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Exploring the Lived Experiences of Teleconsultation Among Rural Patients in the Indonesian Digital Health System

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ABSTRACT

Digital transformation in healthcare has introduced teleconsultation as a vital tool fo expanding access to medical services in underserved rural areas. While its operationa benefits are documented, limited research explores the subjective experiences of rura patients using virtual care platforms. This study addresses how these patients interpre and make meaning of their teleconsultation encounters.

An interpretative phenomenological approach was used to examine the lived experiences of rural patients engaged in digitally mediated consultations. Data were collected through in-depth, semi-structured interviews with ten participants and analyzed using Interpretative Phenomenological Analysis (IPA) to identify core experiential themes.

Findings show that teleconsultation is experienced as both empowering and alienating While it removes physical access barriers, participants reported emotional disconnection technological anxiety, and a desire for interpersonal presence. Key themes included digital alienation, fragile trust in virtual care, and the need for meaningful human connection.

These results highlight that patients' engagement with teleconsultation is shaped not only by accessibility but also by its alignment with their expectations of care, dignity, and relational presence. The study underscores the importance of integrating cultural and emotional dimensions into digital health design and provides implications for developing more human-centered telemedicine policies and practices.

INTRODUCTION

The digital transformation of healthcare has accelerated significantly in recent years, reshaping the ways in which patients interact with medical professionals and access services (Antonacci et al., 2023; Filia et al., 2024). Among the most impactful innovations is teleconsultation, a form of remote healthcare delivery that enables patients to consult with physicians through digital platforms, particularly beneficial in geographically isolated or underserved regions (Mahmood & Kalo, 2024). This model of care has gained global momentum, especially in response to healthcare challenges posed by the COVID-19 pandemic and the ongoing need to bridge access disparities in rural settings.

While teleconsultation is often lauded for its efficiency and potential to enhance service reach, its human dimension the emotional, psychological, and social aspects of interacting with healthcare professionals via digital means remains insufficiently understood (Lykens et al., 2019; Woerner et al., 2022). Patients in rural communities, in particular, often navigate not only technological limitations but also cultural, linguistic, and experiential barriers that shape how they interpret and engage with telehealth services (Camargo et al., 2022). The act of seeking care through a screen introduces new dynamics in communication, trust, and emotional connection that are deeply embedded within individual and community contexts.

Understanding these experiences requires moving beyond a purely functional or technological analysis. There is a growing recognition that the subjective meaning of digital health experiences how patients feel, interpret, and make sense of remote care plays a vital role in the overall effectiveness and sustainability of teleconsultation systems. Such experiences are not merely peripheral; they are central to how patients perceive quality, trust, and safety in care interactions.

In light of this, a phenomenological approach becomes essential to uncover the lived meanings embedded in patients' narratives (Altamimi et al., 2024; Griffith et al., 2023). By focusing on how individuals experience and assign meaning to their encounters with teleconsultation, this study seeks to contribute a deeper understanding of healthcare as a relational and contextual phenomenon, especially within marginalized rural populations. The need for this exploration is not only academic it is profoundly human, calling for healthcare research that listens to and learns from the voices of those most impacted by digital transformation.

Research on patients' experiences with digital health services has emerged as a critical field of inquiry, particularly as healthcare systems increasingly incorporate technology-driven models. Scholars have begun to recognize that understanding how individuals experience and interpret remote consultations is essential for designing equitable and patient-centered care (Wickerson et al., 2020). Within this context, the subjective dimension of teleconsultation how patients emotionally and cognitively process their interactions in digital environments has become a domain of growing academic interest.

However, capturing the depth and complexity of such lived experiences presents significant methodological challenges (Clohessy et al., 2024; Kelley et al., 2020). Many prior studies have relied on quantitative metrics such as patient satisfaction surveys, usability scores, or outcome-based indicators that, while useful, often fail to reveal the rich interior landscape of patients' perceptions, emotions, and meaning-making processes (L. Campbell et al., 2024). Such approaches tend to generalize across populations and overlook the individualized, culturally situated nuances that shape how patients relate to digital care modalities.

These methodological limitations have resulted in a partial and often superficial understanding of the phenomenon (Moghimi et al., 2024). The experiential realities of patients particularly those in marginalized or digitally disadvantaged communities remain underexplored or misrepresented. Without deeper qualitative inquiry, the core essence of what it means to engage with teleconsultation from the patient's perspective cannot be fully grasped. Thus, there is a compelling need for research frameworks that prioritize subjective narratives and interpretive depth hallmarks of the phenomenological tradition.

In response to the growing demand for equitable access to healthcare, particularly in rural and underserved communities, teleconsultation has been widely promoted as a practical solution. Existing strategies to evaluate its implementation have largely relied on structured surveys, patient feedback forms, and outcome-based metrics that focus on efficiency, accessibility, and technical usability (Fortune et al., 2024). While these tools provide valuable insights into operational performance, they are inherently limited in their ability to capture the nuanced, lived experience of patients navigating these digital environments.

This overreliance on quantitative or surface-level qualitative approaches has led to a narrow understanding of patient engagement, often neglecting the emotional, relational, and existential dimensions of care. Patients' sense of vulnerability, trust, disconnection, or empowerment particularly in contexts where digital literacy and cultural expectations vary remains largely unaddressed in the current literature (Borghouts et al., 2022). As a result, much of what truly matters to patients in their encounters with teleconsultation how they interpret and internalize these experiences has been left unexplored or misunderstood.

To address this gap, there is a pressing need for a phenomenological approach that centers the patient's perspective and seeks to understand the meaning behind their engagement with digital health (Ahmed et al., 2024; Slater et al., 2020). Phenomenology offers a methodological framework capable of uncovering the deeper structures of experience, enabling researchers to move beyond what is simply done or said, and toward what is felt, perceived, and embodied. By adopting this lens, the present study seeks to illuminate the essence of rural patients' lived experiences with teleconsultation, contributing a more holistic and human-centered understanding to the discourse on digital healthcare.

Several studies have examined patient experiences with digital health technologies, highlighting both the benefits and limitations of teleconsultation in various contexts. For example, Vitali dkk. (2023)explored how patients and clinicians perceived telehealth in general practice, while Shang dkk. (2024) investigated patient interactions with chronic care platforms. These studies emphasized accessibility and functionality but offered limited insight into the emotional and cultural meanings behind patient interactions. Moreover, few have focused specifically on rural populations, whose lived experiences are shaped by geographic, social, and digital marginalization. As a result, there remains a need to investigate how these individuals understand and interpret their encounters with teleconsultation platforms.

This study adopts an interpretative phenomenological approach to explore the lived experiences of rural patients using teleconsultation services (Lapierre et al., 2024). This method was chosen for its ability to uncover how individuals construct meaning through their embodied and situated interactions with technology. It directly responds to the gap identified earlier by offering a framework that goes beyond measurement and efficiency, aiming instead to grasp the essence of patient experiences. Through this lens, the study sheds light on how patients perceive trust, connection, and vulnerability in digital health contexts. The analysis reveals meanings that cannot be reduced to satisfaction scores or technical usability ratings.

The structure of this article begins with an introduction to the research problem and its broader significance in healthcare. This is followed by a detailed explanation of the phenomenon under study and a rationale for using phenomenology (Kenworthy et al., 2023). The methods section outlines the participant selection, data collection through semi-structured interviews, and the use of interpretative phenomenological analysis. The results section presents emergent themes supported by direct participant quotations. Finally, the discussion and conclusion synthesize the findings and reflect on their implications for patient-centered digital healthcare.

RESEARCH METHODS

Study Design

This study employed an interpretative phenomenological approach (IPA) to explore the subjective experiences of rural patients engaging with teleconsultation services. Phenomenology, as a qualitative research tradition, focuses on how individuals make sense of their lived experiences in relation to a particular phenomenon (Murphy-Morgan et al., 2024). The interpretative strand of phenomenology, influenced by Heideggerian philosophy, emphasizes the contextual and situated nature of meaning-making (Borcsa & Rober, 2015). This approach was selected due to its ability to capture the depth and nuance of personal and emotional responses to digital health services, particularly in underserved settings. IPA enabled the exploration of how patients interpret their interactions with teleconsultation platforms, uncovering layered meanings within sociocultural and technological constraints.

Participants

Participants were selected using purposive sampling to ensure relevance to the central phenomenon of interest: engagement with teleconsultation in rural contexts (McNabb, 2015). Inclusion criteria consisted of adult individuals (aged 40 and above) residing in rural areas with recent (within the past 6 months) experiences using teleconsultation platforms for primary or chronic healthcare. Participants were required to be capable of verbal communication and willing to reflect on their healthcare experiences (Tighe et al., 2022). Individuals with severe cognitive impairments or those who had never used teleconsultation services were excluded. A total of ten participants (6 females, 4 males), aged between 42 and 65 years (mean age = 54.8), were included. All participants represented diverse socioeconomic backgrounds and varying levels of digital literacy, which enriched the contextual understanding of the phenomenon.

Data Collection

Data were collected through in-depth, semi-structured interviews guided by an interview protocol developed to elicit rich descriptions of participants' experiences (Lutz & Knox, 2014). The interviews were conducted in person at local community health centers or, when necessary, via telephone to accommodate accessibility. Each session lasted between 45 and 75 minutes. Interviews were audio-recorded with consent and transcribed verbatim. The interview guide included open-ended questions exploring emotional responses, perceived benefits and challenges, interactions with healthcare professionals, and technological barriers or enablers (Meyer et al., 2022). Efforts were made to create a supportive and non-threatening environment to facilitate honest and detailed narratives. All participants were provided with information sheets prior to the interview to ensure informed participation.

Data Analysis

Data were analyzed using Interpretative Phenomenological Analysis (IPA), following a systematic process aimed at identifying themes that capture the essence of participants' lived experiences. Transcribed data were read multiple times for familiarization. Meaningful units of experience were highlighted and coded inductively using qualitative analysis software (NVivo 14). Codes were then grouped into clusters reflecting emergent themes (Barwise et al., 2023). These themes were refined through iterative comparison across transcripts to ensure both convergence and divergence in meaning. The process involved thematic reduction to uncover essential structures of experience while preserving the contextual richness of individual narratives. Attention was paid to both the descriptive and interpretive layers of analysis to achieve depth and resonance in the findings.

Ethical Considerations

Ethical approval was obtained from the relevant institutional review board prior to data collection (Hillman & Radel, 2018). All participants provided written informed consent after receiving detailed information about the study objectives, procedures, risks, and benefits. Participants were assured of their anonymity and the confidentiality of their responses. Data were securely stored and pseudonyms were used in transcripts and reports to protect identities (Seven et al., 2021). The study adhered to the ethical principles outlined in the Declaration of Helsinki and applicable national research ethics regulations.

RESULTS

Overview of Emergent Themes

Analysis of participant narratives revealed four interrelated themes shaping rural patients' experiences with teleconsultation: (1) digital disconnection and isolation, (2) negotiating trust in virtual care, (3) technology as a double-edged tool, and (4) seeking connection beyond the screen.

These themes reflect the complex interplay between access, emotional engagement, and digital capability, demonstrating that teleconsultation is experienced not merely as a technical intervention, but as a deeply human interaction embedded in cultural and relational contexts.

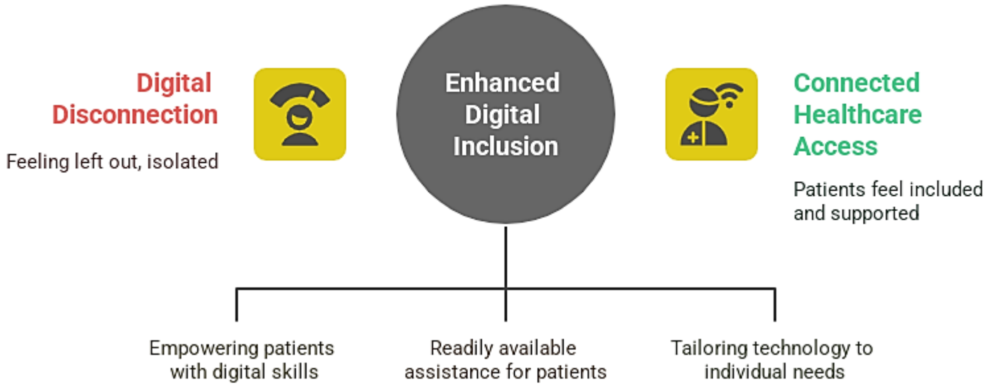
While many participants valued the increased accessibility afforded by telehealth, their stories also exposed emotional vulnerability, technological anxiety, and the enduring need for relational presence.

Digital Disconnection and Isolation

For many participants, engaging in teleconsultation was marked by a profound sense of digital alienation. This disconnection was not only technological stemming from unstable internet access or limited digital literacy but also emotional, reflecting feelings of being “left out” of the mainstream healthcare system.

"I kept thinking, what if I press the wrong button? The screen froze, and I had to ask my son to help. I felt useless... like I didn't belong in this kind of system." (Participant 3, female, 58)

Such experiences led to a diminished sense of agency and confidence in navigating their own healthcare journey. Participants often compared their prior in-person visits to the digital interactions, describing the latter as "cold" and "disconnected." While technology enabled access, it simultaneously introduced barriers that deepened the divide between the patient and the provider.



Bridging the Digital Healthcare Divide

Negotiating Trust in Virtual Care

Trust emerged as a fragile and negotiable construct within teleconsultation experiences. Many participants described initial hesitation and skepticism towards doctors they could not see physically. However, trust was gradually constructed or, in some cases, eroded depending on the clarity of communication, attentiveness of the provider, and perceived empathy.

"He [the doctor] listened to me, yes, but it felt rushed… I wasn't sure he saw how much pain I was in. Maybe if I were in front of him, he would understand better." (Participant 7, male, 63)

Others, however, expressed a surprising sense of intimacy in virtual consultations, especially when the physician used reassuring language and maintained consistent follow-ups.

"She always called me by name, and that made me feel like she cared even though we only talked through the phone." (Participant 5, female, 45)

These narratives suggest that trust in telemedicine is not solely technological but relational, shaped by communication style and cultural perceptions of care.

Technology as a Double-Edged Tool

Participants repeatedly described teleconsultation as both enabling and limiting. While they appreciated the reduced need to travel long distances to health centers, they also encountered anxiety and technical frustration, particularly among older adults.

"I liked that I didn't have to take a bus to town, but I hate dealing with the app. Sometimes it kicks me out, and I just give up." (Participant 9, male, 60)

The duality of technology was evident in participants' simultaneous gratitude and resignation. For some, the convenience did not outweigh the mental strain and feelings of incompetence when navigating unfamiliar digital platforms.

"My daughter installed the app, but once she left for work, I had no idea what to do. I waited an hour and then went to the clinic anyway." (Participant 2, female, 50)

This theme underscores how telehealth solutions, when not matched with adequate user support and cultural adaptation, can amplify digital exclusion.

Seeking Connection Beyond the Screen

Despite the limitations, participants expressed a deep desire for meaningful connection during teleconsultations. They valued being heard, understood, and treated with dignity even through a screen. Some participants adapted creatively to the constraints, using video calls as a space not just for medical advice but emotional reassurance.

"She [the nurse] asked me how I was coping, not just physically, but emotionally. I cried. No one ever asked me that before not even in person." (Participant 6, female, 42)

Others longed for a hybrid model where telemedicine complements in-person visits but does not replace them entirely. For them, the human element of care was inseparable from physical presence.

"I need someone to hold my hand when I say I'm scared. The screen can't do that." (Participant 10, female, 65)

This theme illustrates that beyond medical advice, patients seek relational empathy teleconsultation is experienced not merely as a service, but as a space for connection and care.

The essence of patients' experiences with teleconsultation in rural settings lies in the tension between access and alienation. While digital platforms bridge geographic distances, they also create emotional and cognitive gaps that must be navigated with care, empathy, and cultural understanding. The narratives revealed that technology alone does not equal healthcare; meaningful connection remains central to patient experience.

DISCUSSION

This study reveals that rural patients experience teleconsultation as a duality both as a vehicle for access and a site of emotional and relational strain highlighting the interplay between infrastructure and meaning-making in digital health (Arnaert et al., 2022). These experiences are shaped not only by logistical barriers but also by the patients' efforts to find meaning, connection, and trust within a digitally mediated care environment thus addressing the central research question concerning how patients interpret their interactions with teleconsultation services.

The study contributes a nuanced answer to this question by showing that patients' experiences are not merely functional or transactional but deeply relational and context-dependent (Sharma et al., 2024). Participants expressed both gratitude and frustration, highlighting that the success of teleconsultation depends less on technical performance and more on the perceived quality of human interaction it enables. The presence or absence of empathy, continuity, and cultural resonance significantly influenced patients' sense of being cared for (Abdulai et al., 2025; Brewster et al., 2022). These insights affirm that understanding patient experience requires attention to their narratives and worldviews something uniquely accessible through phenomenological inquiry. As such, this research provides an essential interpretive framework that enriches existing evaluations of teleconsultation services, especially for marginalized rural populations.

In relation to previous literature, these findings both support and extend existing scholarship. The work of Greenhalgh et al. (2020) similarly emphasized the importance of relational care in digital health, but the present study goes further by detailing the internal meaning structures patients associate with virtual interactions. While Wherton et al. (2019) focused on service design, the current findings demonstrate how patient trust and emotional resonance influence actual engagement with those services. Furthermore, Lupton's (2021) theoretical emphasis on the socio-emotional dimensions of digital health is affirmed by participants' longing for intimacy, familiarity, and dignity within teleconsultation settings. The study thus aligns with interpretative traditions that view technology not as a neutral tool but as a medium that transforms the lived experience of care.

Implications of the Findings

The findings of this study carry important implications for the design and delivery of teleconsultation services, particularly for rural populations (A. Campbell et al., 2019; Sharma et al., 2023). The meanings that patients ascribe to their digital health experiences suggest that technological interventions must be developed with attention to cultural sensitivity, emotional resonance, and relational continuity. These results highlight the need for training healthcare providers to communicate empathy and build trust in virtual settings, which can be especially critical in communities where face-to-face contact traditionally shapes care relationships. Furthermore, this study underscores the broader social significance of digital inclusion, as the perceived sense of disconnection and exclusion from the healthcare system has implications for equity, patient autonomy, and long-term engagement. Understanding these experiential realities allows policymakers and designers to humanize telehealth frameworks and make them more responsive to the values and voices of marginalized users.

Limitations of the Study

As with all qualitative research, this study has certain limitations that should be acknowledged (Sharma et al., 2023). The sample size, while appropriate for phenomenological inquiry, is not intended to represent all rural patients, and findings should be interpreted within the cultural and regional context in which the study was conducted. The use of self-reported data may be influenced by memory, perception, or the dynamics of the interview setting (Taghavi et al., 2021). Additionally, the analysis is interpretative in nature and shaped by the researcher's engagement with the data, which, while essential to the phenomenological process, may introduce subjectivity. These limitations do not undermine the validity of the insights but rather emphasize the importance of contextual richness over generalizability. Future research in different settings may reveal additional layers of meaning or confirm patterns found here.

Prospective Directions for Future Research

This study opens several pathways for further exploration within digital health and phenomenological research (Mulrooney et al., 2022). Future studies could investigate similar experiences among other underserved groups, such as elderly patients living alone, individuals with disabilities, or those in urban low-income areas (Maddeh et al., 2023; Wurster et al., 2024). Comparative studies across cultural or linguistic contexts could also shed light on how teleconsultation is interpreted differently based on local norms and health beliefs. Longitudinal designs may be used to explore how patients’ relationships with digital health technologies evolve over time. Moreover, integrating phenomenological findings into participatory design processes may lead to more empathetic and effective digital health solutions. In doing so, future research can deepen the field’s understanding of healthcare not merely as a service, but as a human experience embedded in context and meaning.

CONCLUSION

This study explored the lived experiences of rural patients engaging with teleconsultation services, focusing on how they interpret and make meaning of digitally mediated healthcare. The findings revealed that while teleconsultation improves access, it also creates emotional and relational challenges rooted in digital exclusion, mistrust, and cultural disconnection. Participants emphasized the importance of empathy, personal connection, and contextual support in shaping their perceptions of care quality. These insights address critical gaps in previous research by offering a deeper, phenomenological understanding of patient engagement beyond technical outcomes. The study contributes a human-centered framework that can inform more inclusive and responsive telehealth practices. Future research may expand these findings by applying phenomenological methods in diverse populations or integrating them into co-designed health innovations.

CONFLICT OF INTEREST

The authors declare no conflict of interest related to the research, authorship, or publication of this article. All procedures were conducted independently and without influence from any commercial, financial, or personal relationships that could be construed as potential conflicts.

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