Comparative Analysis of Patient Satisfaction on Pre-Pandemic Conventional Outpatient Consultations and Teleconsultations during the COVID-19 Health Crisis among Patients in Metro Manila

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Abstract: Teleconsultation emerged as an alternative to conventional medical consultations during the COVID-19 crisis. Preferences between these modes of consultation are affected by factors influencing patient satisfaction. The study aimed to compare patient satisfaction based on communication, ease of accessibility, confidentiality and privacy, and healthcare outcomes or efficacy. Through a 6-point Scale, cross-sectional-based survey, satisfaction for both modes of consultation during the COVID-19 pandemic from 91 participants, aged 18 to 65 from Metro Manila were analyzed; patient demographics were also collected for profiling. The Wilcoxon signed-rank test was used for hypothesis testing (α= 0.05). Most have availed teleconsultation services at least once a year (42.90%), while majority (78%) had stable internet connection. Respondents mostly used Facebook on mobile phones for teleconsultation. The teleconsultation factors which show highest satisfaction are communication (M = 4.99) and ease of accessibility (M = 4.79). The factors confidentiality and privacy (M = 5.03) and healthcare outcomes (M = 4.75) leaned more towards conventional consultation. There is no significant difference between the satisfaction of patients between conventional outpatient consultation and teleconsultation. Widening the scope of the study for future research may show significance between the satisfaction levels.

Keywords: telemedicine, secondary care, patient satisfaction.

I. INTRODUCTION

Telemedicine is one of the greatests contributions of technology in health care. It serves as a new avenue for medical professionals in delivering health care services for the sustenance of the fundamental physical, mental, and social well-being of an individual. Through telemedicine, remote access to various healthcare services such as consultations, health care monitoring, prescriptions, and other health services became reachable by the very tips of the fingers with the use of personal computers, tablets, and smartphones.[1] Due to telemedicine's exponential trend and development, people began to patronize what it can offer. Despite its countless benefits and its possible dominance in the field of health care, there are still people who rely on traditional services such as health assessments conducted inside a medical facility.

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The conventional outpatient consultations in the Philippines have been limited due to the health crisis brought by COVID-19. The number of people availing health care services such as annual physical exams, regular check-ups, medical screenings and monitoring especially those of patients with chronic diseases have drastically declined.[2] This is due to many hospitals and other medical facilities controlling their population in strict observance of health and safety protocols and to minimize contact with possible COVID-19 patients. To continue providing health services which were limited by the health crisis, teleconsultation was utilized by many. Although, patients have opposing perceptions and remarks based on their own experiences of teleconsultation.

Patient satisfaction plays a significant role in health care systems due to its ability to distinguish both the strong and weak points of healthcare services where relevant programs, developments, and interventions may be implemented from.[3] In previous studies, it has been found that patient satisfaction is highly affected by various factors such as accessibility,

convenience, and efficiency.[4] Additionally, factors that are healthcare provider-related are also a major contributor that affects patient satisfaction.[5] In congruence with this, the study aims to compare and analyze the difference in the level of patient satisfaction between conventional consultation and teleconsultation based on four factors, namely communication, ease of accessibility, confidentiality and privacy, and healthcare outcomes. The researchers intend to utilize the significant outcomes of this study as a springboard for further developments in health care, both in conventional outpatient consultation and teleconsultation.

II. METHODS

2.1 Instrumentation

In attaining the data, the researchers employed the use of purposive sampling in determining the participants of the study. A Google Form was used containing a 6-point scale, from highly dissatisfied to highly satisfied, measuring the satisfaction of patients in both conventional consultations and telemedicine consultations during the COVID-19 pandemic. The instrument, adapted from a developed questionnaire[6], was concluded with questions directly purposive to the aim of this comparative analysis which particularly highlight how communication, ease of accessibility, confidentiality and privacy, and healthcare outcomes influence the level of patient satisfaction on conventional outpatient consultation and teleconsultation.

2.2 Setting and Participants

The electronic survey was distributed to the participants who met the inclusion criteria through various social media platforms, such as *Facebook* and *Twitter*, and coordinations with physicians who conduct teleconsultations with their patients; the said inclusion criteria include patients with experience in both pre-pandemic conventional consultation and teleconsultation during the COVID-19 pandemic.

2.3 Ethical Considerations

Informed consent from the participants were obtained using the same electronic survey, and was approved by the University of Santo Tomas Faculty of Pharmacy Ethics Review Committee (UST-FOPREC) (Protocol Number: FOP-REC-2021-01-064).

2.4 Statistical analysis

The analysis was done using SPSS version 20. Significant differences were tested at a 0.05 level of significance with the Wilcoxon signed-rank test.

III. RESULTS

A total of 104 participated in this study. Among these, 81 (77.89%) are female, 21 (20.19%) are male while two participants preferred not to disclose.

With regards to age, 35 (33.65%) were of ages 18 to 28 years, 33 (31.73%) were of ages 29 to 39 years, 24 (23.08%) were of ages 40 to 50 years while the rest (12 of them) were of ages 51 to 65 years. Majority of them (53.85%) were bachelor's degree holders, 17 (16.35%) earned units in college, 18 (17.31%) were holders of high school diploma while 13 (12.50%) pursued post graduate studies. Additionally, 75 (72.12%) were residents of Manila City, 23 (22.12%) were from Quezon City while a few (5.77%) resided in Parañaque City. Finally, with respect to their monthly income, 24 (23.08%) earned below 11000, 18 (17.31%) earned between 11000 to less than 22000, 30 (28.85%) received between 22000 to less than 44000, 14 (13.46%) received between 44000 to less than 77000. 12 (11.54%) received between 77000 to less than 132000 while the rest (6) earned at least 132,000.

Table.1. Tele-consultation profile of respondents

Variable	Frequency	Percent
Have you availed teleconsultation services?		
Yes	91	87.50
No	13	12.50
Frequency of availing teleconsultation services		
At least once a month	19	20.90
At least once every 3 months	30	33.00
At least once a year	39	42.90
No answer	3	3.30
Quality of internet connection		
Stable	71	78.00
Weak intermittent	20	22.00

Table.1. presents the tele-consultation profile of the respondents. A total of 91 (87.50%) of the respondents have experienced tele-consulting. Among them, 39 (42.90%) availed this teleconsultation services at least once a year, 30 (33%) at least once every three months while 19 (20.90%) at least once a month. There were three respondents who did not specify the frequency of availing teleconsultation services. When asked regarding the quality of internet connection, the majority (71 or 78%) had stable connection while 22% had weak and intermittent signal.

Table.2. Summary of statistical analysis for communication and paired test results

Indicators	Conventional		Tele-consultation		
	Mean*	Std. Dev.	Mean*	Std. Dev.	Mean diff.
Ease and comfort of talking to the physician	4.96	.98	5.04	1.00	-.08
Openness of the physician to questions	5.04	1.03	5.12	.97	-.08
Thoroughness of the consultation	4.76	1.16	4.85	1.18	-.09
Comprehensiveness of physician's explanation	4.87	1.15	4.92	1.16	-.05
Response of the physician to questions and concerns	4.98	1.04	5.00	1.08	-.02
Over-all mean	4.92	1.00	4.99	1.02	-.07

Overall Results of the Wilcoxon Signed Rank Test

	N	Mean Rank	Sum of Ranks	Z*	Asymp. Sig. (2-tailed)
Negative Ranks	17[a]	26.35	448.00	-1.45	0.15
Positive Ranks	31[b]	23.48	728.00		
Ties	43[c]				
Total	91				

**1 – 1.49 highly dissatisfied, 1.5 – 2.49 dissatisfied, 2.5 – 3.49 somewhat dissatisfied, 3.5 – 4.49 somewhat satisfied, 4.5 – 5.49 satisfied, 5.50 – 6 highly satisfied*

a. TL < CO, b. TL > CO, c. TL = CO

Based on Table 2, respondents expressed satisfaction with all indicators regarding communication in a conventional consultation since all means fall within the range of 4.5 to 5.49. The highest level of satisfaction was regarding openness of the physician to questions (M = 5.04). However, they seem to have a more differing opinion regarding their satisfaction on thoroughness of consultation (SD = 1.16) and comprehensiveness of physician's explanation (SD = 1.15). In teleconsultation, likewise, respondents expressed satisfaction to all indicators. The highest level of satisfaction was also openness of the physician to questions (M = 5.12). Opinions were more varied regarding the thoroughness of the consultation (M = 1.18) and comprehensiveness of the physician's explanation (SD = 1.157).

Based on the Wilcoxon signed rank test (NR = 448, PR = 728, Z = -1.45), these differences are not statistically significant, but stating the recovered values may still be of good use. The greatest difference was observed in the response of the physician to questions and concerns (difference = -0.02) and the lowest was obtained in thoroughness of the consultation (difference = -0.09). Overall, it can be inferred that patients generally feel the same level of satisfaction for both conventional outpatient and teleconsultation, whenever they communicate with their physician.

Table.3. Summary of statistical analysis for ease of accessibility and paired test results

Indicators	Conventional		Tele-consultation		
	Mean*	Std. Dev.	Mean*	Std. Dev.	Mean diff.
Length of time required in scheduling an appointment with the physician	4.65	1.09	4.79	1.07	-.14
Barriers (e.g., noise, environment condition) minimized during patient consultation	4.49	1.17	4.59	1.17	-.10
Mode of payment (GCash, Paymaya, Credit/Debit Card) for the consultation was convenient, availability of using health insurance option	5.03	1.05	4.99	1.05	.04
Available consultation hours of physician	4.81	1.18	4.79	1.07	.02
Over-all mean	4.75	.99	4.79	.97	-.04

Overall Results of the Wilcoxon Signed Rank Test

	N	Mean Rank	Sum of Ranks	Z*	Asymp. Sig. (2-tailed)
Negative Ranks	21[a]	27.74	582.50	-1.40	.16
Positive Ranks	33[b]	27.35	902.50		
Ties	37[c]				
Total	91				

**1 – 1.49 highly dissatisfied, 1.5 – 2.49 dissatisfied, 2.5 – 3.49 somewhat dissatisfied, 3.5 – 4.49 somewhat satisfied, 4.5 – 5.49 satisfied, 5.50 – 6 highly satisfied*

a. TL < CO, b. TL > CO, c. TL = CO

In terms of ease of accessibility, overall satisfaction was seen in conventional and teleconsultation as observed in Table 3. On both modes of consultation, participants were most satisfied with the mode of payment, but higher in conventional (M = 5.03) than in teleconsultation (M = 4.99); and both also display varied responses on barriers minimized during the former (SD = 1.17) and latter (SD = 1.17). Moreover, most varied responses were observed in the availability of consultation hours (SD = 1.18) for conventional consultation.

Albeit not statistically significant according to the Wilcoxon signed rank test (NR = 582.50, PR = 902.50, Z = -1.40), the greatest difference can be seen in the length of time required in scheduling an appointment (difference = -0.14), followed by barriers minimized during patient consultations (difference = -0.10), mode of payment (difference = 0.04), available consultation hours (difference = 0.02), and overall (difference = -0.40, W = 582.50). Since there is no significant difference, it can be inferred that patients are just as satisfied with the

ease of accessibility of teleconsultation, as they are with conventional outpatient settings.

Table.4. Summary of statistical analysis for satisfaction in confidentiality and privacy and paired test results

Indicators	Conventional		Tele-consultation		
	Mean*	Std. Dev.	Mean*	Std. Dev.	Mean diff.
Ease in discussing sensitive information regarding my condition	4.98	1.06	4.90	1.08	.08
Security of consultation room in accordance to privacy and confidentiality	5.00	1.01	4.87	1.15	.13
Security of patient records	5.05	1.00	4.88	1.09	.17
Privacy of information disclosed to the physician	5.05	.98	4.92	1.02	.13
Relevance of information asked by the physician (If there were any invasive/too personal questions asked)	5.08	.96	4.96	1.01	.12
Over-all mean	5.03	.95	4.91	1.04	.12

Overall Results of the Wilcoxon Signed Rank Test

	N	Mean Rank	Sum of Ranks	Z*	Asymp. Sig. (2-tailed)
Negative Ranks	19[a]	27.97	531.50	-1.01	.31
Positive Ranks	23[b]	16.15	371.50		
Ties	49[c]				
Total	91				

**1 – 1.49 highly dissatisfied, 1.5 – 2.49 dissatisfied, 2.5 – 3.49 somewhat dissatisfied, 3.5 – 4.49 somewhat satisfied, 4.5 – 5.49 satisfied, 5.50 – 6 highly satisfied*

a. TL < CO, b. TL > CO, c. TL = CO

Based on confidentiality and privacy, participants showed the most level of satisfaction on both modes in terms of the relevance of information asked by the physician [M (conventional) = 5.08; M (teleconsultation) = 4.96], and privacy of information disclosed to the physician [M (conventional) = 5.05; M (teleconsultation) = 4.92]. Focusing on conventional consultation, participants were also satisfied with the security of the consultation room (M = 5.05) wherein differing opinions were observed via teleconsultation (SD = 1.15). Ease in discussing sensitive information regarding the participants' condition (SD = 1.06) showed the most variable responses in the former, as observed in Table 4.

To note the difference of satisfaction, a majority of the respondents did not see any; this applies by the basis of each indicator and the factor (confidentiality and privacy) as a whole. Although the comparison of satisfaction on most of the indicators favored the conventional mode, it is imperative to note that this only reflects the portion of those who saw a difference in the level of satisfaction – to which the number is less (n = 42) than those who did not see any (n = 49). The Wilcoxon signed-rank test showed that there is no statistically significant difference between the patients' satisfaction in confidentiality and privacy (NR = 531.50, PR = 371.50, -1.01, Z = -1.01) in these two modes of consultation.

Table.5. Summary of statistical analysis for satisfaction in healthcare outcomes and paired test results

Indicators	Conventional		Tele-consultation		
	Mean*	Std. Dev.	Mean*	Std. Dev.	Mean diff.
Provision of accurate and reliable diagnosis	4.79	1.20	4.67	1.18	.12
Provision of health advice and treatment/medications after consultation	4.85	1.20	4.75	1.17	.10
Improved long term health condition after consultation	4.77	1.17	4.65	1.23	.12
Immediate relief from pain and discomfort after consultation If illness is acute: No further consultations or treatments were required.	4.67	1.16	4.60	1.15	.07
If condition is chronic: Follow-up consultations, disease management, and monitoring is provided in a consistent manner.	4.68	1.22	4.65	1.23	.03
Over-all mean	4.75	1.22	4.66	1.13	.09

Overall Results of the Wilcoxon Signed Rank Test

	N	Mean Rank	Sum of Ranks	Z*	Asymp. Sig. (2-tailed)
Negative Ranks	23[a]	25.33	582.50	-.74	.46
Positive Ranks	22[b]	20.57	452.50		
Ties	46[c]				
Total	91				

**1 – 1.49 highly dissatisfied, 1.5 – 2.49 dissatisfied, 2.5 – 3.49 somewhat dissatisfied, 3.5 – 4.49 somewhat satisfied, 4.5 – 5.49 satisfied, 5.50 – 6 highly satisfied*

a. TL < CO, b. TL > CO, c. TL = CO

Based on healthcare outcomes/efficacy, participants were most satisfied on both modes with the provision of health advice and treatment/medications after consultation [M (conventional) = 4.85; M (teleconsultation) = 4.75] evident in the findings presented in Table 5. In teleconsultation, the participants were also satisfied with the provision of accurate and reliable diagnosis (M = 4.67). A high frequency of differing responses were observed in follow-up consultations for acute/chronic conditions via conventional (SD = 1.22) as well as teleconsultation (SD = 1.23). Also on the latter, there were highly variable responses concerning improved long-term health conditions after consultation (SD = 1.23).

Teleconsultation showed slightly lower mean difference across all indicators although not of statistical significance, as with the overall means of conventional and teleconsultation (W = 452.50, p=0.31). Participants were more satisfied with provision of accurate and reliable diagnosis and improved long term health condition after consultation (difference = .12), followed by provision of health advice and treatment/medications after consultation (difference = .10).

Furthermore, based on the overall results of the Wilcoxon signed-rank tests, 22 participants expressed higher levels of satisfaction in healthcare outcomes with teleconsultation, 23 had higher levels of satisfaction with the conventional setting while 46 saw no difference. Considering the values (NR = 582.50, PR = 452.50, W = -.74, p = .46), it shows that there is

no statistically significant difference between the patients' satisfaction in healthcare outcomes in these two modes of consultation.

IV. DISCUSSION

4.1 Profile of respondents

4.1.1. Age

Majority of the respondents are within the age ranges of 18-39 years old, in line with a study which showed that 65.2% of health professionals with good knowledge of telemedicine are within the age range of 20-29 years old.[7]

4.1.2. Highest educational attainment

The educational level of individuals was identified as one of the barriers of telemedicine.[8] Consistently, the majority of this study's respondents have, at least, received college education, which provides greater access to computer literacy and health education, allowing them to successfully access telemedicine services when needed.

4.1.3. Place of residence

Almost three quarters of the respondents reside in Manila City, owing to the greater availability of teleconsultation services and conventional outpatient consultations during the pandemic than in other parts of Metro Manila.

4.1.4. Monthly income

The highest percentage of respondents have a monthly income ranging from P22,000 up to below P44,000. Costs are significant problems in acquiring medical services and are barriers to both telemedicine and conventional outpatient consultations.[8] Furthermore, telemedicine services require additional expenses such as internet connection and devices, explaining why most respondents are in the middle-income class.[8]

4.2 Teleconsultation profile of the respondents

Although internet speed is one of the possible barriers that can negatively influence a patient's experience with teleconsultation[9], almost 80 percent of the respondents have stable internet connection; this diminishes quality as a factor for any negative experience that the majority of the respondents may have encountered.

While the study included experience with teleconsultation as an inclusion criterion, the data gathering medium that was used does not prevent people from answering the questionnaire should they answer "no" when asked whether or not they have availed teleconsultation services, thus explaining the 13 respondents. Instead, these were removed manually during the data analysis process.

4.3 Means of teleconsultation of the respondents

Majority of the respondents use mobile phones for their teleconsultation appointments, which could be due to its accessibility and convenience compared to the other devices (laptop computer, tablet, and telephone). Meanwhile, the most used applications as means of teleconsultation are Facebook and Viber; the former is also shown to be the most popular social media application used by patients.[10] This indicates that respondents are more comfortable using these familiar applications rather than using teleconsultation applications like Medifi. Future research must be done regarding the potential of integrating teleconsultation services into easily accessible and widely available social media applications in order to deliver personalized health care, as it was observed that patients have a positive perspective on telemedicine delivered through social media.[10]

4.4 Comparison in terms of communication

The data gathered regarding the satisfaction of participants in terms of communication in conventional consultation and teleconsultation showed that most respondents expressed satisfaction on all of the indicators. Patients are comfortable in asking questions to their physicians in teleconsultation which also allows better doctor-patient relationship that benefits both parties.[9] In addition, patients were greatly satisfied since they receive feedback immediately; similar to how it is in conventional consultations.[4]

Due to the existing barriers which participants may experience differently, satisfaction levels are varied in terms of thoroughness of consultations and comprehensiveness of physician's explanation for both means of consultation. These barriers include noise, environmental conditions, and

intermittent internet speed which may significantly affect the thoroughness of communication.[8] Interpersonal care and communication is also highly affected by the attitude of the healthcare workers towards their patients.[5]

Comprehensiveness of physician's explanation is also affected due to the lack of means of determining vitals of patients during teleconsultations. This heightens the varied levels of satisfaction in this indicator, since it hinders the physicians from obtaining complete information about their patients, affecting their overall assessment[11]. Doctor-patient conversations in teleconsultation are significantly shorter during teleconsultations compared to conventional consultations.[12] This imposes a higher possibility of a less detailed communication leading to a less comprehensive explanation of physicians and incomplete understanding for the patients.

Based on the data analysis made with Wilcoxon signed rank test, the differences between the two means of consultation are not statistically significant. Therefore, communication through teleconsultations has indistinguishable outcomes from conventional consultations.[12] As of today, conventional consultations are still limited and this strongly calls for the need for improvement in teleconsultation. Implementing communication skills training is a good strategy for improving conversations between health care professionals and their patients.[13] Better communication techniques will help patients in fully understanding their health conditions, thereby meeting their satisfaction.

4.5 Comparison in terms of ease of accessibility

Overall, respondents were satisfied with accessibility and in both teleconsultation and conventional consultations**.** However, statistical analysis showed that there is a greater satisfaction to teleconsultation particularly because it has the ability to reduce or eliminate geographical distance, therefore lessening the barriers involved in receiving healthcare services and has proven to be an effective alternative to face-to-face consultations.[14] Additionally, previous studies by Alvandi and Ramnath have also demonstrated that teleconsultation has been proven to be effective in continuous monitoring of elderly patients which cannot be always possible through conventional consultations.[15] Teleconsultation also improved accessibility to patient records as it allows asynchronous sharing of patient data between health providers while maintaining privacy and confidentiality.[16]

The greatest differentiating factor can be attributed to the length of time in scheduling an appointment as teleconsultation services (e.g., Facebook, Viber, Zoom, and other communication applications available in mobile phones, tablets, and computers) are naturally accessible, whereas platforms for scheduling conventional consultations are only limited.

Although differences in satisfaction with teleconsultation and conventional consultation were noted, the p-values as well as the values of the Wilcoxon-signed rank test ($NR = 582.50$, $PR = 902.50$, $p = 0.16$) suggest that these findings are statistically insignificant. Furthermore, it may be inferred that patients show equal preference for teleconsultation and conventional consultation in the aspect of ease of accessibility. Additionally, it can be concluded that these results were obtained because the population studied consisted of residents of Metro Manila, who have easier access to the internet as compared to patients from rural areas.

As we continue to strive to adapt to living with COVID-19, telemedicine has further evolved, becoming a viable platform for not only consultations with physicians but also for other health allied occupations such as physical therapy, occupational therapy, and speech therapy. With this innovation, an emergence of different types of distanced health services became evident. Along with this, a number of challenges to its implementation were noted. Factors such as lack of a structured guideline with telemedicine procedures, issues with internet connectivity, and internal factors such as competence, awareness, and skills needed in performing telemedicine.[17]

4.6 Comparison in terms of confidentiality and privacy

Higher levels of satisfaction were mostly observed in conventional consultations in terms of privacy of information as well as the security of the consultation room, coinciding with a study that identified privacy, confidentiality, and security as second major areas of concern to teleconsultation.[8] Furthermore, differing opinions observed in security of the room via teleconsultation greatly parallels the likelihood of the system to be breached.[4] Seen from the obvious continual usage, the participants are duly inclined to

take this risk given the limitations set by strict quarantine protocols. To compensate, these possible threats are mitigated by the Joint Memorandum Circular No. 2020-0001 which provided the Guidelines on the Use of Telemedicine in COVID-19 Response as formulated by the Department of Health and National Privacy Commission.[18]

Notable patient satisfaction seen in the relevance of information asked by the physician via teleconsultation can be attributed to a more organized time management, in anticipation of possible technical difficulties which may arise (e.g., connectivity problems). Due to the absence of actual physical visitation, physicians may also communicate with more targeted questions regarding the patients' concern/s. In some cases, physicians may also request additional information from patients in lieu of physical examination, which may take in the form of pictures of sensitive body areas affected by a condition.[19] These data are then encoded on medical records and shared with other healthcare professionals for referral or billing services, which compromises data confidentiality and integrity. This likelihood may be one of the potential causes why verbal patterns of doctors were found to be different and that they found it more difficult to ask questions and connect with the patient.[20]

When subjected to direct comparison, most of the participants did not see any difference based on the level of satisfaction between both modes. In light of the ongoing health crisis, this can be seen as evidence to the potentiality of teleconsultation as an alternative to that set in the conventional setting, and thus reflects a positive response from the patients to this sudden shift of healthcare paradigm amid the implicated risks in data confidentiality and privacy.

4.7 Comparison in terms of health care outcomes

As results have shown, the respondents were generally satisfied with the healthcare outcomes regardless if the consultation was conducted in teleconsultation or conventional mode. A higher satisfaction level was observed with the provision of accurate and reliable diagnosis and improved long term health condition after consultation via conventional means, congruent to the findings of Guido-Estrada and Crawford which stated that teleconsultation can have the tendency to provide lacking healthcare services.[12] The limited means of acquiring information such as patient vital signs and laboratory test results in teleconsultation reduces the reliability of diagnosis and satisfaction compared to conventional.[21] Addressing this area of teleconsultation calls for the need for the integration of eHealth diagnostic devices. These eHealth diagnostic devices include wearable devices and commercially available test strips that can analyze untreated biological samples, cost-efficient for the general public, and require minimal user involvement.

Varied responses on the improvement of long-term health condition after consultation can be due to the complexity of each health complaint as every case is different from another.[22] It is imperative to note that this study only focuses on general outpatient consultations and does not specify a health condition. Therefore, the improvement of such conditions in the long run can be difficult to be consistently given a satisfied response across all patients. Donelan et al. supports the differences of opinions observed among the respondents regarding the need for further consultations in acute conditions as well as consistency of follow-up consultations in chronic conditions.[22] In the said study, teleconsultations still cannot substitute conventional consultations in conditions where physical examinations are required. As such, it is imperative to give attention to this indicator of teleconsultation to meet the satisfaction level that of conventional means.

Furthermore, the provision of health advice and treatment/medications after consultation gained the highest level of satisfaction via teleconsultation. This may be due to the optimization of facilitating better communication with physicians which can substantially help in obtaining sufficient health information.[20]

V. CONCLUSION

In the advent of the pandemic that emerged in these times, one healthcare related problem that rose beside the challenge of treating those who are afflicted with COVID-19 is the hurdle of providing care to those who are facing other health problems. This encompasses the various medical conditions which require long-term therapies and treatment provided by allied health professionals. A large proportion of patients with non-urgent medical conditions can possibly be redirected to teleconsultation whilst maintaining the same quality of healthcare.

With that being said, if the long-term effects of this pandemic is to persist, improvements must be made on telerehabilitation and teleconsultation as a whole, as to decongest hospitals and lessen the risk of these patients being infected with COVID-19; to start its improvement, it is imperative to assess factors which determine the level of patient satisfaction towards teleconsultation.

From the analysis of the data gathered in this study, the researchers were able to conclude that there is no significant difference between the satisfaction of patients between conventional outpatient consultation and teleconsultation. While the difference between patient satisfactions between the two was found to be statistically insignificant, its existence is still worth mentioning. Communication and ease of accessibility are the two factors which showed the highest satisfaction in terms of teleconsultations, while confidentiality and privacy and healthcare outcomes were of highest value in conventional consultations. Their similarity only shows that the factors which affect patient satisfaction are met both in conventional consultation and teleconsultation.

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