

Using situated interviewing to explore the growing role of information and communication technologies in health care: the case of telehealth for people with COPD

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Telehealth allows healthcare professionals to monitor patients' health through the use of telecommunications. Many promises about the potential of telehealth have been made (improving the quality of care, reducing healthcare costs and solving workforce shortages) alongside warnings that telehealth devalues the interpersonal aspects of care. This is part of a wider trend of the domestication of complex technologies, i.e. moving them from the clinic to the home, changing the meanings associated with and experience of both places.

A new service innovation for people with chronic obstructive pulmonary disorder (pwCOPD) in the Midlands, UK, was positively received by patients. In order to understand more about *how* pwCOPD negotiated incorporating telehealth technologies into their everyday life and home space, and *why* they valued it, we conducted a qualitative study, using what we termed a 'situated interviewing' approach. This enables researchers to ask people to show and tell us their (health) spaces, including the effects of a new healthcare intervention. This builds on a range of methodological developments in the social sciences, which will be critically discussed in the paper.

The main findings of the study were that the main value for pwCOPD was that telehealth brought 'peace of mind'. The study identified that there were two main mechanisms at play in producing peace of mind (i.e. *how?*), which were (a) legitimizing contact with health professionals and (b) increasing their confidence in managing their condition. These mechanisms could be explained (i.e. *why?*) by considering the participants' experiences of their body and their emotions. Telehealth brought a new awareness of the body mediated by medical measurements, and pwCOPD assigned priority to these over their own embodied sensations or the concerns of their spouse (often contacting services quicker than they would usually as a result, preventing, they felt, more severe episodes of illness). The central emotional concerns were feeling panicky and feeling isolated. Telehealth was felt to be helpful for alleviating these through the sense of connection (benign surveillance) from the healthcare professionals, and through a greater sense of control and confidence in their own abilities to understand and self-manage their condition.

The study was conducted in close collaboration with the local public health team and, given that there are now several models of telehealth available, understanding how and why telehealth can be beneficial for patients has helped inform what types of telehealth should be commissioned.

Methodologically, this study provides insights into the value of situated interviewing. It enables participant accounts to be collected in a way that is participant-led and sensitive to place. This is a

valuable methodological adaptation to traditional qualitative interviews – a hybrid between interviewing and participant-observation methods. Theoretically, the study contributes to our understanding of the growing role of information and communication technologies in health spaces. Although the home has always been an important place for the delivery of informal care and symptom management, the process of domestication of complex health technologies alongside their diffusion outside the wall of the clinics to informal health spaces is changing the health landscape, with more change inevitable in the future.