Centre for Online Health
CENTRE FOR HEALTH SERVICES RESEARCH

The University Of Queensland
AUSTRALIA

Consumers' Trust in Telehealth & Digital Health

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Acknowledgement of Country

The University of Queensland (UQ) acknowledges the Traditional Owners and their custodianship of the lands on which we meet.

We pay our respects to their Ancestors and their descendants, who continue cultural and spiritual connections to Country.

We recognise their valuable contributions to Australian and global society.

The Brisbane River pattern from *A Guidance Through Time*
by Casey Coolwell and Kyra Mancktelow.

Digital Health Blueprint

2023–2033

A more personalised and connected health and wellbeing experience for all Australians

Our vision for digital health in Australia

***Trusted**, timely and accessible use of digital and data underpins a personalised and connected health and wellbeing experience for all Australians.*

GLOBAL HEALTH

IN DIGITAL AGE, WELLBEING STARTS WITH TRUST

BY LINDSE MURPHY .

JUNE 16, 2025

Public health systems around the world are in peril, in no small part due to declining trust in medical professionals. Rebuilding that trust requires intentional leveraging of digital innovation for good, writes Lindse Murphy.

THE UNIVERSITY OF QUEENSLAND
AUSTRALIA

Thursday 4 September 2025

7NEWS

News

Published: 22 Mar 2025 Updated: 24 Mar 2025 4 min read

The government is going digital at the same time data breaches are eroding public trust

…n have said choice and support are key.

DIVE BRIEF

Data privacy fears erode consumer trust in digital services

More than eight out of 10 consumers globally have abandoned an online brand over the past 12 months out of concern for their privacy.

Published March 18, 2025

Alexei Alexis
Reporter

2:54pm Thursday, September 4th, 2025

THE AUSTRALIAN

Now is the time to rebuild trust in public healthcare

Administrators and doctors must work together to restore trust in …sian College of

The Medical Republic

20 AUGUST 2025

REBRANDING HEALTHDIRECT A QUESTION OF TRUST: CEO

5 MINUTE READ

DIGITAL HEALTH TELEHEALTH

Jan 16, 2025 - Axios Events

Axios Event: Improving public trust is key focus for health care industry, leaders say

Emily Hamilton

Content

1	**What** is trust in digital health?
2	Why is trust in digital health **important**?
3	How is trust in in digital health (including telehealth) being **measured**?
4	What are the **factors associated** with trust?
5	How to **increase consumers' trust** in telehealth

Digital Health

- Big data
- Artificial Inteligence (AI)
- Electronic medical record (EMR)
- Clinical decision support systems
- Wearable devices
- Robotics
- …

Telehealth

Telecare, Telemedicine, Virtual Care

- Tele-education
- Telediagnosis: telecardiology, teledermatology, teleradiology, teleophthalmology, etc.
- Telerehabilitation, Telestroke, TeleICU
- Electronic consultations or eConsults
- Telehealth appointments, teleconsultation or remote consultations (phone and video)
- Telehealth to triage patients
- Telemonitoring or Remote Patient Monintoring

The evidence


npj | digital medicine

Article

Published in partnership with Seoul National University Bundang Hospital

https://doi.org/10.1038/s41746-025-01510-8

A systematic review of consumers' and healthcare professionals' trust in digital healthcare

Check for updates

Sonsoles de Camargo Catapan[1,2], Hannah Sazon[3], Sophie Zheng[4], Victor Gallegos-Rejas[1,5], Roshni Mandla[1,6], Pedro H. R. Santiago[3] & Jaimon T. Kelly[1,2]

Despite the well-documented importance of trust in digital healthcare, its domains are not well-understood, preventing theoretically robust instruments for standardised measurements. We identified instruments measuring trust in digital healthcare, explored definitions, associated factors, and outcomes. We systematically reviewed the literature using tailored searches and 49 studies measuring trust in digital healthcare from either consumers', healthcare professionals', or both perspectives were included. Trust in digital healthcare is complex and, from a consumers' perspective, can influence digital healthcare use, adoption, acceptance, and usefulness. Consumers' trust can be affected by the degree of human interaction in automated interventions, perceived risks, privacy concerns, data accuracy, digital literacy, quality of the digital healthcare intervention, satisfaction, education, and income. Healthcare professionals' trust is enhanced by education and observing good digital health performance. While studies can benefit from rigorous trust measurements, future efforts should address the need for a theoretical framework for trust in digital healthcare.

Digital health has effectively offered an alternative and additive means to healthcare delivery by facilitating person-centred care, streamlining multi-disciplinary team management, and increasing the volume of healthcare interactions[1,2]. Digital health broadly encompasses all technologies used in the health sector, but the focus of this paper is on digital healthcare, which includes technology and products to support the delivery and administration of healthcare services[3,4]. Examples of digital healthcare include but are not limited to mobile health, electronic health records, wearable devices, telehealth, online health, and medical artificial intelligence (AI)[5,6]. Despite evidence for the efficacy of digital healthcare, sustainable implementation remains limited[7]. This indicates a need to identify and address potential barriers experienced by end-users to encourage sustainable adoption in the digital health landscape[7].

Trust is a complex relational construct that implies one side of the interpersonal relationship accepts vulnerability and decreased control[8]. In healthcare, individual trust has been widely explored as a key feature of patient-clinician relationship[9,10]. More broadly, public trust in the healthcare system is considered vital for its effective functioning[11]. Trust can vary according to personal factors (e.g., experiences, expectations, perceptions, demographics), interpersonal factors (e.g., new or established patient-clinician relationships, type of provider), and geographical or contextual factors[12]. For instance, trust in government-provided digital health services, such as electronic health records, is different from trust in privately developed services, such as mobile health apps[13].

Trust may also vary depending on the end-user; be they consumers or healthcare professionals. Consumers are often more vulnerable than healthcare professionals in their interactions due to the knowledge and power imbalance. Consumers also rely on beneficence, a key principle of biomedical ethics, and trust the healthcare professional will act in their best interest to support their health and well-being[14]. This dynamic, whether real or perceived, may manifest as a lack of trust towards digital healthcare and its usefulness, accessibility, privacy, data protection, information quality, and efficacy[15]. In contrast, healthcare professionals' trust in digital health is more often related to interoperability, functionality, communication, service reputation, and the sufficiency of training[16].

These myriads of potential influences have disrupted trust in healthcare dynamics since the increased uptake of digital health, affecting not only interpersonal relationships but also the technologies employed[1]. On an individual level, trust has a fundamental role in predicting the use and adoption of digital healthcare[17]. But despite its well-documented

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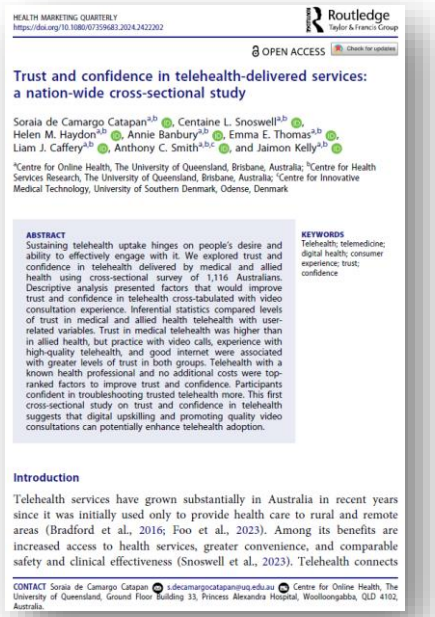
npj Digital Medicine | (2025)8:115 1


HEALTH MARKETING QUARTERLY
https://doi.org/10.1080/07359683.2024.2422202

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Trust and confidence in telehealth-delivered services: a nation-wide cross-sectional study

Soraia de Camargo Catapan[a,b], Centaine L. Snoswell[a,b], Helen M. Haydon[a,b], Annie Banbury[a,b], Emma E. Thomas[a,b], Liam J. Caffery[a,b], Anthony C. Smith[a,b,c], and Jaimon Kelly[a,b]

[a]Centre for Online Health, The University of Queensland, Brisbane, Australia; [b]Centre for Health Services Research, The University of Queensland, Brisbane, Australia; [c]Centre for Innovative Medical Technology, University of Southern Denmark, Odense, Denmark

ABSTRACT

Sustaining telehealth uptake hinges on people's desire and ability to effectively engage with it. We explored trust and confidence in telehealth delivered by medical and allied health using cross-sectional survey of 1,116 Australians. Descriptive analysis presented factors that would improve trust and confidence in telehealth cross-tabulated with video consultation experience. Inferential statistics compared levels of trust in medical and allied health telehealth with user-related variables. Trust in medical telehealth was higher than in allied health, but practice with video calls, experience with high-quality telehealth, and good internet were associated with greater levels of trust in both groups. Telehealth with a known health professional and no additional costs were top-ranked factors to improve trust and confidence. Participants confident in troubleshooting trusted telehealth more. This first cross-sectional study on trust and confidence in telehealth suggests that digital upskilling and promoting quality video consultations can potentially enhance telehealth adoption.

KEYWORDS

Telehealth; telemedicine; digital health; consumer experience; trust; confidence

Introduction

Telehealth services have grown substantially in Australia in recent years since it was initially used only to provide health care to rural and remote areas (Bradford et al., 2016; Foo et al., 2023). Among its benefits are increased access to health services, greater convenience, and comparable safety and clinical effectiveness (Snoswell et al., 2023). Telehealth connects

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RESEARCH/Original Article

Development and validation of novel scales to measure trust and confidence in using telephone and video consultation scales in people with chronic kidney disease

Journal of Telemedicine and Telecare 0-0

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DOI: 10.1177/1357633X251338950

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Soraia de Camargo Catapan[1,2], Helen M Haydon[1,2], Pedro HR Santiago[3], Ingrid J Hickman[4,5,6], Lindsey Webb[4], Nicole Isbel[4,5], David W Johnson[5,7], Hannah L Mayr[4,5,8], Oliver J Canfell[9], Paul Scuffham[10,11], Nicola W Burton[10,12,13], Anthony C Smith[1,2,14] and Jaimon T Kelly[1,2]

Abstract

Aim: Patients' trust and confidence in telehealth are core components of its adoption, effectiveness and sustained use. This study aimed to develop and validate scales to measure trust and confidence in using telephone and video consultations in people with chronic kidney disease (CKD).

Methods: After developing potential items, two-phases were conducted to investigate construct validity. Phase 1 examined face and content validity via: think-aloud patients focus group ($n = 5$), specialists email feedback ($n = 3$) and telehealth investigators group discussion ($n = 4$). Phase 2 used factor analytical methods to evaluate structural validity and internal consistency reliability after surveying a sample of people with CKD at an Australian metropolitan hospital. Four exploratory factor analyses (EFA) with oblique rotation Promax were conducted. Parallel analysis was used for factor retention and items with factor loadings ≥0.60 on the primary factor and without substantive cross-loadings were maintained. Cronbach's alpha (α) measured the internal consistency reliability.

Results: Phase 1 resulted in 17 items to measure trust in telephone consultations, 17 items to measure trust in video consultations, 8 items to measure confidence in using telephone consultations and 8 items to measure confidence in using video consultations (total 50 items). Phase 2: EFA results ($N = 156$) for the trust scales were both unidimensional: (1) 12-item trust in telephone consultations ($\alpha = 0.92$); (2) 12-item trust in video consultations ($\alpha = 0.93$). EFA resulted in two factors for each of the confidence scales: (3) Confidence in using telephone consultations ($\alpha = 0.82$), comprising 4-item 'competence & capability' factor ($\alpha = 0.84$) and 3-item 'social & technical support' factor ($\alpha = 0.82$); (4) Confidence in using video consultations ($\alpha = 0.84$) comprising 4-item experience 'competence & capability' factor ($\alpha = 0.84$) and 3-item 'social & technical support' factor ($\alpha = 0.82$). Internal consistency reliability of all scales and subscales were adequate ($\alpha > 0.80$).

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Data Availability Statement included at the end of the article


RESEARCH/Original Article

Trust and confidence in using telehealth in people with chronic kidney disease: A cross-sectional study

Journal of Telemedicine and Telecare 2023, Vol. 29(10) 165–235

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DOI: 10.1177/1357633X231202275

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Abstract

Consumer trust and confidence in telehealth is pivotal to successful service implementation and effective consultations. This cross-sectional study measured trust and confidence in telephone and video consultations and associated with experience in telehealth modalities among people with chronic kidney disease at a metropolitan hospital in Australia. Self-report data were collected using validated trust and confidence in telehealth scales and 5-point Likert responses. Non-parametric tests were used to compare trust and confidence in telephone and video consultations (Wilcoxon Matched Pairs) and associations with telehealth experience (Mann–Whitney). Of the 156 survey participants, 96.2% had used telephone consultations and 28.9% had used video. Overall trust and confidence in using telehealth were high. Confidence (range 1–5) in using telephone consultations (mean 3.75 ± 0.71) was significantly higher than video consultation (mean 3.64 ± 0.74), $p = 0.039$. Trust in telephone consultations (mean 3.93 ± 0.64) was significantly higher than in video consultations (mean 3.67 ± 0.66), $p < 0.001$. There was a significant association between experience with telephone consultations and reported levels of trust and confidence in telephone consultations. Experience with video was significantly related to trust in video consultations, but not confidence. Given the substantial difference in experience between telehealth modalities, trust and confidence may change as further exposure occurs.

Keywords

Telehealth, telephone consultation, video consultation, trust, confidence, chronic kidney disease

Date received: 24 July 2023; Date accepted: 4 September 2023

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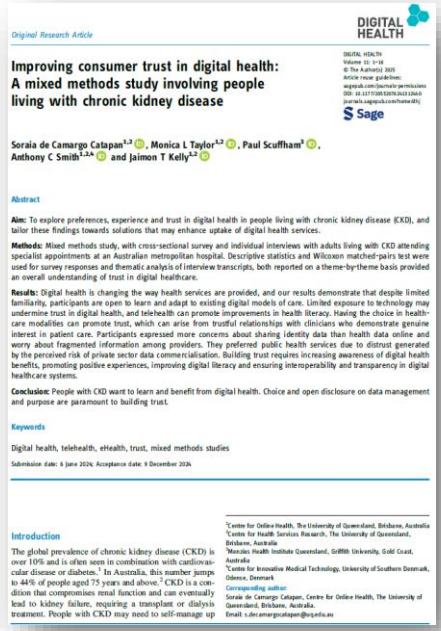
Original Research Article

DIGITAL HEALTH

Improving consumer trust in digital health: A mixed methods study involving people living with chronic kidney disease

DIGITAL HEALTH
Volume 11: 1–18
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DOI: 10.1177/20552076251336650
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Soraia de Camargo Catapan[1,2], Monica L Taylor[1,2], Paul Scuffham[3], Anthony C Smith[1,2,4] and Jaimon T Kelly[1,2]

Abstract

Aim: To explore preferences, experience and trust in digital health in people living with chronic kidney disease (CKD), and tailor these findings towards solutions that may enhance uptake of digital health services.

Methods: Mixed methods study, with cross-sectional survey and individual interviews with adults living with CKD attending specialist appointments at an Australian metropolitan hospital. Descriptive statistics and Wilcoxon matched-pairs test were used for survey responses and thematic analysis of interview transcripts, both reported on a theme-by-theme basis provided an overall understanding of trust in digital healthcare.

Results: Digital health is changing the way health services are provided, and our results demonstrate that despite limited familiarity, participants are open to learn and adapt to existing digital models of care. Limited exposure to technology may undermine trust in digital health, and telehealth can promote improvements in health literacy. Having the choice in healthcare modalities can promote trust, which can arise from trustful relationships with clinicians who demonstrate genuine interest in patient care. Participants expressed more concerns about sharing identity data than health data online and worry about fragmented information among providers. They preferred public health services due to distrust generated by the perceived risk of private sector data commercialisation. Building trust requires increasing awareness of digital health benefits, promoting positive experiences, improving digital literacy and ensuring interoperability and transparency in digital healthcare systems.

Conclusion: People with CKD want to learn and benefit from digital health. Choice and open disclosure on data management and purpose are paramount to building trust.

Keywords

Digital health, telehealth, eHealth, trust, mixed methods studies

Submission date: 6 June 2024; Acceptance date: 9 December 2024

Introduction

The global prevalence of chronic kidney disease (CKD) is over 10% and is often seen in combination with cardiovascular disease or diabetes.[1] In Australia, this number jumps to 44% of people aged 75 years and above.[2] CKD is a condition that compromises renal function and can eventually lead to kidney failure, requiring a transplant or dialysis treatment. People with CKD may need to self-manage up

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Systematic Review on instruments to measure trust in digital health modalities
Feb 2025

National Cross-Sectional survey on trust and confidence in telehealth-delivered services
Oct 2024

Development and validation of Trust and Confidence in Telephone and Video Consultation Scales (**TCTVC Scales**)
June 2025

Cross-Sectional survey study on trust and confidence in using telehealth in people with chronic kidney disease
Oct 2023

Mixed Methods study on trust in digital health for people with chronic kidney disease
Jan 2025

1. What is trust?

Trust is a complex and **relational** concept

Trust is the willingness to rely or depend on something or someone

2. Why is trust in digital health important?

If people don't trust digital healthcare, they won't use it.

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Article

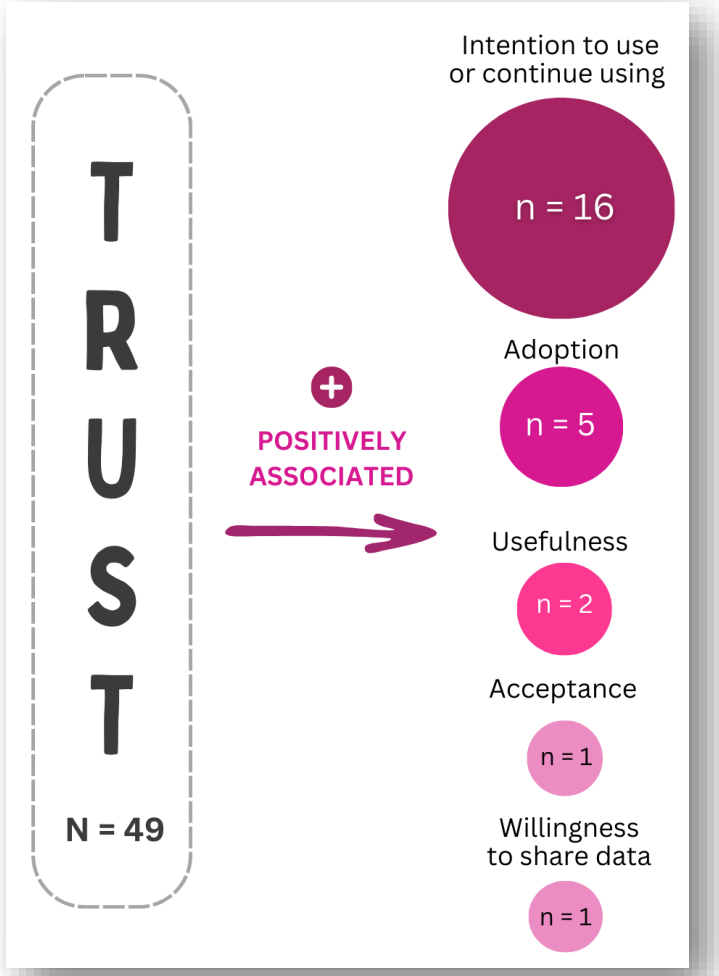
Published in partnership with Seoul National University Bundang Hospital

https://doi.org/10.1038/s41746-025-01510-8

A systematic review of consumers' and healthcare professionals' trust in digital healthcare

Soraia de Camargo Catapan[1,2], Hannah Sazon[3], Sophie Zheng[4], Victor Gallegos-Rejas[1,2,5], Roshni Mendis[1,2], Pedro H. R. Santiago[6] & Jaimon T. Kelly[1,2]

Despite the well-documented importance of trust in digital healthcare, its domains are not well-understood, preventing theoretically robust instruments for standardised measurements. We identified instruments measuring trust in digital healthcare, explored definitions, associated factors, and outcomes. We systematically reviewed the literature using tailored searches and 49 studies measuring trust in digital healthcare from either consumers', healthcare professionals', or both perspectives were included. Trust in digital healthcare is complex and, from a consumers' perspective, can influence digital healthcare use, adoption, acceptance, and usefulness. Consumers' trust can be affected by the degree of human interaction in automated interventions, perceived risks, privacy concerns, data accuracy, digital literacy, quality of the digital healthcare intervention, satisfaction, education, and income. Healthcare professionals' trust is enhanced by education and observing good digital health performance. While studies can benefit from rigorous trust measurements, future efforts should address the need for a theoretical framework for trust in digital healthcare.

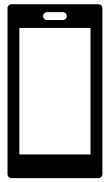


3. How to measure trust in digital health

Trust is often poorly measured: 18 out of 49 studies used trust items from non-health sources or developed without any validation.

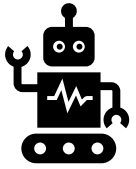
Electronic Health Records

Wearable devices



Mobile health

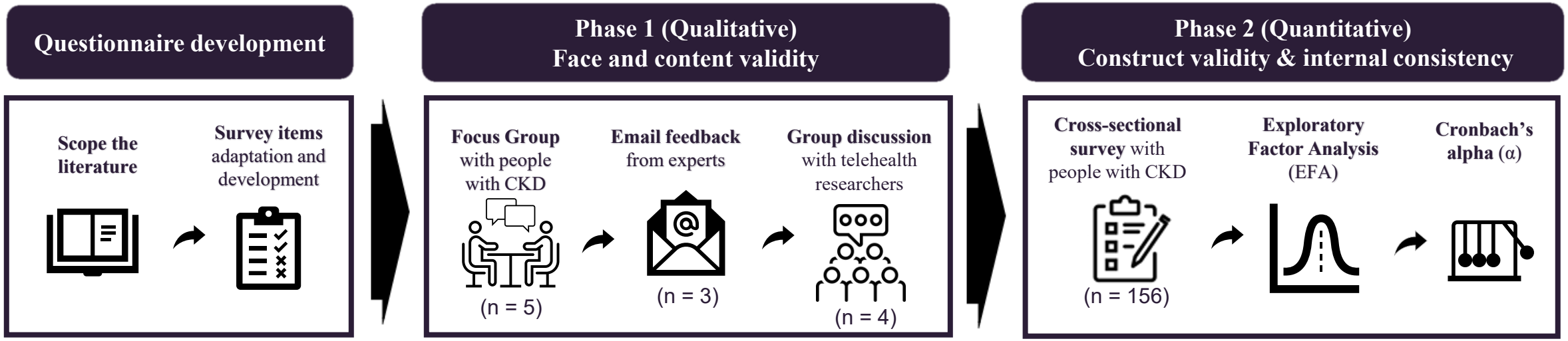
Telehealth modalities



Medical Artificial Intelligence

Trust and Confidence in Telephone and Video Consultation Scales (TCTVC Scales)

Survey development and validation: mixed-method approach



TCTVC Scales - Trust

Trust in TELEPHONE consultations	
1	The healthcare I receive through a telephone consultation works well (is effective).
2	It is clear to me what types of healthcare I can receive through a telephone consultation.
3	My health care professional works via telehealth and I can decide together with them whether I want to have a telephone consultation.
4	I feel in control during a telephone consultation.
5	Everything that I say over a telephone consultation remains private.
6	My personal information collected over a telephone consultation will not get lost.
7	A telephone consultation is easy to use.
8	I feel that my telephone consultation is private and secure.
9	I can trust telephone consultations with **my regular healthcare professional.**
10	I can trust telephone consultations with **a new healthcare professional.**
11	I can trust that possible technical problems with telephone consultations will be solved properly.
12	I feel at ease with a telephone consultation.

Trust in VIDEO consultations	
1	The healthcare I receive through a video consultation works well (is effective).
2	It is clear to me what types of healthcare I can receive through a video consultation.
3	Healthcare provided through video consultation does not help me enough.
4	I feel in control during a video consultation.
5	Everything that I say over a video consultation remains private.
6	My personal information collected over a video consultation will not get lost.
7	A video consultation is easy to use.
8	I feel that my video consultation is private and secure.
9	I can trust video consultations with **my regular healthcare professional.**
10	I can trust video consultations with **a new healthcare professional.**
11	I can trust that possible technical problems with video consultations will be solved properly.
12	I feel at ease with a video consultation.

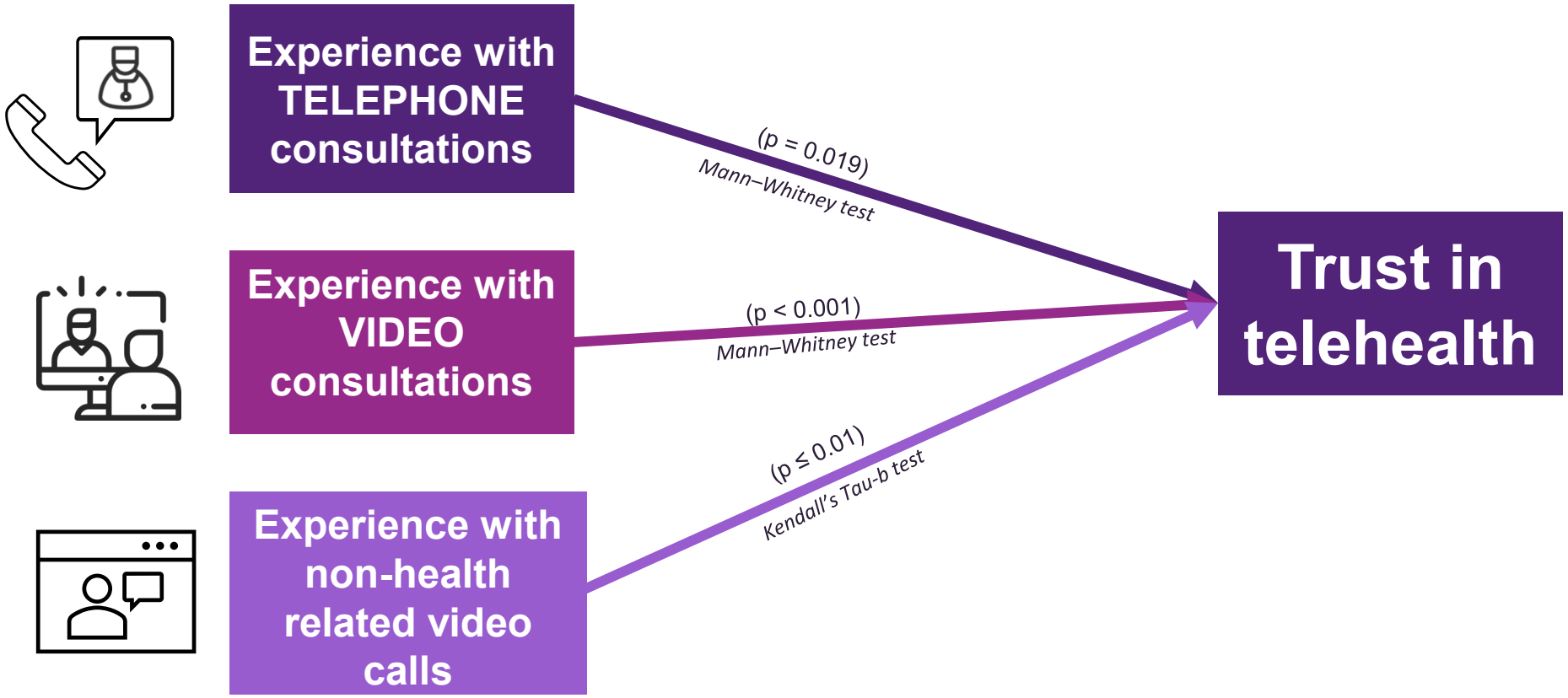
TCTVC Scales - Confidence

Confidence in using TELEPHONE consultations	
Factor 1: Social & Technical Support	
1	I am confident using a telephone consultation when there is a family member with me during the consultation.
2	I am confident using a telephone consultation when there is a friend with me during the consultation.
3	I am confident using a telephone consultation when there is technical support available to help me fix technical problems if I need it.
Factor 2: Competence & Capability	
4	I am confident using a telephone consultation by myself (without a friend, family member or technician present).
5	I am confident using a telephone consultation when I am familiar with the technology.
6	I am confident using a telephone consultation because I can hear and understand what has been said.
7	I will not forget the information that I receive verbally over a telephone consultation.

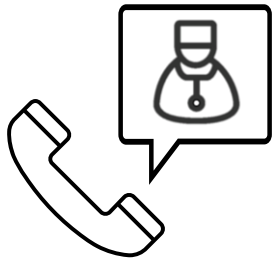
Confidence in using VIDEO consultations	
Factor 1: Social & Technical Support	
1	I am confident using a video consultation when there is a family member with me during the consultation.
2	I am confident using a video consultation when there is a friend with me during the consultation.
3	I am confident using a video consultation when there is technical support available to help me fix technical problems if I need it.
Factor 2: Competence & Capability	
4	I am confident using a video consultation by myself (without a friend, family member or technician present).
5	I am confident using a video consultation when I am familiar with the technology.
6	I am confident using a video consultation because I can see the person I am talking to and hear and understand what has been said.
7	I am confident I will not forget the information that I receive verbally over a video consultation.

4. What are the factors associated with trust?

Association between **experience** and trust



Trust in telephone consultations is significantly higher than trust in video consultations



TELEPHONE consultations

mean = 3.93 ± 0.64

>

p < 0.001

VIDEO consultations

mean = 3.67 ± 0.66

4. What are the factors associated with trust?

Quality was positively associated with trust

Quality of internet access
(p<0.001)*

Quality of recent telehealth appointment
(p<0.001)*

Greater levels of trust in both medical and allied health professionals

**Kendall's Tau-b test.*

4. What are the factors associated with trust?

Honest and professional relationship with healthcare professional can promote trust

Participants that felt they could **speak honestly and professionally with their health professional** via telehealth **trust more**

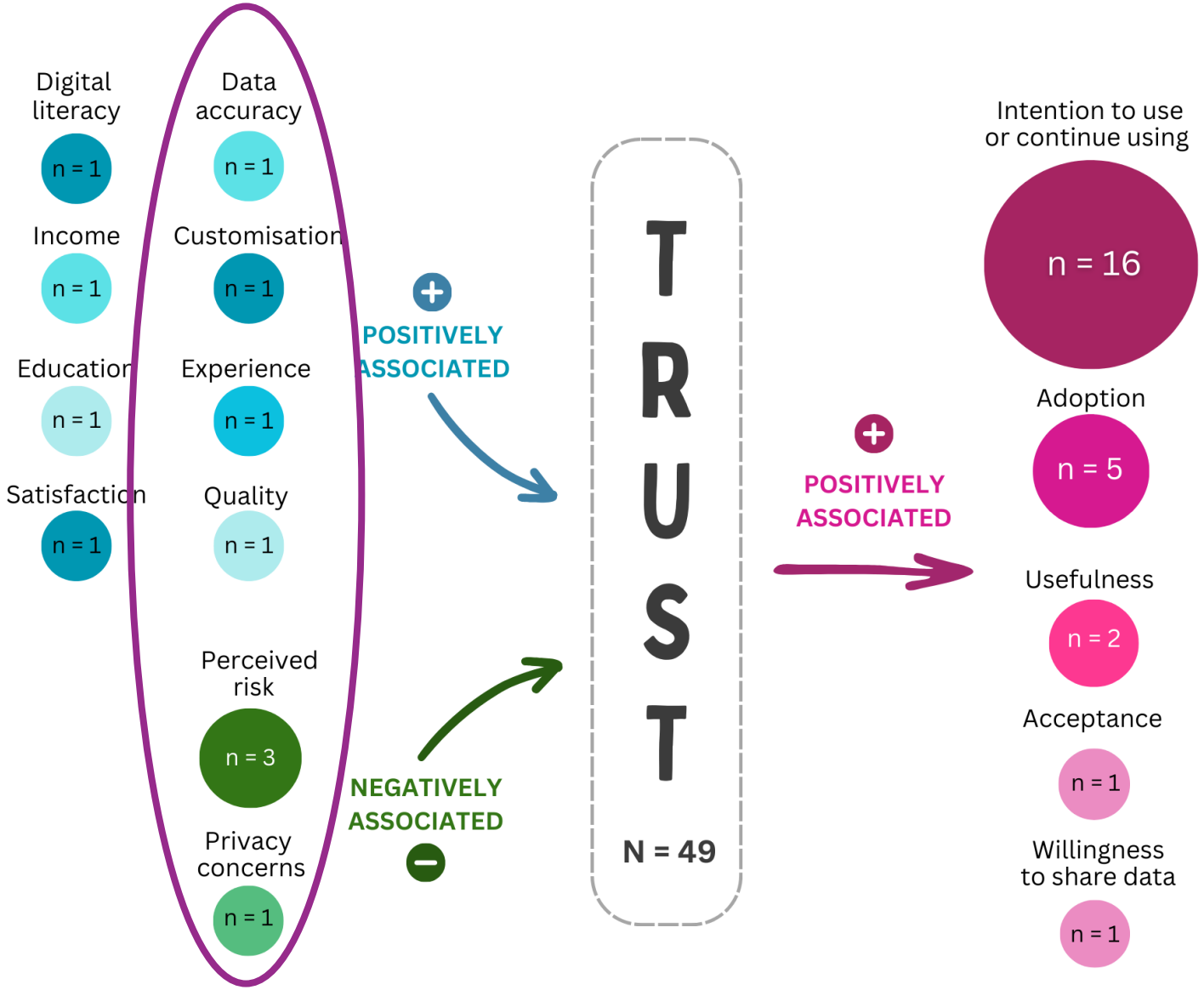
…than those who reported not having this feeling (p<0.001) *Mann-Whitney U test*

4. What are the factors associated with trust?

Individual's ability to troubleshoot can promote trust

Participants who reported having **confidence in their ability to troubleshoot** during a telehealth appointment **trust more than those who reported not having** this confidence ($p<0.001$) *Mann-Whitney U test*

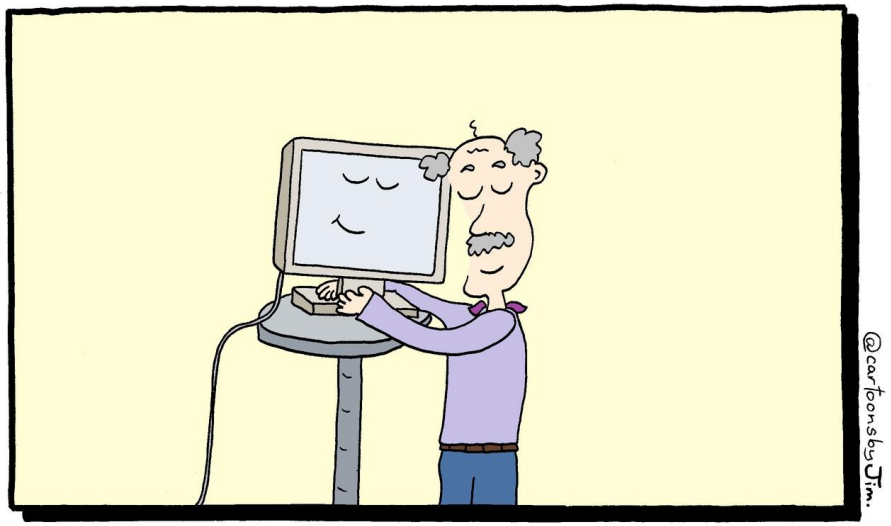
4. What are the factors associated with trust?



5. How to increase consumers' trust in telehealth

Increase quality of telehealth and provide better experiences

Promote consumer digital literacy and awareness of telehealth benefits



Established relationships with healthcare professionals - transferable trust

Give consumers a choice or shared decision on the modality of care

Increase exposure to technology and promote video consultations

Regulation and transparency on telehealth appropriateness and data management

More interoperability and integrated care

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Thank you!

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