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Telepsychiatry versus face to face consultation in COVID-19 Era from the patients' perspective

1. Introduction

Telepsychiatry is a branch of telemedicine, Many published reviews have reported that telepsychiatry is comparable to face to face communications (Gajaria et al., 2015, Schutte et al., 2015, Hubley et al., 2016; Mazhari et al., 2019). However, it appears less reliable in the assessment of symptoms, such as emotional affect, that require visual observation of behavior (Jones et al., 2001), so, the efficacy of telepsychiatry to provide clinical psychiatric services to remote communities has yet to be definitively established (Tang et al., 2020).

Nowadays with the development of COVID-19 pandemic and lockdown has become a must, which made the conventional psychiatric consultations difficult. This makes telepsychiatry a highly important method for patient's care during the pandemic.

The objective of this study was to compare the differences between face to face consultation and telepsychiatry from the patients' perspective among an Egyptian sample of psychiatric patients during COVID-19 pandemic.

2. Methods

2.1. Study design and participants

This study was a cross sectional study that included183 psychiatric patients. An online survey was conducted at June, 2020, it was designed by the authors and uploaded using Google forms in a specific web site (www.shezlong.com) that gives a telepsychiatry service. The patients were invited to complete the designed questionnaire including sociodemographic data and questions that compare between face to face consultations and telepsychiatry from the patients' perspective (in a complete privacy) with a question at the beginning of the survey "Do you agree to participate in this study?" as a written consent. Inclusion criteria of the study were psychiatric patients of an age at least 18 years and less than 60 and both sexes. Ethical approval was obtained from the Institutional Research Review Board (IRB) of the faculty of medicine, Zagazig University, Egypt, according to the ethical guidelines outlined in the Declaration of Helsinki and its later amendments. IRB number 6509.

3. Results

47.5 % of patients had a general satisfaction towards face to face consultation versus 21.8 % towards telepsychiatry and 30.6 % towards both. 49.2 % of patients reported that the cost is better in face to face consultation versus 22.9 % in telepsychiatry and 27.9 % reported it is equal in both. 55.2 % of patients trust the face to face diagnosis versus 4.4 % trust telepsychiatry and 40.4 % trusted both equally .46.5 % of patients trust the treatment in face to face consultation versus 2.7 % for telepsychiatry and 50.8 % for both. 34.4 % of patients reported that telling symptoms is easy and free during face to face consultation versus 29.5 % for telepsychiatry and 36.1 % reported that both are equal. 45.9 % of patients feel doctor care and patience during face to face consultation versus 5.5 % during telepsychiatry and 48.6 % during both. 27.3 % of patients told that their concentration is better during face to face consultation versus 21.8 % during telepsychiatry and 50.8 % during both. 33.3 % of patients feel doctor concentration during face to face consultation versus 6.6 % during telepsychiatry and 60.1 % during both. 34.4 % of patients feel security and privacy during face to face consultation versus 18.6 % during telepsychiatry and 47 % during both (Table 1).

The major advantages of online consultations were avoiding embarrassment and stigma attached to psychiatric clinic, avoiding COVID-19 infection, saving money for travelling and transportation and saving time for travelling, transportation and waiting at the clinic. The major advantages of face to face consultations were taking a handwritten prescription, feeling of more security associated with the privacy of personal information, feeling that the doctor can diagnose accurately and feeling direct contact between the doctor and the patient (Table 1).

52.4 % of the patients prefer face to face consultation versus only 23 % who prefer online consultation as a method for communication after the end of COVID-19 pandemic (Table 1).

4. Discussion

In the present study, the patients' satisfaction with face to face consultation was significantly higher than online consultation. Although a large number of studies have reported the positive views of patients about telepsychiatry, Patients generally report increasing satisfaction with telepsychiatry after a period of initial fear and discomfort (Whitten and Mackert, 2005; Shore et al., 2008; Gibson et al., 2011, Miller et al., 2016, Salomone, and Maurizio 2017; Myers et al., 2017), the situation in Egypt may be different as the role model for a good doctor patient relationship and rapport from the patients' perspective is to see the doctor and speak with him face to face. Also lack of patients' awareness and acceptance of receiving healthcare through telemedicine services, is one of the big challenges that face the telemedicine projects in Egypt (Hussein and Khalifa, 2012), many studies reported that the most frequent barrier using telepsychiatry, was the difficulty to establish rapport (Wagnild et al., 2006; Shore et al., 2012, 2013).

An important findings were that, most of the patients in our study were worried about the privacy of the informations when using online consultation and 52.4 % of the patients prefer to continue on face to face consultation after the end of Covid-19 pandemic versus 23 % prefer online consultation. Many studies reported that clinicians and patients have concerns about protecting the patient's privacy when using telepsychiatry (Myers et al., 2001; Parish et al., 2017). The patients were not

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Table 1
Patient opinion about the differences between online and face to face consultation.

Variable		(n = 183)	
		N	%
Patient's Satisfaction	Both equal	56	30.6
	Online more than face to face	40	21.8
	Face to face more than online	87	47.5
Cost	Both equal	51	27.9
	Online more than face to face	42	22.9
	Face to face more than online	90	49.2
Trust diagnosis	Both equal	74	40.4
	Online more than face to face	8	4.4
	Face to face more than online	101	55.2
Trust treatment	Both equal	93	50.8
	Online more than face to face	5	2.7
	Face to face more than online	85	46.5
Telling symptoms easily	Both equal	66	36.1
	Online more than face to face	54	29.5
	Face to face more than online	63	34.4
Doctor care	Both equal	89	48.6
	Online more than face to face	10	5.5
	Face to face more than online	84	45.9
Patient concentration	Both equal	93	50.8
	Online more than face to face	40	21.8
	Face to face more than online	50	27.3
Doctor concentration	Both equal	110	60.1
	Online more than face to face	12	6.6
	Face to face more than online	61	33.3
Feeling of security and privacy	Both equal	86	47.0
	Online more than face to face	34	18.6
	Face to face more than online	63	34.4
Online advantages	Avoiding embarrassment and stigma attached to psychological clinics.	88	57.5
	Avoiding COVID-19 infection	108	59.1
	Saving money for travelling and transportation	87	47.5
	Saving time for travelling, transportation and waiting at the clinic.	129	70.5
	Taking a handwritten prescription	53	29
Face to face advantages	Feeling of more security associated with the privacy of personal information.	76	41.5
	Feeling that the doctor can diagnose accurately	102	55.7
	Feeling direct contact between the doctor and the patient	154	84.2
After the end of COVID-19 pandemic you will prefer	Both of them	45	24.6
	Online	42	23
	Face to face in clinic	96	52.4

reassured that no one was listening, watching, or recording the session (Brooks et al., 2013).

In conclusion, Telepsychiatry is an important method for evaluation and follow up of the psychiatric patients especially in pandemics, so developing new training programs in Egypt to increase the awareness about the importance of telepsychiatry for both the clinicians and the patients through workshops, symposia and conferences are highly important to raise the satisfaction, credibility and trust of the online consultation from the patients' perspective.

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Declaration of Competing Interest

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