


# Voices of Teens and Young Adults on the Subject of Teleconsultation in the COVID-19 Context

Journal of Patient Experience  
Volume 9: 1-5  
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DOI: 10.1177/23743735221092565  
journals.sagepub.com/home/jpx  


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## Abstract

This article describes the perceptions of adolescents and young adults aged 14 to 25 years who live in Québec (Canada) and obtained health services via teleconsultation for the first time, owing to the COVID-19 pandemic. Eleven young people who had received physical health services (medicine, physiotherapy, speech therapy, or nutritionist) participated in virtual semi-structured interviews. These interviews shed light on how these adolescents and young adults experienced the adaptation of the intervention and how effective they perceived the intervention to be. The article concludes with some thoughts for practitioners.

## Keywords

adolescent, young adult, COVID-19, telehealth, teleconsultation, telemedicine

During the first wave of the COVID-19 pandemic, the province of Québec reported the most deaths in Canada (1). Seniors' residences were the main outbreak sites due to a significant shortage of workers in these facilities and a lack of protective equipment (2). In response to this problem, several health and social services professionals were reassigned to assist current and potential COVID-19 patients (3). At the same time, many health and social services professionals were obliged to adopt teleconsultation to comply with physical distancing measures (2). Teleconsultation refers to telephone or videoconferencing appointments to provide care and services when the patient and the health professional are in 2 separate geographic locations (4). Before the pandemic, telemedicine (one form of teleconsultation) represented 0.15% of all medical services offered in Canada (5). In Québec, telemedicine had rarely been used by general practitioners as, before March 16, 2020, few procedures performed in this format were remunerated (6). The adjustment period triggered by the pandemic affected patients. Notably, the follow-up of patients in primary care declined (2).

In Québec, teleconsultation has mainly been documented from an organizational perspective (eg, 7–9). Scant research has investigated how patients have experienced the transition to teleconsultation in Québec during the COVID-19 pandemic (eg, 10). To our knowledge, the perceptions of adolescents and young adults in this specific context have not been studied. A body of international literature on teleconsultation

with youth is emerging, yet the voice of youth is often not the main focus. In the last decade, several articles have examined the feasibility, effectiveness, and acceptability of specific telehealth programs (11–17). In general, it appears that many patients prefer teleconsultation to face-to-face consultation when it reduces travel (11). There is also no evidence to suggest that teleconsultation in a mental health setting is significantly less effective than face-to-face intervention (12). Regarding telerehabilitation, it appears that young patients must be proactive for the rehabilitation process to be successful (13). The practice of telemedicine may require the presence of a third party, usually a parent, who performs certain physical assessments to the best of their ability (14). This can be viewed as a limitation of teleconsultation. Further, Sansom-Daly and Bradford (15) highlight that technology is not always capable of transmitting “the humanness” that builds a therapeutic bond with the patient. In addition, it is important to bear in mind that this practice requires

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access to a stable internet connection as well as a suitable environment for the intervention, which more vulnerable youth tend to lack (16,17).

The study aims to answer the following question: How did adolescents and young adults aged 14 to 25 years experience teleconsultation in the context of the COVID-19 pandemic in Québec?

## Methodology

### Participants and Data Collection

As part of a research program on the effects of the pandemic on youth who use health and social services in the Greater Montréal area, in Québec, an online questionnaire was sent to professionals working with the target population (young people aged 14-25) through 3 different directions of youth programs. A direction of youth programs includes a range of health and social services provided in a specific area, such as mental health services, physical and intellectual disabilities, sexual health among other services. Following the research ethics certificate, the various directions had the responsibility to forward the questionnaire to the service providers who then solicited the young people who benefit from their service in answering the questionnaire. Between July 2020 and February 2021, 196 youth completed the questionnaire. At the end of the questionnaire, youth wishing to participate in a virtual one-on-one interview were asked to leave their contact information. In total, 35 people left their contact information. They were all contacted. A total of 19 of them agreed to participate in the semi-structured interviews. Of these 19 respondents, 14 had engaged in teleconsultation due to COVID-19.

The interviews, which lasted an average of 45 min, took place from August 2020 to January 2021, on the Zoom™ platform. All youth interviewed consented to be recorded and received financial compensation of \$20 for their participation. They were asked about their level of satisfaction with teleconsultation, the perceived advantages and

disadvantages of this mode, and issues encountered (Appendix). Of these 14 respondents, 11 reported having engaged in teleconsultation due to COVID-19 as part of a physical care intervention. We define physical care as an intervention focused on physical health or rehabilitation, in contrast to mental health conditions or social needs. Those interventions were offered by a physician, a physical therapist, a speech therapist, or a nutritionist. Interventions related to social needs are to be addressed in another article. This paper focuses exclusively on the qualitative data derived from the interview transcripts of these 11 participants. Sociodemographic information on the participants is presented in Table 1.

It is important to specify that no question in the quantitative questionnaire specifically covered teleconsultation. Rather, this was a sub-theme that emerged from the first interview with a young person; it was integrated into the thematic interview grid, which was divided as follows: Transformation of daily life (lifestyle, school situation, financial situation, organization of social life), social representations of the COVID-19 pandemic (sources of information, understanding of the current situation, emotions associated with the pandemic), access to health care and social services (teleconsultation).

### Analysis

The interviews were transcribed by 2 research assistants who did not participate in the interviews. They then inductively coded each interview individually by theme and concomitantly co-constructed a coding tree during weekly meetings. Research assistants coded the data set without any prior hypothesis. The categorizations thus emerged according to the excerpts echoing the research question, that is, the adaptation and perceived effectiveness of health care during the first and second wave (March 2020 to January 2021) of the COVID-19 pandemic in Québec. The purpose of the intercoding meetings was to compare the analyses to ensure replicability of the coding (18). This coding was then cross-validated by the person who conducted most of the semi-structured interviews.

## Results

### Transition to Teleconsultation

For some young people, the possibility of switching to teleconsultation was seen as an opportunity in a relatively uncertain context. They felt lucky about it:

With my physician, I was really lucky. We were able to do my consultations over the phone. At the beginning of the lockdown, it was really complicated to get information, but my youth clinic is really convenient because it has a direct phone line. So, I was lucky to be able to talk to my physician. (R—age 25)

**Table 1.** Distribution of the Sample by Age, Cultural Self-identification, and Type of Health Professional Encountered in Teleconsultation.

Age	Cultural self-identification	Type of health professional encountered in teleconsultation
15	Black	Physician
15	White	Speech therapist
16	Southeast Asian	Physician
17	Latin American	Physician
17	White	Physician
20	White	Physician
20	White	Physician and physical therapist
21	Latin American	Physician and nutritionist
21	White	Speech therapist
22	White	Physician
25	White	Physician and physical therapist

For young people, who already had a relationship with a health professional, teleconsultation was seen as an element of stability, as comforting means:

During the lockdown, my physician called me even if we didn't have a scheduled appointment, he called me to know how I was doing, how I felt. So, I found it very comforting to know there was someone who wanted to know how I was doing despite all that was going on. (E—age 17)

Moreover, in terms of the physical environment of the intervention, teleconsultation was perceived as an opportunity to avoid the more stressful environment of the hospital:

The advantage is I was not at the hospital. The hospital was more stressful. We go there, we spend time in the waiting room, we wait, we go into the room, we do the things and after we leave. It was relaxing to be home and in front of a screen instead of being in a hospital. (S—age 15)

### *Adaptation of the Intervention*

Those who engaged in remote physical rehabilitation say that the main issue is equipment and that creativity is required to be able to continue the follow-ups:

It's definitely more complicated. At the same time, [my physical therapist] arranged to give me exercises I could do at home. Take weights, not everyone has weights, but you can use a soup can instead. She could really compare and then give me doable exercises. (B—age 20)

Further, telerehabilitation sometimes requires the presence of another person, who checks that the exercise is being done properly, to compensate for the distance from the health care professional:

It's different, of course, the sound quality. So let's say I was doing a [speech therapy] exercise, then my mom was there with me when I was on my Zoom so she would say if it was really good or if it was more forced. Because you don't hear as well in Zoom as you do in an in-person session. So I find it a disadvantage. (S—age 15)

### *Perceived Effectiveness of Teleconsultation*

With regards to the perceived effectiveness of health care, the absence of a physical examination by the health professional was a major issue because it was perceived as a less thorough evaluation. To that extent, many young people felt that the appointment was not as efficient as they would have wished:

He couldn't do manipulations, see my reactions like when he was pressing down on certain points on my belly and stuff like that. So it was definitely less productive of an appointment. (F—age 17)

In some ways, the young people did not feel that they had the same outcome as in a face-to-face consultation, although they generally benefited from teleconsultation encounter:

The touch part was still missing [...] I feel like I didn't get as much work done. [My physical therapist] would adjust the exercises based on what I told her, but she couldn't really judge my progress, but it still helped. (B—age 20)

### *Overall Impression of Teleconsultation*

In terms of the teleconsultation modalities, 9 young people reported that they preferred videoconferencing to telephone. However, though a phone consultation is not considered an optimal solution, it is perceived as a lesser evil:

I prefer to see the person on video, Skype/Zoom style. On the phone, it's sometimes cold. But it suits me anyway, I can live with it. (A—age 20).

Eight of the 11 young people interviewed mentioned that if given the choice between teleconsultation and face-to-face consultation in a post-COVID world, they would opt for face-to-face:

On the other hand, I prefer face-to-face because I find that it is always more concrete personally. And I think it's always easier when it's in person. I don't know, I think there's a more human side to it, too, because I think that at the moment we're a bit lacking because of the COVID. (F—age 17)

It also seems that the face-to-face encounters sometimes make up for certain verbal explanations which, according to the young people, could be incomplete:

I would prefer to have it face-to-face. But if I absolutely have to, I wouldn't really mind. It also depends on something because sometimes you have to like evaluate the thing. Like look at my physique or something. It says a lot more than just words. (G—age 21)

The other 3 young people did not have a clear preference for teleconsultation, they rather seem to see it as a new feature they would like to be offered in certain circumstances:

I think I would like to have the option. Sometimes, depending on my schedule, where I am, it's easier from a distance. (R—age 25)

Finally, it is worth noting that we asked the young people about possible improvements to the teleconsultation and no suggestions were made.

## **Discussion**

Based on our results, it appears that the adolescents and young adults we met appreciated the continuity of the

services made possible by teleconsultation, although the modalities proposed were not always optimal. Several snags were mentioned, like having to find alternatives to the equipment usually provided by the health professional, or the lack of validation through the health professional's physical examination. Moreover, the context and the social distancing measures also brought out a search for human contact that seems more difficult to access during a remote encounter (15,19). However, the possibility of meeting their health professional, in a relatively destabilizing social context, still presented itself as a feeling of luck, as a source of comfort. Overall, it does not appear that their teleconsultation experience was satisfactory enough for the majority to want to continue with this modality in a post-COVID world. Nevertheless, our data suggest that it may still be appropriate to offer the choice to patients who may benefit from it if, for example, it can reduce the stress associated with the hospital environment (20).

The young people's preference for videoconferencing over the telephone, and even more so, their desire to return to face-to-face meetings raises 2 considerations for future research. First, it leads us to reflect on the aspect of interaction and non-verbal communication in the relationship between a young patient and his or her health professional. Secondly, an in-person physical examination performed by a professional seems to be perceived as the most valuable intervention for effectively understanding their health problem and acting upon it. This leads to a reflection about young patients' health literacy and involvement as partners in their care. This seems to be a theme to be explored in order for them to feel skilled to take their health into their hands, on a daily basis and when access to care is limited (21).

### Limitations

This study, which was intended to be exploratory, has several limitations. First, the constitution of the sample was dependent on the directions of the youth programs and the sample size was also rather small. Therefore, the research team cannot claim the sample to be representative of young Quebecers who used teleconsultation in the context of COVID-19. The data presented in this article are not generalizable. Furthermore, the sample already excluded more vulnerable young people who did not have access to a good bandwidth. Finally, we did not collect data on the reasons for the young people's consultations, however, this could have been relevant to better understand their impression of the teleconsultation.

### Conclusion

This research aimed to document the experience of adolescents and young adults living in Quebec who had no choice but to make the transition to teleconsultation due to the health measures imposed by the COVID-19 health

context. This paper aimed to put forward the voices of these young people in order to get their first impressions of this experience and to offer some pointers for the rest of the pandemic, but also for the post-COVID world.

Further research could extend this exploratory study, by integrating the voices of adolescents and young adults, specifically young people in vulnerable situations, in light of the health literacy issues briefly described above.

### Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.


### Funding

The authors disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This work was supported by the Fonds de Recherche du Québec-Société et Culture, and Ministère de la Santé et des Services sociaux.

### Ethical Approval

Offre de services du Réseau intégré en santé mentale pour les Lavallois(es) 12-25 ans (CIUSSS Centre-sud-de-l'île-de-Montréal-CER: 18-06-12).

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### Supplemental Material

Supplemental material for this article is available online.

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