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Conference Abstract

The place of 'family' in the delivery of telehealth

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Abstract

Introduction: Alongside a growing older population (Milligan et al 2011, Stowe and Harding 2010) has emerged a relatively new form of healthcare, telehealth, defined as 'the provision of health services at a distance using a range of technologies' (The Scottish Centre for Telehealth and Telecare 2012). Although dependent on the particular condition of the individual, patients are usually required to take their own vital signs such as blood pressure, weight and glucose levels in their own homes and transmit the data remotely to medical personnel for evaluation and response. This type of care is most commonly used for those with a heart condition, COPD and Diabetes. Whilst much focus has been given to the medical, financial and psychological factors when evaluating user experiences of telehealth, little attention has been paid to either the domestic relationship context in which such technologies are carried out or the impact of telemonitoring on existing intimate relationships.

Aims and objectives: The aim is to inform the direction of further research which will consider how user and carer experiences can be best integrated into the delivery of the telehealth service. More specific objectives are twofold: firstly, to promote the importance of considering family/carer relationships when managing telehealth in order to maximise a positive service user and carer experience and secondly, to make transparent the ways in which such dynamics serve to both facilitate and constrain the effective use of telehealth.

Method: A structured literature review was undertaken. An initial generalised 'scope' of the available literature was carried out, followed by a more targeted exploration into work that explicitly addresses home telehealth monitoring and family lives. Literature identified was then considered thematically to highlight existing pertinent issues with a view to informing the direction of future research.

Results: Four emerging themes were identified: the non-sociological nature of telehealth evaluation, family members as carers, invisible work and the technogeography of care. This analysis shows that although elements of a social relationships focus had been touched upon, no work existed thus far with the sole and original purpose of exploring the impact that telehealth can have on intimate domestic relationships. How social networks and social relationships impact on

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the user/carer experience remains largely unexplored, despite telemonitoring technologies being embedded in existing social networks and relationships. In the context of using this technology, family members and intimate others are viewed only as ‘carers’ and the impact of the technology is discussed in terms of either compliance, caring activities or stress levels which influence the health outcomes of the patient.

Conclusions: A clearer understanding of the larger social context would make transparent the ways in which such dynamics serve to both facilitate and constrain the effective use of telehealth but also contribute to a consideration of the impact of such technologies on family lives. This will allow for a more collaborative, person-centred approach and this paper argues for a sociological and relationship-focused consideration of telehealth.

Keywords:

telehealth, family, social networks, social relationships, user experience

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