At the hospital, I can’t stop thinking about if I am going to end up being just as ill as they are one day. To so much illness – I do not like that at all.”* (Male aged 78, P12)

Additionally, patients find it easier to complain and say unpleasant things to healthcare professionals without addressing these matters face-to-face. Furthermore, some patients report losing focus during telephone consultation or engaging in other tasks while speaking on the phone. This multitasking leads them to assume that healthcare professionals might also be distracted or occupied with other activities during the conversation.

*“I do not really know if they are doing something else while speaking to me, do I? Really, when I find myself doing something else while speaking on the phone. Like stirring in a pot or something else, why should they not do the same? I just do not feel present the same way when it is over the phone.”* (Female aged 55, P1)

Some patients also perceive the lack of physical presence during telephone consultations as exclusionary for their significant others. They feel that their relatives are less able to participate actively than in in-person consultations. Unlike

traditional consultations, some relatives do not participate in telephone consultations at all.

*"I feel that it is very important that he is present. To hear what they are saying and understand what is going on. Understand how the medicine works or its side effects. When it is on the phone, he doesn't ask questions, and often falls asleep in the chair."* (Female aged 68, P8)

Although present near the phone, relatives may become distracted and miss parts of the conversation, even when listening. Patients experience that this lack of focus limits their relatives' ability to ask questions or feel adequately informed about the consultation.

## 5. DISCUSSION

The findings presented above highlight the complex dynamics of patient experiences with telephone consultations, a key modality of telehealth services. These findings provide valuable insights for nursing practice by highlighting the need to balance the efficiency of telephone consultations with strategies to maintain personal connection and holistic care. This discussion is particularly relevant as the Covid-19 pandemic catalyzed the widespread adoption of remote healthcare delivery.

The convenience and time-saving benefits of telephone consultations align with existing literature. Studies have shown that telehealth services can reduce travel time, associated costs, and the inconvenience of arranging transportation, particularly for patients living in rural areas or with mobility issues.<sup>[29]</sup> However, some patients report feeling constrained by the need to be near their phone and remain available for the call. This requirement can limit their ability to engage in social activities or carry out other tasks. The stress is further exacerbated when consultations lack a specific time slot and could occur unpredictably, increasing the fear of missing the call.<sup>[30]</sup> This issue could be mitigated by scheduling specific time slots for telephone consultations, as suggested by some patients in the present study. The fear of missing important information during the call is another concern raised by patients. This fear could be exacerbated by the lack of visual cues in telephone consultations, making communication more challenging. This highlights the importance of clear communication and structured scheduling in telephone consultations. Patients with specific time slots for their consultations reported a more positive experience as this allowed them to plan their day with greater certainty and flexibility.<sup>[30]</sup>

The findings underscore the importance of the relationship between patients and healthcare professionals in telephone consultations. Before the first telephone consultation, pa-

tients perceive establishing a relationship with healthcare professionals as crucial. This aligns with the literature suggesting that a strong patient-healthcare professional relationship can enhance patient satisfaction and improve health outcomes.<sup>[31]</sup> Some patients perceive the consultations as overly result-oriented, with healthcare professionals prioritizing test results, symptoms, or medication changes over addressing the patient as a whole person. This echoes concerns raised in the literature about the risks of tendencies for telemedicine to depersonalize healthcare.<sup>[12]</sup>

The knowledge and familiarity of the healthcare professional conducting the consultation significantly shape the patient's experience. When patients perceive a lack of familiarity, they tend to view the consultations as more result-oriented and may withhold subjective concerns and personal experiences. This highlights the importance of fostering a strong patient-healthcare professional relationship in telephone consultations to promote effective communication and person-centered care.<sup>[16]</sup>

The absence of visual contact during telephone consultations often creates a sense of distance between patients and healthcare professionals. This lack of visual cues may inadvertently lead some patients to maintain a facade, reporting their condition as stable due to the inability to visually communicate symptoms or physical changes. Patients may perceive that healthcare professionals are more likely to conclude the consultation quickly when not physically present. By revealing patients' ambivalent experiences with telephone consultations, this study informs nursing practice on how to better address patient concerns related to accessibility, emotional connection, and consultation outcomes. These challenges highlight the need for specialized communication skills among healthcare professionals to ensure effective and empathetic interactions during telephone consultations.<sup>[32]</sup> Furthermore, research indicates that non-verbal communication and a greater sense of personal connection are significant factors influencing patients' preferences for telephone or video consultation.<sup>[33]</sup>

However, some patients value the lack of visual contact and physical presence in telephone consultations, as it reduces the potential for confrontation or challenges to their coping strategies or self-perception as a patient. Interestingly, the lack of face-to-face interaction seems to make it easier for patients to voice complaints or express unpleasant sentiments towards healthcare professionals. However, some patients report losing focus during telephone consultations or multitasking while on the call, making them speculate that healthcare professionals might also be engaged in other tasks during the consultation. These observations suggest that

while virtual care offers a valuable alternative to in-person interactions - saving time and providing essential support – it is not a complete replacement. Instead, it should be seen as an additional option for delivering care that complements traditional communication methods.<sup>[1,32]</sup>

Furthermore, the perceived distance inherent in telephone consultations can create a sense of exclusion for patients' significant others. Patients report that their relatives are often unable to participate actively in the consultation to the same extent as they would in face-to-face consultations. In some cases, relatives do not participate at all. Even when present, relatives may miss parts of the conversation, limiting their ability to ask questions or feel informed.

### **Methodological considerations**

The present study demonstrates several methodological strengths that enhance its rigour and reliability. By adhering to Ricoeur's steps in the analytical process,<sup>[20]</sup> the study establishes a strong foundation for confirmability. The inclusion of direct quotes from participant interviews further strengthens the findings by providing examples that ground the analysis in the participants' own voices. The authors engaged in continuous discussion throughout the analytical process, ensuring a collaborative interpretation of the data. Although the study included only Danish-speaking participants, which could be considered a limitation, this focus allowed for an in-depth exploration of experiences within a specific linguistic and cultural context, aligning with the hermeneutic-phenomenological framework.<sup>[22]</sup> The diversity in participants' treatment modalities reflects an intentional effort to capture a wide range of experiences. Additionally, the use of the Criteria for Reporting Qualitative Research (COREQ)<sup>[23]</sup> ensured transparency and adherence to established standards, further enhancing the credibility and trustworthiness of the study.

This study is subject to some limitations. First, the participant sample was restricted to Danish-speaking patients from a specific geographic region, which may limit the transferability of the findings to broader or more diverse populations. The findings may not represent the experiences of patients from other regions, linguistic backgrounds, or healthcare systems, potentially limiting their applicability to broader contexts. While the study was geographically and linguistically constrained, its focus on a specific context allows for a nuanced exploration of patient experiences, providing a depth of insight that can inform similar settings. Moreover, the findings align with existing literature, supporting their relevance beyond the immediate study population. Second, the study relied on data collected through interviews. The exclusion of healthcare professionals' viewpoints could result

in a one-sided understanding of the dynamics of telephone consultations, omitting potentially valuable insights into the challenges and benefits from the provider's perspective. However, this study's focus on patients' experiences was intentional, as their perspectives are often underrepresented in telehealth research. Future studies could complement these findings by incorporating healthcare professionals' perspectives to provide a more holistic understanding of telephone consultations.

## **6. CONCLUSION**

The findings highlight the complexities of telephone consultations and the need for strategies to enhance communication. The findings show that patients have contractionary experiences of telephone consultations. The lack of visual contact can be perceived as a lack of presence. At the same time, telephone consultations can be both time-saving and limiting if the consultation is not carefully planned. Furthermore, familiar relationships, built on healthcare professionals' knowledge of a patient's history, are of great importance for fostering a sense of security and perceived quality. While telephone consultations provide numerous benefits, addressing their inherent challenges is essential to ensuring effective, person-centered care. In conclusion, the findings underscore the need for targeted strategies to enhance the patient-healthcare professional relationship in telephone consultations, focusing on personalizing care and showing interest in the patient's lived experiences.

### **Relevance to clinical practice**

While telephone consultations offer numerous benefits, addressing their challenges is essential to ensure that they are a viable and effective method of healthcare delivery. Further research is needed to explore strategies for mitigating the constraints and enhancing patients' overall experience with telephone consultations. Potential solutions could include the use of video consultations or the provision of written summaries after the consultation. The findings underscore the importance of integrating communication-enhancement strategies into clinical practice, particularly for telephone consultations. Future research could explore innovative methods, such as virtual consultation platforms or targeted training programs for healthcare professionals, to strengthen patient engagement and personalize care. Implementing these approaches may improve the quality and effectiveness of remote healthcare services. While telephone consultations offer certain advantages, they also present challenges that must be addressed. Furthermore, the findings underscore the importance of considering patient preferences, digital competencies, and circumstances when implementing telehealth services. Future research should explore strategies

to optimize the benefits of telephone consultations while minimizing their drawbacks.

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### AUTHORS CONTRIBUTIONS

IVK designed the study, ACKK conducted data collection, and both IVK and ACKK analyzed the findings. Both authors read and approved the final manuscript.

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The authors declare that there is no conflict of interest.

### INFORMED CONSENT

Obtained.

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The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

### DATA SHARING STATEMENT

No additional data are available.

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