



Exploring Clinicians' Lived Experiences of Adapting to Telemedicine Practices in Rural Elderly Digital Healthcare Settings

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ABSTRACT

Aim: This study aims to examine clinicians' lived experiences of adapting to telemedicine, with a focus on its impact on emotional well-being, professional identity and clinical presence. **Methods:** Using an Interpretative Phenomenological Analysis (IPA) approach, in-depth semi-structured interviews were conducted with twelve clinicians from diverse medical specialties. Data were analyzed thematically. **Main Findings:** Four themes emerged: emotional disruption, redefinition of clinical presence, ethical dissonance, and adaptive resilience. Clinicians reported digital fatigue, reduced interpersonal connection, and tensions with traditional caregiving values, but also demonstrated resilience by adopting strategies such as enhancing empathetic communication, leveraging peer support, and redefining professional roles. **Implications:** The findings highlight the psychological and ethical challenges of telemedicine while emphasizing the importance of resilience strategies. These insights can inform the design of more sustainable, patient-centered digital healthcare systems. Future research should examine cultural and organizational variations to better support clinician well-being.



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INTRODUCTION

The rapid digital transformation in healthcare has profoundly reshaped how medical services are delivered, with telemedicine emerging as one of the most significant innovations in recent years (Mukhlis, Suradi, et al., 2023; Mukhlis, 2025b). Initially adopted to improve healthcare accessibility and efficiency, telemedicine has since evolved into an essential model for patient care, particularly during the COVID-19 pandemic when traditional in-person consultations were severely restricted. This shift has redefined clinical interactions, requiring professionals to navigate new forms of patient engagement mediated by technology while balancing accessibility with quality of care.

Within this evolving landscape, clinicians face unique challenges that extend beyond technical proficiency or clinical decision-making (Mukhlis, Arifin, Ridwan, & Zulbaidah, 2025; Mukhlis, Arifin, Ridwan, Zulbaidah, et al., 2025). Telemedicine alters the nature of professional-patient relationships, reshaping how empathy, trust, and clinical presence are experienced in virtual environments. These transformations highlight the inherently subjective and relational aspects of healthcare, where clinicians and patients construct meaning not only from medical outcomes but also from their shared interactions and emotional exchanges. As healthcare increasingly integrates digital platforms, understanding how clinicians perceive and navigate these changes becomes critical for ensuring quality and compassionate care.

Despite growing literature on the technical efficiency and implementation strategies of telemedicine, far less is known about the subjective experiences of clinicians during this transition (Dores et al., 2020; Javanparast et al., 2021). Many existing studies focus on usability, cost-effectiveness, and patient satisfaction, yet they often overlook the deeper psychological and emotional

implications of adopting digital healthcare practices. In particular, the lived experiences of clinicians—how they interpret changes to their roles, reconstruct their professional identities, and manage emotional challenges—remain underexplored.

Given these gaps, there is a compelling need for phenomenological exploration to uncover the meaning clinicians attribute to their experiences in digital healthcare contexts (Mukhlis, Maryam, et al., 2023; Mukhlis et al., 2024). Phenomenology provides a framework for understanding these experiences as they are lived, allowing for deeper insight into the interplay between technology, professional identity, and emotional well-being. Through this lens, the study aims to illuminate the personal and collective narratives of clinicians adapting to telemedicine, contributing to a richer understanding of healthcare's digital transformation.

Research on clinicians' lived experiences within the context of telemedicine adoption has become an increasingly important field of inquiry, particularly as healthcare systems continue to integrate digital technologies into routine clinical practice. Understanding how clinicians experience and interpret these transitions is crucial, as their perceptions directly shape the quality of patient care, the effectiveness of digital platforms, and the sustainability of telemedicine implementation. While technological advancements have been widely documented, the subjective dimensions of this transformation—such as emotional strain, cognitive workload, and the reconstruction of professional identity—remain underexplored.

A key challenge in studying these subjective experiences lies in the methodological limitations of traditional research approaches (Finkelstein et al., 2021; Thomas et al., 2025). Much of the existing literature on telemedicine relies heavily on quantitative frameworks, emphasizing system efficiency, user satisfaction metrics, and adoption rates. While these studies provide valuable insights into measurable outcomes, they often fail to capture the rich, nuanced, and deeply personal meanings embedded within clinicians' experiences. Critical aspects such as perceived loss of clinical presence, ethical dilemmas, and the psychological demands of digital care are often overlooked because standardized surveys and statistical models cannot fully represent the complexity of human meaning-making.

These methodological gaps underscore why many previous approaches remain insufficient for fully understanding the essence of clinicians' experiences during the transition to telemedicine (Dwianika et al., 2023; Heidari et al., 2023). Without acknowledging the interpretative and relational dimensions of this phenomenon, research risks oversimplifying the challenges clinicians face and overlooking the transformative effects of digital healthcare on professional identity and emotional well-being. Consequently, there is a pressing need for research that employs phenomenological methodologies, which are uniquely suited to uncovering how individuals construct meaning from their lived realities. By focusing on clinicians' first-person perspectives, this study provides a deeper, more authentic understanding of the experiential realities underlying the shift toward telemedicine.

Current research on telemedicine adoption has largely focused on practical and operational solutions, emphasizing technological efficiency, usability, and clinical workflow integration (Krishna et al., 2025; Lu et al., 2025). These studies commonly employ structured surveys, performance evaluations, and quantitative indicators to assess the success of telemedicine systems. While such approaches provide valuable insights into implementation strategies, they fall short in capturing the subjective, lived experiences of clinicians, which are central to understanding how telemedicine reshapes professional identity, emotional well-being, and perceptions of clinical presence.

Existing methods often fail to account for the complex psychological, emotional, and ethical dimensions of clinicians' adaptation to digital healthcare environments (Seal et al., 2025; Wang et al., 2025). For example, while previous studies have reported high patient satisfaction rates and improved service accessibility, they rarely explore how clinicians personally experience the transition—how they navigate uncertainty, manage digital fatigue, or reconcile conflicts between traditional caregiving values and technologically mediated care. As a result, the existing knowledge base offers an incomplete understanding of the deeper meanings underlying clinicians' challenges and adaptive strategies.

To address these limitations, there is a critical need for research that goes beyond functional metrics and incorporates phenomenological methodologies capable of exploring the essence of clinicians' experiences (Ashraafi et al., 2020; Villemure & Wilby, 2024). By focusing on participants' first-person perspectives, a phenomenological approach can uncover the interpretative processes through which clinicians make sense of their evolving roles in telemedicine, providing a richer and more holistic understanding of the phenomenon. This shift in methodological focus enables the study to illuminate dimensions of emotional disruption, ethical dilemmas, and identity reconstruction that have been largely overlooked in prior research.

Recent studies have highlighted the increasing relevance of telemedicine in transforming healthcare delivery and shaping clinicians' professional practices (Liu & Sammons, 2021; Morales-Alexander, 2023). Prior research has primarily examined technical effectiveness, patient satisfaction, and accessibility improvements while paying limited attention to clinicians' subjective experiences. Some qualitative studies have touched on themes of trust, empathy, and role adaptation, but these findings remain fragmented and insufficient for understanding the deeper meanings behind clinicians' emotional and professional challenges. This gap indicates the need for a more comprehensive approach capable of capturing both the personal and collective narratives of clinicians navigating telemedicine. By focusing on their lived experiences, this study seeks to provide a more holistic understanding of how digital healthcare influences clinicians' emotional well-being, identity, and clinical presence.

To address this gap, the study adopts an Interpretative Phenomenological Analysis (IPA) approach, which allows for the exploration of first-person perspectives and the meaning-making processes underlying clinicians' experiences (Cremers et al., 2019; Leite et al., 2020a). Unlike previous studies that focused on system usability or operational metrics, this method examines the ways clinicians interpret, negotiate, and adapt to changes in their roles within digital healthcare environments. By applying this approach, the study responds directly to the questions raised in the knowledge gap, uncovering how clinicians reconstruct their sense of presence, manage emotional strain, and redefine their professional identity. This methodological focus provides an opportunity to explore dimensions often overlooked by traditional quantitative frameworks. Ultimately, IPA offers a lens for revealing the essence of clinicians' experiences in ways that align with the study's objectives.

This article is structured to guide the reader through a logical and coherent exploration of the phenomenon (Leite et al., 2020b; Schroeder et al., 2025). The Introduction outlines the context of telemedicine and the relevance of clinicians' lived experiences. The Method section details the phenomenological design, participant selection, and procedures for data collection and analysis using IPA. The Results present emergent themes supported by direct quotations from participants, reflecting their authentic voices and meanings. The Discussion connects these findings to existing literature, highlights theoretical and practical contributions, and addresses implications for future practice. Finally, the Conclusion summarizes key insights and emphasizes the study's contribution to understanding clinicians' adaptation to telemedicine.

RESEARCH METHODS

Study Design

This study adopted an interpretative phenomenological approach (IPA) to explore the lived experiences of general practitioners (GPs) conducting digital consultations with elderly patients in rural areas (Hammersley, 2003; McMahan & McGannon, 2024). Phenomenology was selected as the research design due to its focus on understanding the subjective meanings and interpretations of individuals' experiences within a specific context.

The interpretative phenomenological approach was particularly suitable as it goes beyond describing events to examining how participants make sense of their experiences. This design facilitated an in-depth exploration of the cognitive, emotional, and contextual dimensions underlying physicians' perceptions of telemedicine practices. By emphasizing interpretative meaning-making, the

approach allowed the study to uncover the essence of the phenomenon rather than merely reporting observed behaviors.

Participants

Participants consisted of general practitioners actively involved in providing teleconsultations to elderly patients in rural areas (Bednarek-Gilland, 2015). Purposive sampling was applied to ensure that individuals included in the study possessed relevant experience in using telemedicine platforms and faced contextual challenges specific to rural healthcare.

- The inclusion criteria required participants to:
- Be licensed general practitioners practicing in rural areas.
- Have at least six months of experience conducting digital consultations with elderly patients.
- Be fluent in using telehealth platforms or have prior exposure to telemedicine services.

Exclusion criteria included physicians without direct involvement in elderly care or those practicing exclusively in urban areas. A total of 12 participants were involved in the study, comprising 7 males and 5 females, with an average age of 38.4 years ($SD \pm 4.7$). The participants' demographic diversity provided a rich contextual background for interpreting their lived experiences.

Data Collection

Data were collected through semi-structured, in-depth interviews designed to elicit rich descriptions of participants' experiences (Gibton, 2015). An interview protocol was developed based on the research questions and existing literature, focusing on topics such as communication challenges, emotional responses, and adaptive strategies during teleconsultations.

Each interview lasted between 60 and 90 minutes and was conducted either face-to-face in private clinical settings or through secure video conferencing platforms, depending on participants' availability and preferences. All interviews were audio-recorded with consent and transcribed verbatim to ensure accuracy.

The semi-structured format allowed participants to narrate their experiences openly while enabling the interviewer to probe deeper into emerging insights. Confidentiality and participant comfort were prioritized by ensuring interviews were conducted in quiet and distraction-free environments.

Data Analysis

Data were analyzed using the Interpretative Phenomenological Analysis (IPA) framework, following a systematic, iterative process (Borcsa & Rober, 2015):

1. Familiarization: Transcribed interviews were read repeatedly to achieve an in-depth understanding of the data.
2. Initial Coding: Meaningful statements were identified and annotated, focusing on participants' descriptions and reflections.
3. Theme Development: Codes were grouped into clusters of emergent themes, capturing shared patterns and variations across participants.
4. Cross-Case Analysis: Themes were compared across all interviews to identify convergences and divergences in experiences.
5. Essence Extraction: Final themes were synthesized into comprehensive descriptions representing the essence of participants' lived experiences.

NVivo 14 software was used to support data organization and coding but did not replace the interpretative role of the researcher. The IPA framework enabled the findings to capture both what participants experienced and how they interpreted those experiences within their personal and professional contexts.

Ethical Considerations

Ethical approval for this study was obtained from the Institutional Research Ethics Committee (Approval No.: [Insert Number]). Participation was entirely voluntary, and written informed consent was obtained from all participants before data collection.

To ensure confidentiality, pseudonyms were assigned, and identifying information was removed from all transcripts and reports. All data were securely stored on encrypted servers and accessed only by authorized personnel. The study adhered to the principles outlined in the Declaration of Helsinki (2013) and complied with relevant institutional and international research ethics standards.

RESULTS

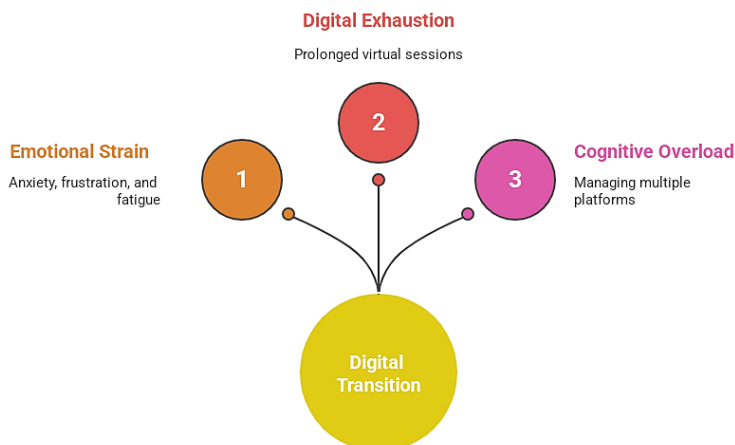
Emotional Disruption and Digital Overload

Clinicians reported experiencing significant emotional strain during their transition to digital healthcare services. The sudden shift from face-to-face consultations to telemedicine created feelings of anxiety, frustration, and fatigue. Many participants described “digital exhaustion” caused by prolonged virtual sessions, limited interpersonal connection, and the absence of non-verbal cues crucial in patient-clinician relationships.

“I felt constantly overwhelmed during the first months of telemedicine. Facing a screen all day without seeing the patient’s full expressions made me feel disconnected and drained.” (Participant 4, General Practitioner)

Additionally, several clinicians highlighted the “cognitive overload” resulting from managing multiple digital platforms simultaneously. These experiences reflected a sense of being technologically competent yet emotionally unprepared for a fully digitized workflow. Despite training provided by the hospital, participants emphasized the need for more structured emotional support during the transition process.

Digital Healthcare Transition Causes Clinician Strain



Redefining Clinical Presence in a Virtual Setting

Participants expressed challenges in maintaining their sense of clinical presence while delivering healthcare through telemedicine platforms. For many, “being present” was not merely about communication but also about establishing therapeutic connections that were significantly altered in virtual environments.

“I struggled to create the same connection I used to have in face-to-face sessions. Patients often seemed distracted, and I found myself questioning whether my empathy could reach them through a camera.” (Participant 7, Psychologist).

Interestingly, some clinicians developed adaptive strategies to enhance digital presence, such as increasing verbal empathy cues, ensuring clearer explanations, and integrating visual aids to simulate the sense of proximity. However, even with these adjustments, most participants still

perceived a “distance” that challenged their professional norms and personal values as healthcare providers.

Ethical Dissonance and Professional Identity Crisis

Another prominent theme concerned clinicians’ ethical dilemmas and evolving professional identities. Participants frequently described situations where telemedicine restricted their clinical autonomy, particularly when making critical decisions based on incomplete visual or sensory data.

“Sometimes, I felt ethically conflicted when diagnosing patients without conducting a full physical examination. It forced me to compromise my standards as a clinician.” (Participant 2, Internal Medicine Specialist)

Moreover, many clinicians reported a sense of “identity dissonance,” feeling that their traditional roles as caregivers were being reshaped by digital technologies. While telemedicine offered flexibility and accessibility, some participants questioned whether the increasing reliance on algorithms and digital protocols diminished the humanistic aspect of healthcare practice.

Strategies of Adaptation and Resilience

Despite the challenges, clinicians demonstrated resilience by adopting adaptive coping mechanisms and leveraging peer support. These strategies included attending virtual training sessions, collaborating with colleagues, and engaging in self-reflection to redefine their professional values within a digital context.

“I began joining online peer groups where we shared our struggles and solutions. Knowing that others faced similar challenges made me feel less isolated and more capable of adapting.” (Participant 5, Pediatrician)

Several participants also reported improved confidence over time as they gained digital literacy and developed new patient engagement techniques. These findings suggest that successful adaptation requires not only technological competence but also institutional support systems that address the emotional and ethical dimensions of telemedicine.

Essential Conclusion

The findings reveal that transitioning to telemedicine profoundly affects clinicians’ emotional well-being, sense of clinical presence, ethical considerations, and professional identities. While digital healthcare introduces new challenges, it also creates opportunities for adaptation and innovation. Understanding clinicians’ subjective experiences provides critical insights for designing supportive interventions and developing telemedicine systems that are both technologically effective and emotionally sustainable.

DISCUSSION

Contribution of Findings to the Research Question

The results of this study provide a deeper understanding of clinicians’ subjective experiences and illuminate how telemedicine impacts their emotional well-being, professional identity, and clinical presence (Mukhlis, Janwari, et al., 2023; Mukhlis & Abdullah, 2025). The findings demonstrate that the transition to digital healthcare is not merely a technical shift but a transformative process that reshapes how clinicians perceive themselves and their relationships with patients. Emotional disruption, including digital fatigue and frustration, highlights the psychological demands clinicians face, while difficulties maintaining a sense of clinical presence underscore the relational complexities introduced by remote care.

Furthermore, the study shows how clinicians encounter ethical dilemmas when balancing technological limitations with professional standards, particularly in situations requiring physical assessment or empathic connection. Despite these challenges, clinicians demonstrated resilience by developing adaptive strategies, such as enhancing verbal empathy, engaging in peer support groups, and redefining their professional roles in digital contexts. These findings contribute a unique

phenomenological perspective to understanding how clinicians make sense of telemedicine, offering insights that extend beyond functional adoption metrics to emphasize the human experience underpinning technological change.

Relationship with Previous Literature and Theoretical Perspectives

The findings align partially with existing studies that highlight telemedicine's potential to improve healthcare accessibility and efficiency (Mukhlis, 2025a; Mukhlis & Saidah, 2025). However, this research extends beyond operational benefits by emphasizing the emotional and interpretive dimensions often overlooked in previous work. For example, prior studies have noted clinicians' struggles with digital workload and limited patient interaction, which are confirmed here, but this study provides richer insights into the lived meanings behind these challenges.

This study also complements theoretical frameworks on clinical presence and professional identity in digital healthcare. The difficulty clinicians face in sustaining empathy and connection resonates with theories of relational care, which stress the centrality of interpersonal dynamics in healing processes. Moreover, the emergence of identity dissonance among clinicians reflects earlier findings on role adaptation in technologically mediated environments, but the phenomenological approach employed here reveals a deeper understanding of how clinicians reconstruct meaning within shifting professional boundaries.

Finally, this study advances existing literature by highlighting that adaptation is not solely an individual process but is shaped by institutional, emotional, and ethical contexts. Unlike earlier research that focuses on technical training or workflow efficiency, these findings show that emotional support systems and reflective practices are equally critical for sustaining clinician well-being and maintaining quality care in digital healthcare ecosystems.

Implications of the Findings

The findings of this study carry important practical and theoretical implications for healthcare systems, clinicians, and policymakers (Peng et al., 2021; Triplett et al., 2019). At a practical level, the experiences of emotional disruption, ethical dissonance, and identity reconstruction suggest that telemedicine implementation requires holistic strategies that go beyond technical training and platform usability. Institutional support systems, including peer discussion forums, reflective practices, and emotional resilience programs, are essential to help clinicians navigate the psychological demands of digital care.

From a social and cultural perspective, these results emphasize the need to redefine clinical presence in virtual environments. Clinicians' struggles to maintain empathy and establish meaningful connections demonstrate that digital healthcare must integrate patient-centered communication practices to preserve therapeutic relationships. At a professional level, these findings highlight that clinicians' identities are reshaped through digital transitions, underscoring the importance of organizational policies that recognize evolving roles and provide adaptive frameworks for sustaining clinician well-being and clinical effectiveness. These insights are relevant not only to telemedicine but also to other forms of digitally mediated healthcare delivery in broader global contexts.

Study Limitations

While this study provides rich insights into clinicians' lived experiences, several limitations must be acknowledged. First, the sample size of twelve participants, while appropriate for phenomenological research, limits the transferability of findings to broader populations. Second, data collection was based on self-reported narratives, which may be influenced by recall bias or participants' willingness to disclose sensitive experiences. Third, the study focused on clinicians working within specific telemedicine settings, meaning the findings may not fully represent the experiences of healthcare providers in different organizational, cultural, or technological contexts.

Additionally, the interpretative nature of the analysis introduces a level of researcher subjectivity, which, despite mitigation strategies such as member checking and triangulation, cannot be entirely eliminated. These limitations highlight the importance of cautious interpretation and

suggest that further research is necessary to confirm and extend these findings across diverse healthcare environments.

Directions for Future Research

Building on these findings, future studies should explore clinicians' experiences in different cultural, technological, and organizational contexts to broaden understanding of telemedicine's impact on professional identity and patient care. Comparative research across healthcare systems could uncover how institutional policies and technological infrastructures influence clinicians' adaptation and well-being. Longitudinal studies may also provide valuable insights into how clinicians' perceptions and coping strategies evolve as telemedicine becomes further embedded in healthcare practice.

Furthermore, integrating multi-perspective approaches by including patients, administrators, and technology designers could deepen understanding of the relational dynamics and systemic factors shaping digital healthcare experiences. Finally, expanding the phenomenological approach to examine related phenomena—such as emotional resilience, ethical decision-making, and cross-disciplinary collaboration—would strengthen the evidence base for designing emotionally sustainable, ethically grounded, and patient-centered telemedicine systems.

CONCLUSION

This study explored clinicians' lived experiences in adapting to telemedicine and examined how digital healthcare reshapes their emotional well-being, clinical presence, and professional identity. The findings revealed four essential themes: emotional disruption, redefinition of clinical presence, ethical dissonance, and adaptive resilience, highlighting the complex interplay between technology and human experience. By adopting an interpretative phenomenological approach, the study addressed significant gaps in existing research by uncovering the subjective meanings clinicians attach to their digital transitions. These insights contribute to improving telemedicine implementation by emphasizing the need for holistic support systems that address emotional, ethical, and professional challenges. The study advances understanding of clinicians' adaptation in digital healthcare and informs the development of patient-centered practices and organizational policies. Future research could expand this inquiry by exploring diverse cultural and technological contexts, enabling a more comprehensive framework for sustainable and human-centered telemedicine.

CONFLICT OF INTEREST

The authors declare no conflict of interest related to the conduct, analysis, or publication of this research. The study was conducted independently, and the funding body had no involvement in the design, data collection, analysis, interpretation, or writing of this manuscript.

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