### **Original Article**

# Telenursing Homecare: A Hidden Resource in Indonesia's Remote Healthcare Landscape: A Qualitative Study

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#### Abstract

**Background.** The potential of telenursing and homecare services have been recognized for their ability to overcome geographical barriers and provide personalized care.

**Objective.** This study aims to explore the development of telenursing homecare in remote region.

**Methods.** This qualitative study was conducted in June 2023 in North Bali, Indonesia. The sample consisted of three homecare nurses registered at the Buleleng District Health Office. Data were collected through semi-structured in-depth interviews and analyzed thematically.

**Results.** The findings revealed that access to these services is primarily through word of mouth, with satisfied patients and the homecare team playing a significant role in marketing. Internet use among providers varies, with some using it extensively for health education, service information, and consultations. Providers employ innovative strategies to overcome challenges, including alternative wound care products, maintaining team cohesiveness, and optimizing social media.

**Conclusion.** Telenursing homecare services in remote regions, such as North Bali, are developing through innovative practices. These practices include word-of-mouth marketing, the use of the internet, and innovative solutions to overcome challenges. The findings suggest that despite geographical barriers, telenursing homecare services are capable of providing effective care to patients.

Keywords: telenursing, homecare, Bali, qualitative study, digital health

#### Introduction

Digital-based health services have become a trend in the aftermath of the Covid-19 pandemic (Abdolkhani et al., 2022). Access to these services enables patients to obtain health information within seconds, consult with health professionals remotely, and have medications and medical supplies delivered directly to their homes (Maier, Reimer and Wickramasinghe, 2021). The future direction of digital health services in Indonesia has been outlined in the National e-Health Strategy (Indonesia The Ministry of Health, 2021). According to Indonesia's Presidential Regulation No. 82/2018, national insurance

will cover telemedicine as compensation for providing health services in areas lacking facilities Furthermore, the Indonesian government has committed to telemedicine. as evidenced by the formation of online platforms. (Indonesia The Ministry of Health, 2017). The digital health landscape in Indonesia is showing positive signs of progress. The Covid-19 pandemic has acted as a catalyst for this sector, with a survey indicating a significant increase of up to 92% in the use of digital health services during this period (Sunjaya, 2019). This surge in demand has led to the growth of numerous digital health providers in Indonesia. These providers offer a wide array of health services, demonstrating the versatility of digital health platforms. Services range from consultations live chat, via messaging, and video conferencing, e-pharmacy services. to laboratory tests, and polyclinic reservations. Additionally, these platforms also provide health insurance, further expanding their scope of services and convenience to users. Interestingly, the evolution of health start-ups in Indonesia has led to the emergence of homebased services. This is a significant development, as it brings healthcare directly to the homes of patients, enhancing accessibility and convenience. Several mobile applications such as Mhomecare, +hubsehat, HomeClinic Indonesia, CaptainCare, and Homecare24 are leading this trend in Indonesia. However, despite these advancements, there are still challenges that need to be addressed. For instance, user satisfaction and the impact of these services on overall patient outcomes also remain largely unexplored. The digital health transformation in Indonesia is primarily centered in the capital city. However, Bali, known as a tourism hub, requires digital health services to improve the health status of both locals and foreigners. Buleleng Regency, the largest area in the northern part of Bali Province with many remote areas, needs digital health providers as part of its tourism infrastructure (Central Statistical Agency of Indonesia, 2023). Currently, Halodoc is the only accessible digital health service in Buleleng region. This situation highlights a gap in digital health services, which only accommodate curative needs. Meanwhile. promotive, preventive, rehabilitative, and palliative services for patients requiring longterm home care have not been adequately addressed. Preliminary studies have revealed difficulties in accessing nurses who can provide remote consultations and homecare procedures. However, the health profile of Buleleng Regency in 2021 showed that 1130 nurses were available, and this number is expected to increase rapidly due to the presence of nursing schools in Bali, which graduate hundreds of nurses each year (Bali Provincial Health Department, 2021). This presents an opportunity to leverage this

workforce to expand digital health services in the region. In telenursing, nurses are essential in bridging the gap between patients and the healthcare system through the use of information technology and telecommunications (Watkins & Neubrander, 2020). Their role encompasses a variety of responsibilities that are crucial for delivering remote nursing care effectively. Nurses in telenursing settings are responsible for remote patient monitoring, ensuring that patients receive the necessary care and attention even when they are not physically present in a healthcare facility (Mataxen & Webb, 2019). Nurses in telenursing also often serve as liaisons, sharing data with other team members and specialists in real-time, obtaining patient histories, and managing non-urgent cases to allow physicians to focus on critical patients (Kord et al., 2024). This multifaceted role underscores the importance of nurses in the evolving landscape of telehealth, where they contribute significantly to the continuity and quality of patient care. The innovation of homecare is legally supported by Indonesian Nursing Law No. 38/2014. This law stipulates that nurses can provide nursing care independently, in groups, or collaboratively in formal settings such as hospitals or homecare. Further research has found that homecare improves the quality of life for patients and their families, reduces utilization of secondary and tertiary hospitals, saves on national health and develops better coverage, selfmanagement among patients with chronic diseases (McFarland, Coufopolous and Lycett, 2019). Moreover, the innovation of telenursing homecare has proven beneficial for both patients and nurses (Liang et al., 2021). Telenursing homecare reduces transportation costs and provides satisfaction for nurses in delivering professional care (Allen et al., 2015). A meta-analysis revealed that telenursing homecare significantly prevents readmission among cancer patients (Kim, Min and Hong, 2023).

Recognizing the significant advantages of telenursing homecare, our aim is to explore the reasons behind the underutilization of telenursing homecare and identify strategies and programs to overcome these barriers, particularly in the region of North Bali.

**Methods-** *Design:* The research employed an interpretative phenomenology approach, with data collected through semi-structured in-depth interviews with nurses providing homecare services in Buleleng Regency.

*Sample:* Participants in this study were nurses who are stakeholders of homecare and telenursing service providers in Buleleng Regency, and are legally registered at the Buleleng District Health Office. The sampling technique was carried out using snowball sampling.

Data collection: Semi-structured in-depth interviews were conducted by the first author. An interview guide was prepared from the research members and experienced in the field practitioners who agreed to the number of the questions as well as to the exact questions that have to be asked to every participant. During the meeting they were also discussed issues related to the characteristics of the key informants and what every question was going to ask. Information to as gender, age, homecare practice experience, and type of service they were all included in one question. Subsequent questions included "How is the flow of patients coming to homecare services?". The first author, with a background in medical surgical and experience as an ICU nurse, served as the main research instrument. The interviews were conducted at the participants' practice locations or in a synchronized Zoom meeting, lasting 40-60 minutes. During the interview, the researcher made notes regarding the environment, expressions, and related events in the field addition recording notes, in to the conversation. The results of the recording were then transcribed into text for further analysis.

**Data analysis:** Data analysis utilized the Interpretative Phenomenological Analysis (IPA) method (Smith, Flowers and Larkin, 2009). Study objectives related to unit content were identified and aggregated into units of analysis. Content units that occurred frequently were coded and classified according to emerging themes. The first author was responsible for coding the interview results. Subsequently, we collectively conducted a more in-depth analysis through comprehensive discussions. We triangulated the themes of the analysis results to achieve data reliability. This step was conducted with team members to confirm the emerging themes. The emerging themes are displayed along with participant quotes that represent the theme.

*Éthical Considerations:* This study declared ethically feasible by the STiKes Buleleng Committee (number 429/EC-KEPK-SB/VI/2023). Researchers are committed to adhering to research ethics while maintaining human rights and the well-being of research subjects. Informed consent was obtained from all human adult participants, and the name of the appropriate institutional review board that approved the project is the STiKes Buleleng Committee.

*Rigor:* The Checklist of Standards for Reporting Qualitative Research (SRQR) was employed to evaluate and enhance the clarity of all facets of qualitative research, by establishing explicit guidelines for presenting such research.

## Results

*Characteristic of participants:* Table 1 shows that all homecare providers involved in this study possessed more than seven years of experience. The services they provided catered to both acute and chronic care needs. Acute care services encompassed surgical wound care and patient assistance in hospitals and polyclinics. Chronic care services included treatment for diabetes wounds, cancer wounds, stoma care, and assistance for the elderly.

Word of mouth marketing: In our findings, patient access to homecare services was primarily obtained through word of mouth. New patients decided to use homecare services after receiving recommendations from previous patients. Testimonials from satisfied patients greatly influenced the decision of new patients to choose these services. In addition to patient referrals, the homecare team also engaged in word-of-mouth marketing, thereby expanding their communication network. New patients often came via referrals from colleagues who had established trust in the homecare service providers (Table 2).

Sample	Gender	Experience	Special care
Participant 1	Male	8 years	Elderly care, wound care, simple labs, patient transfer
Participant 2	Male	11 years	Diabetes wound care, chronic wound care
Participant 3	Female	10 years	Modern wound care, modern circumcision, skin care

**Table 1. Participants Characteristic** 

*Emerging themes:* After the analysis process, we found three main themes that address the objectives of this study (Table 2).

Theme	Subtheme	
Words of mouth	Patient's testimony	
	Team's testimony	
	Collage's recommendation	
Internet used	Media of education	
	Media of promotion	
	Teleconsultation	
Innovation in facing challenge	Alternative product	
	Advanced business system	
	Maximized website and social media	

#### Table 2. Theme Analysis

#### **Patient testimony**

"...Not many patients came from social media, only two patients came after seeing the banner. More patients came from recommendations by previous patients who were satisfied." (Participant 1)

"...Word of mouth is like a snowball; it gets bigger as it rolls. However, my circle is large because I also work in a hospital..." (Participant 2)

"...Word of mouth from satisfied patients is the best advertisement. However, I am also involved in a wound care clinician community that refers their patients who will visit Bali to me." (Participant 3)

#### Team's testimony

"...my team is mostly alumni of the institution I work for. In addition, the team recommends homecare for families who need it." (Participant 1)

"Currently, my team consists of almost 100 people who we maintain to keep getting jobs so that they can be paid a fixed salary every month so that the team also tries to help with marketing." (Participant 2)

".... I have a team of 80 people spread across Bali who are members of the wound care association so that the team will recommend the nearest place of care for their patients." (Participant 3)

#### College recommendation

"For now, many wound patients are handled by nurses who work at the hospital unless they are unable to do so, then they will recommend us." (Participant 1)

"I myself work in a hospital so I have a lot of contact with specialists and direct contact with patients who are treated. During discharge planning the specialist may refer us for follow-up care." (Participant 2)

"The specialist is also an affiliate of our service unit where we will refer if there are complications such as bone infection. Collaboration continues where specialists will refer our services for patients who require post-operative care." (Participant 3)

### Internet use

The use of the internet among homecare providers in Buleleng Regency varied. Some homecare providers extensively used the internet, specifically Facebook, to display health education content, which led to followup consultations via WhatsApp. Other homecare providers used Facebook, Instagram, and TikTok to provide information about their services, which led to consultations via WhatsApp or synchronized video conferencing using Zoom. Some homecare providers maximized the use of the internet using keyword search optimization (SEO) techniques that directed users to their website, Facebook page, and Google Map location (Table 2).

### Media of education

"Social media such as Facebook does not have much effect on increasing the number of patient visits, especially since we are unlikely to post patient wounds because they will be banned. Facebook as social media that we maximize mostly posts information related to diabetes and diabetic wound care with the aim of increasing public awareness." (Participant 1)

#### Media of promotion

"We use a lot of social media such as Facebook, Instagram and TikTok. Incidentally, I really like TikTok and YouTube so I also act as an affiliate with my personal account so I often tag our homecare services with our logo and name. Some time I gave a giveaway for colleagues and patients (ordinary people) who mentioned our homecare account in the form of 50 thousand fresh money". (Participant 2)

"I like to play on social media, especially right now what I am most interested in is TikTok. In my personal account the content I post is educational content then I include our address and service brochure with a link that becomes a landing page containing complete information about our homecare services". (Participant 3)

### **Teleconsultation**

"...So, like yesterday, we got a call from Surabaya, Jakarta, Bekasi. Sometimes we post on social media with address details, maps and services. Followed by a consultation by phone or WhatsApp or even Zoom. This consultation convinces users that we are professional. Some users even pay for consultations conducted via Zoom." (Participant 2)

"We usually receive consultations on Facebook messenger and follow-up consultations via WhatsApp. We provide a business WhatsApp account where we employ an admin to provide quick consultation." (Participant 3)

### Innovation in facing challenges

Homecare providers employed different strategies based on the challenges they faced. Some nurses innovated by finding alternative wound care products because traditional dressing materials were expensive and unaffordable for their patients. They even organized philanthropic wound care services for which voluntary services were paid. Other nurses innovated by maintaining the stability of team cohesiveness and good service demand to ensure a harmonious business cycle. Some nurses used innovation in social media optimization to promote the services they provided, including the use of search engine optimization (SEO) and landing pages (Table 2).

### Alternative product

"Homecare services in northern Bali are very price sensitive. For this reason, most patients are subsidized, with some charity for indigent patients. If all patients use modern dressings, many will not continue treatment. For this reason, we innovated by making wound products using natural ingredients from centella asiatica, which I had researched during my undergraduate studies." (Participant 1)

### Advanced business system

"In our place the system is quite strong, currently the team is spread across Bali with 80 people. So, we have a WhatsApp group that is active 24/7. So, it doesn't depend on a few people, we are always ready and don't worry about caregiver vacancies. We make sure the team always gets their monthly salary on time because we take care of the service demand. We employ specialized staff who manage the finances, requests and rewards for the team. For now, I'm not afraid of our service being copied because we have a strong system in place." (Participant 2)

### Maximized website and social media

"I already have my own website, so every time someone types 'modern circumcision', I am immediately number one in the search. I also use landing pages, right, I play Facebook, TikTok. I also see a lot of reviews in my place, so I go straight up." (Participant 3)

### Discussion

It was found that homecare services were primarily accessed through word-of-mouth recommendations and referrals. Satisfied patients played a crucial role in attracting new patients to these services. In terms of internet use, there was a variation among providers. Some providers used social media platforms like Facebook, Instagram, and TikTok to disseminate health education content and information about their services. When it came to facing challenges, homecare providers employed a variety of innovative strategies. Our findings highlight the need for patientcentered care, effective use of digital tools, continuous innovation, and sustainable business practices. This is in line with a relevant qualitative study that focuses on the utilization of telenursing in providing home care for COVID-19 patients (Kord et al., 2024). The study suggests the potential benefits of telenursing in enhancing patient care, education, support, follow-up, and counseling, emphasizing the need for further robust studies in this area. Another similar study also suggests that telenursing can provide health care education and consultation for patients receiving home health care, ensuring continuity of care (Park et al., 2024).

In the midst of the COVID-19 crisis, telehealth has risen to prominence as a vital method for delivering health care to patients, thanks to its potential to minimize the risk of mutual infection, cut expenses, and enhance care quality (Monaghesh and Hajizadeh, 2020). However, the successful deployment of telehealth is contingent upon efficient hospital management and the endorsement of teletechnologies by healthcare professionals (Snoswell et al., 2020). Nurses play a pivotal role in the execution of telehealth, and a recent comprehensive review discovered that the competencies and perspectives of nurses could serve as deterrents in the adoption of telehealth and telenursing (Mun et al., 2023). Telenursing holds the promise to supplement the nursing workforce, alleviate the burdens of nurses working at the patient's bedside, and interrupt the related sequence of negative results (McVey, 2023).

Our research highlights the potential of telenursing in advancing health tourism. It dismantles geographical constraints, offering nursing services to patients irrespective of their location (Hafermalz and Riemer, 2021). This is

especially advantageous for health tourists who might be situated far from their healthcare provider. A patient in a remote location can consult with a city-based specialist without traveling, thereby attracting more health tourists and making healthcare more accessible and convenient (Walthall et al., 2022). Conversely, by eliminating travel and shortening hospital stays, telenursing can lower healthcare costs, making health tourism more attractive to many people (Gu et al., 2021). Therefore, a robust platform should be developed facilitate real-time to communication between patients and nurses. Telenursing platforms enable them to consult healthcare with providers, schedule appointments, and even receive treatment from the comfort of their own homes (Bouabida, Lebouché and Pomey, 2024). It improves the patient experience, leading to higher satisfaction levels and potentially attracting more health tourists.

The research showed that telenursing used both real-time and delayed methods. Real-time consultations were conducted via video and text platforms like Zoom and WhatsApp. Delayed services, mainly for health education, used social media platforms like Facebook, TikTok, and Instagram. This finding aligns with previous research indicating that a variety of technological tools have been used in telenursing, including telephone, smartphone, websites, video calls, videoconferencing, computer-based videoconferencing, tablets, web cameras, and text messages (Kord et al., 2021). The use of these technologies in telenursing has been recognized as a distinct nursing practice with the benefits of improving access to care and providing a means for obtain health patients to information (Bouabida, Lebouché and Pomey, 2024). A meta-analysis shows that telenursing interventions were categorized into different technology and nursing types, with telemonitoring being the most common technology type and fundamental nursing to monitor patients' symptoms being the most representative nursing type (Mun et al., 2023). Therefore, health care providers and policymakers might consider integrating

telenursing into their services to enhance patient care, especially for those with chronic conditions (Putri *et al.*, 2023).

Nurses encounter numerous challenges in the successful implementation of telenursing. The literature review reveals that the effective implementation of telenursing necessitates that both the healthcare provider and the patient have access to certain technologies, including a stable internet connection and devices capable of video conferencing (Ranjbar et al., 2021). However, not all patients possess these technologies, thereby creating a substantial barrier to the delivery of care. Other primary obstacles include insurance coverage issues and reduced care continuity. Some insurance providers may not cover telehealth services, or they may only cover certain types of services (Pierce and Stevermer, 2020). This can create a significant barrier for patients who cannot afford to pay for these services out-of-pocket. Meanwhile, the absence of nurses in a physical sense can sometimes result in a decrease in care continuity (Tiernev et al., 2023). Lastly, there is the challenge of lack of knowledge and experience. nurses may lack the necessary knowledge and experience to effectively use technology-based infrastructure (McVey, 2023). This can lead to inefficiencies in the delivery of care and may even deter some providers from adopting telenursing practices.

The implementation of telenursing in remote areas presents numerous challenges. These challenges necessitate creativity and innovation from nurses to maintain the cycle of business and quality of care. To strengthen the system and service quality, various strategies are essential. Utilizing clinical algorithms, protocols, or guidelines is one such strategy, enabling a systematic assessment of patient needs and symptoms, thereby ensuring personalized care (Barberio and Jenkins, 2021). Another strategy is the prioritization of patient needs, which allows healthcare providers to optimize resource allocation by addressing the most urgent needs first (Kord et al., 2021). Remote patient monitoring is also a vital strategy, as it is a key responsibility for telehealth nurses and is necessary for timely care delivery (Abraham et al., 2023). Collaboration with the healthcare team, inclusive of physicians and specialists, is another strategy that is necessary for a holistic approach to patient care (Kohanová *et al.*, 2023). Lastly, effective communication with patients and their families, which includes explaining conditions, treatment plans, and providing emotional support, is a strategy that enhances trust and understanding, thereby improving the overall quality of care (Mataxen and Webb, 2019).

The findings suggest several implications for nursing practice in the context of homecare services. Firstly, the importance of patient satisfaction is underscored, as it plays a crucial role in attracting new patients through wordof-mouth recommendations and referrals. Secondly, the varied use of internet among providers highlights the potential of social media platforms and search engine optimization techniques in disseminating health education content, promoting services, and facilitating follow-up consultations. This indicates the need for nurses to be adept at using these digital tools. Thirdly, the innovative strategies employed by nurses in response to challenges, such as finding alternative wound care products and maintaining team cohesiveness, emphasize the need for creativity and teamwork in nursing practice. Lastly, the practice of organizing philanthropic wound care services where voluntary services were paid suggests a model for supporting the sustainability of such services. These implications highlight the need for ongoing training and support for nurses in homecare settings to effectively navigate these aspects.

*Limitations:* The study presents several limitations. the study employed a qualitative design with data collected through interviews, which may be subject to bias and may not capture the full complexity of the telenursing and homecare practices. The study also relied on snowball sampling, which could lead to selection bias as the sample may not be representative of all nurses providing homecare services in Buleleng Regency. The interviews were conducted by a single researcher, which could introduce interviewer

bias. Lastly, the use of Interpretative Phenomenological Analysis (IPA) for data analysis, while valuable for exploring lived experiences, may limit the ability to make broader generalizations from the findings.

Conclusion: The study found that homecare services were primarily accessed through word-of-mouth recommendations and referrals. Internet use varied among providers, with some using social media platforms and search engine optimization techniques to disseminate health education content and information about their services. Nurses employed innovative strategies to overcome challenges, such as finding alternative wound maintaining care products and team cohesiveness. These findings have significant implications for nursing practice, suggesting the need for ongoing training and support for nurses in homecare settings.

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