

Reflections on telecare

Reflexiones sobre la teleasistencia

Pilar González Gálvez¹

 <http://orcid.org/0000-0001-6563-4002>

¹ Ramón Llull University, Blanquerna
School of Health Sciences, Barcelona,
Spain

Nurses are dedicated to caring for individuals, families, and communities. This involves constantly overcoming challenges related to the acquisition of new knowledge. It also requires continuous adaptation to the environment and the consequent integration of technology into our daily work. This innovative spirit is not new to our profession, however, we must recognize that lately changes are occurring at a dizzying speed and require an agile redesign of working models, which is truly complex, not only for nurses, but also for health institutions and, of course, the public.

Before the COVID-19 pandemic, new information and communication technologies (ICTs) were already believed to be powerful tools for care. In 2003, the *Libro Blanco de las Profesiones Sanitarias* [White Paper of the Health Professions] was published in Catalonia (Oriol & Oleza, 2003) and predicted the growing influence of ICTs in the health sector, in terms of care, human resource planning, training of professionals, detection and attention to new needs, interprofessional communication and communication with patients, and also better access to information (Oriol & Oleza, 2003). At that pre-pandemic time, the use of ICTs in care was seen as a somewhat daring option, and, except for a few isolated experiences, few health institutions were strategically committed to this type of investment, although no one denied that it was a future trend. In fact, *The Lancet* published an article in 1879 which stated that the use of the telephone (patented 3 years earlier by Graham Bell) could be useful to reduce the number of unnecessary visits, which at that time were obviously all face-to-face. In this article, the author explained that he had been able to rule out whooping cough in a child by listening to the child's cough over the telephone, which was a really exceptional event.

The pandemic has undoubtedly changed this situation. The health crisis did not allow for face-to-face care in health centers since these were exclusively focused on caring for critical patients with COVID-19. In Catalonia, telecare statistics during the first wave increased dramatically compared to previous values. The analysis of the results shows patient satisfaction in several aspects such as the ease of communication, the feeling of being listened to, and having enough time available for the visit (Tolchinsky & Martínez, 2021), demonstrating the positive impact of this practice. However, careful reflection is necessary to learn the most from this experience. Since we already know that telecare is feasible, we need to ask ourselves whether nurses are prepared for a change of model and whether this is really necessary or in which situations it would be indicated. In some cases, we should even review the concepts of telecare, digital health, or health 2.0 to understand what type of care we are talking about.

This editorial brings forward a brief reflection that answers some fundamental questions to continue incorporating ICTs in health in a reliable and effective way. Nurses have always used technology, without reluctance and willingly, to work more efficiently and safely. In the past, technology served institutions in achieving better results and optimizing time but, currently, the use of ICTs is focused on citizens, patients, families, and communities (Domínguez-Alcón et al., 2017). The outstanding features of ICTs are the speed with which they are transformed and their disruptive effect, as they bring about social change. The 2.0 phenomenon involved user interaction. This is the backbone of a paradigm shift in which the citizen has moved from being a consumer of information to being able to manage and even create knowledge (González, 2015), which extends to the health sector with the concept of "Health 2.0". It should be noted that this goes beyond the application

Corresponding author

Pilar González Gálvez

E-mail: pilargg@blanquerna.url.edu



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of ICTs in healthcare (e-health) or the use of apps for mobile devices to improve health (m-health; Cepeda, 2014). In this context, concepts such as e-patient and e-nurse have emerged.

E-patients are more aware of their disease, want to participate in decision-making, and play an active role in the management of their disease. They use ICTs to find relevant and reliable information and even participate in communities of practice and support networks (González, 2015; Ferguson, 2007). This new profile may generate insecurity and even rejection among some professionals with a more traditional profile. On this point, it should be stressed that the paradigm shift mentioned above also entails a change in the care model so that the patient and the family may commit to their health problem. This requires a different form of relationship between the professional and the patient. We are talking about a real collaboration, which is no longer theory-based and has finally become part of the care model. It can happen because it stems from a technological change which, this time, has brought about a cultural change. This has revolutionized people's minds, making them participative and changing the way they work, allowing them to interact and be part of their health process.

It is clear that the fact that ICTs allow giving patients a voice suggests a reconsideration of the relationships between nurses and patients. On this point, the literature is controversial. On one side, there are those who consider the use of ICTs as an opportunity (Baricco, 2019) and, on the other side, reticent opinions relate these technologies to cold and dehumanized care (Pols & Moser, 2009).

In any case, in order to take a firm step into this new care and relationship model, nurses should have training in digital competencies and technological skills in some cases. Thus, they will be able to overcome possible hesitations, which are often the result of insecurities.

Nurses certainly know how to care. In this sense, Domínguez-Alcón et al. (2019), based on Gastmans (2012), explain that good care means respecting the person, obtaining consent, protecting confidential information, cooperating with other professionals, maintaining professional competence, and minimizing risks. So, what do we need to care for in a digital environment?

Firstly, we must accept that care is based on the relationship with people. For that purpose, power, responsibility, and trust (Domínguez-Alcón, 2019) have been identified as key elements in this process. Power is necessary to lead the process of digitalization in the health sector because it should not advance only at the hands of technologists. An implementation based on care requires the presence of nurses with digital competencies. Responsibility has been always present in nurses' practice when caring for people and it is present when nurses integrate ICTs into care processes, considering them as supporting instruments to these processes, as long as they are indicated, considering them as supporting instruments to these processes, as long as they are indicated. Finally, trust is the basis of any relationship. In the digital context, the new channels of communication and the new roles of e-professionals and e-patients call for another form of treatment, as is the case with telecare during the pandemic (Tolchinsky & Martínez, 2021).

Telecare can be defined as the remote provision of health services through ICTs, either between professionals and patients or between different professionals. This working method can be synchronous when it is done in real time through a videoconference or call; asynchronous when the nurse and the patient are not available at the same time, such as chat or email consultations; and remote monitoring through networked devices that allow data sharing for the follow-up and disease management.

Although the pandemic pushed us toward this care format abruptly, today we realize the need to analyze the situation, assess the palpable advantages of telecare, and identify its limitations in order to decide when face-to-face attendance is indicated and necessary.

On the one hand, there is an urgent need to ensure the acquisition of digital competencies for all health professionals. They include knowledge, skills, and attitudes related to the appropriate use of technological and digital resources to improve individual and population health in a safe, creative, and innovative way (TIC Salut Social, 2021). On the other hand, such competencies should be assessable and reviewable, and ensure that health professionals achieve full digital awareness (TIC Salut Social, 2021).

The Department of Health of the Government of Catalonia has identified seven digital competencies for the health sector: 1-collaborative work; 2-communication and digital reputation; 3-research, creation, and innovation; 4-data management and analysis; 5-change management; 6-digital awareness; and 7-information management (TIC Salut Social, 2021).

Educational institutions must address these needs and commit to training in digital health competencies so that new nursing graduates are prepared to work in a digital health environment that is already part of our present.

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