Conference Abstract

Understanding the social context of telemonitoring: developing an evidence base

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Abstract

Introduction: There is an increased use of technology to support patients in their home environment. Telehealth represents a relatively new form of healthcare, defined as 'the provision of health services at a distance using a range of technologies' (The Scottish Centre for Telehealth and Telecare 2012). 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. This develops theory on the Social Construction of Technology (SCOT).

Aim: 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.
Methods: 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 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: To allow for a more collaborative, person-centred approach to the provision and consumption of new modes of care such as telehealth, it is necessary to develop a clearer understanding of the larger social context within which such support is mediated and implemented (SCOT). To ensure optimum support is provided it is central to understand how dynamics within family and social relationships serve to both facilitate and constrain the effective use of telehealth. In addition, a consideration of the impact such technologies have on family lives may maximise the sustainability of informal care. This will serve to develop the evidence base for the implementation of the new modes of care and so this paper argues for a sociological and relationship-focused consideration of telemonitoring.

Keywords

social context, family relationships, implementation, qualitative research

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