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Exploring Allied Health Therapists' Perceptions of Telehealth: Benefits, Barriers, Clinical Impact, and Intentions for Continued Use

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ABSTRACT

Post-COVID-19, telehealth has become widely adopted in allied health professions, and therapists' attitudes toward the viability and efficacy of telehealth are poorly understood, not specific to any particular discipline, and vary. **Objectives:** To evaluate allied health therapists' perceptions of telehealth by assessing its adoption, perceived benefits and barriers, and the influence of training and professional experience on attitudes toward telehealth use and future implementation using a convergent mixed-methods cross-sectional approach. **Methods:** A convergent mixed-methods cross-sectional design was conducted with 100 therapists from Speech-Language Therapy, Rehabilitation, Psychology, Physical Therapy, and Occupational Therapy to explore perceptions of telehealth. The participants answered 12 five-point Likert scale questionnaires and an open-ended question about the perceived benefits and challenges. Sample size was calculated using Cohen's power formula. The data distributions were not normal, and therefore non-parametric statistics were used (Spearman's correlation, Kruskal-Wallis). **Results:** Adoption was high (88%); 58% reported using telehealth at least weekly, but 48% did not get any formal training, and 53% planned to keep using it. Technology confidence was moderately high (mean = 4.02/5), perceived access benefits were moderately high (mean = 3.81), and the lowest was patient comfort (mean = 3.44). The reported benefits were significantly correlated with agreement that telehealth decreases geographic barriers ($p = 0.322$, $p = 0.001$). **Conclusions:** Results highlight the critical need for structured training, enhanced platforms, and patient support in order to maintain the integration of telehealth across allied health professions in an uninterrupted fashion.

INTRODUCTION

Digital health technologies have revolutionized healthcare delivery, including one of the biggest innovations in modern clinical practice – telehealth. Telehealth is the delivery of healthcare services using electronic information and telecommunication technologies, and it has been successfully used across physical and occupational therapy, speech-language pathology, rehabilitation, and mental health disciplines [1]. While telehealth services were slowly gaining traction before the COVID-19 pandemic, the pandemic has also propelled the implementation of telehealth services across the healthcare continuum, with providers having to quickly shift to a remote approach to care [2]. Telehealth has many benefits, including better access to healthcare, greater

flexibility, decreased travel and healthcare costs, and continuity of care, especially for those in rural and underserved communities [3-5]. Research has also shown that for many conditions, clinical outcomes of telehealth care are similar to those of in-person care with the use of the appropriate technology and professional skills [6]. However, there are a number of obstacles to overcome. Hands-on assessment, therapeutic rapport, digital literacy, privacy issues, and training are all factors that could impact the quality and effectiveness of telehealth services [7-9]. In addition, different levels of institutional support, reimbursement mechanisms, and regulations remain factors that impact the sustainability of the use of telehealth in the long-term [10]. Further, there is a limited



number of studies that have systematically examined the reported benefits and challenges therapists face when confronted with objective changes in clinical attitudes using a wide variety of therapist profession-specific psychometric instruments [11-13].

While prior studies have documented the effectiveness of telehealth, there are key gaps. The majority of studies conducted have concentrated on specific patient groups or the healthcare disciplines in isolation, and thus findings are not easily transferable. Little is known about therapists' perceptions based on their clinical experience and professional discipline, as well as their training in telehealth, and how those factors relate to their perceptions of the effectiveness, confidence, and sustainability of telehealth. Addressing these future gaps will help inform future strategies for the implementation of telehealth, healthcare professional training, and policy development. This study aimed to explore the prevalence and frequency of using telehealth among therapists and to compare and contrast the perceived benefits and challenges among therapist subgroups. Also, to examine how experience and training relate to attitudes of therapist effectiveness in using telehealth. The results will guide institutional policy, design of training programs, and future research to maximize the use of telehealth across allied health professions.

METHODS

This study employed a convergent mixed-methods cross-sectional design. Quantitative and qualitative data were collected concurrently through a web-based survey. Data collection was conducted over 6 months from October 2025 to March 2026 at the University of Lahore, Lahore. The quantitative component consisted of demographic questions and 12 Likert-scale items assessing therapists' perceptions of telehealth, while the qualitative component included open-ended questions exploring perceived benefits and challenges. Integration of quantitative and qualitative findings showed consistent results. Positive quantitative ratings for technology confidence and improved access to care were supported by qualitative themes of scheduling flexibility, continuity of care, and observation of the home environment. Likewise, lower ratings for patient comfort aligned with reported challenges in rapport building and conducting hands-on assessments, highlighting key barriers to telehealth implementation. As a result of professional therapy networks, allied health associations, and social media sites (such as LinkedIn, professional forums), participants were recruited. This was considered a convenience sample, so self-selection bias is recognized, and the results should be interpreted with a certain degree of caution, as therapists with a more positive outlook on telehealth may have been

more likely to respond. Quantitative and qualitative datasets were analyzed separately using appropriate statistical and thematic content analysis techniques and were subsequently integrated during interpretation to provide a more comprehensive understanding of therapists' experiences and attitudes toward telehealth services.

The qualitative component employed an inductive content analysis approach. The accessible population comprised 1,214 therapists, with the final sample (N=100) justified by a priori power analysis (G*Power; $\eta^2=0.06$, $p=0.30$, $\alpha=0.05$, power=0.80). The quantitative phase employed a consecutive sampling approach, whereby all eligible therapists meeting the inclusion criteria during the study period were invited to participate until the required sample size was achieved. The qualitative phase used purposive sampling to select information-rich responses, and data collection continued until thematic saturation was reached (achieved at 85 responses, with all 100 open-ended responses included). The quantitative questionnaire included 12 Likert items on technology confidence, access, engagement, sustainability, patient comfort, and effectiveness; the qualitative questionnaire comprised three open-ended questions on perceived benefits, challenges, and additional experiences with telehealth. All analyses were performed using SPSS version 28.0 and using an α -level of 0.05.

RESULTS

Telehealth adoption was high (88%), with 58% of those who used telehealth at least once per week, showing high integration. But a significant proportion (48 per cent) were not formally or informally trained. 53% plan to continue (definitely/probably yes), 33% say telehealth is about the same as in-person, and 26% rate telehealth as somewhat less effective, indicating there is still an opportunity to improve platforms and training (Table 1).

Table 1: Participant Characteristics, Telehealth Use, Training, and Perceptions

Variables	Category	n (%)
Age Group	20-29	18 (18%)
	30-39	14 (14%)
	40-49	23 (23%)
	50-59	24 (24%)
	60+	21 (21%)
Gender	Female	50 (50%)
	Male	44 (44%)
	Non-binary/Other	4 (4%)
	Prefer not to say	2 (2%)
Specialty	Speech Language Therapist	19 (19%)
	Rehabilitation Therapist	18 (18%)
	Psychologist/Mental Health	18 (18%)

	Physical Therapist	17 (17%)
	Other	15 (15%)
	Occupational Therapist	13 (13%)
Years of Experience	<1 Year	20 (20%)
	1-5 Years	13 (13%)
	6-10 Years	18 (18%)
	11-20 Years	23 (23%)
	>20 Years	26 (26%)
Ever Used Telehealth	Yes	88 (88%)
	No	12 (12%)
Frequency of Use (among all)	Daily	16 (16%)
	Several Times A Week	17 (17%)
	Once A Week	18 (18%)
	Occasionally	22 (22%)
	No Longer Use	15 (15%)
	N/A (Non-Users)	12 (12%)
Training Received	No Training	48 (48%)
	Yes - Informal	25 (25%)
	Yes - Formal	27 (27%)
Satisfaction with Platform	Very Satisfied	14 (14%)
	Satisfied	32 (32%)
	Neutral	19 (19%)
	Dissatisfied	12 (12%)
	Very Dissatisfied	11 (11%)
Effectiveness vs In Person	N/A	12 (12%)
	About the Same	33 (33%)
	Somewhat Less Effective	26 (26%)
	Somewhat More Effective	21 (21%)
	Much Less Effective	7 (7%)
	Much More Effective	1 (1%)
Intent to Continue	N/A	12 (12%)
	Definitely Yes	30 (30%)
	Probably Yes	23 (23%)
	Unsure	22 (22%)
	Probably Not	10 (10%)
	Definitely Not	3 (3%)

Clinicians are confident in the telehealth technology (mean 4.02/5), and that it leads to better access (3.81) and sustainability (3.75). Patient comfort with telehealth is the lowest score (3.44), however, this represents one of the barriers. The moderate standard deviations (0.91 to 1.22) indicate some degree of consensus, with the large standard deviations (1 to 5) on many items indicating a wide range of experiences. In general, providers value the program and recognize challenges on the patient side and in the assessment process. Significant differences only emerged for Improves Access by gender ($H=8.80$, $p=0.032$)

Table 4: Reported Benefits and Challenges of Telehealth

Rank	Benefits	n (%)	Challenges	n (%)
1	Observe Home Environment	36 (40.9%)	Difficulty Building Rapport	32 (36.4%)
2	Scheduling Flexibility	32 (36.4%)	Unable To Perform Hands-On Assessment	30 (34.1%)

and Adequate Engagement by workplace setting ($H=14.71$, $p=0.012$) using Kruskal-Wallis test. There was no reliable gender pairwise differences for all measures; however, Academic/University vs. Private Clinic/Practice differed in terms of engagement. Perceptions of telehealth were similar for the majority of age, specialty, experience, and training subgroups, as all other comparisons were nonsignificant.

Table 2: Kruskal-Wallis Test Results for Selected Likert Items by Grouping Variable, With Effect Sizes (η^2)

Likert Item	Grouping Variable	H	df	p-value	η^2
Improves Access	Gender	8.80	3	0.032	0.089
Adequate Engagement	Workplace Setting	14.71	5	0.012	0.149

A significant positive correlation ($\rho = 0.322$, $p = 0.0011$) was found, meaning that therapists who endorsed greater benefits of telehealth were more likely to agree that transportation and geographic barriers are decreased. Conversely, years of experience and challenges reported had no meaningful associations with any perception domain, suggesting that these factors do not meaningfully impact overall attitudes of therapists toward telehealth (Table 3).

Table 3: Spearman Correlation Results for Selected Variable Pairs

Variable Pair	Spearman's ρ	p-value
Benefits Count ↔ Reduces Barriers	0.322	0.001
Years of Experience ↔ Any Likert item (range across 12 items)	-0.196 to 0.196	All >0.050
Challenges Count ↔ Any Likert item (range across 12 items)	-0.194 to 0.126	All >0.050

*Note: ρ = Spearman's rank correlation coefficient. The ranges represent the minimum and maximum correlation coefficients observed across all 12 Likert items

The qualitative findings indicate that therapists perceived both notable benefits and challenges associated with telehealth. The most frequently reported benefits were the ability to observe patients in their home environment (40.9%) and greater scheduling flexibility (36.4%), highlighting telehealth's potential to improve accessibility and continuity of care. Conversely, difficulty building rapport (36.4%) and the inability to perform hands-on assessments (34.1%) emerged as the most common barriers. These findings suggest that while telehealth offers important practical advantages, challenges related to therapeutic interaction and physical assessment remain significant concerns for clinicians (Table 4).

3	Continuity During Emergencies	28 (31.8%)	No Significant Challenges	29 (33.0%)
4	Lower Cost for Patients	28 (31.8%)	Lack Of Institutional Support	27 (30.7%)
5	Reduced Travel Time	26 (29.5%)	Poor Internet/Technical Issues	26 (29.5%)

Therapists reported moderately high confidence in telehealth technology (4.02 ± 0.93). Perceived access benefits and sustainability also scored above the scale midpoint (means = 3.81 and 3.75, respectively). The lowest-rated item was patient comfort with telehealth (3.44 ± 1.11), suggesting a notable barrier. Standard deviations ranged from 0.91 to 1.22, indicating moderate variability in responses across most items, with the widest spread observed for "Telehealth is an effective mode of delivering therapy" ($SD=1.22$). Overall, mean scores were consistently above neutral (3.0), reflecting generally favorable but not uniformly strong perceptions of telehealth across all domains (Table 5).

Table 5: Mean Scores and Standard Deviations for Therapists' Perceptions of Telehealth ($n=100$)

Statements	Mean $\pm$ SD
I feel confident using technology for telehealth	4.02 ± 0.93
Clinical assessment via telehealth is comparable to in person	3.85 ± 1.14
Telehealth improves access to care for patients	3.81 ± 0.91
Telehealth allows adequate patient engagement	3.76 ± 1.06
Telehealth is a sustainable long-term care model	3.75 ± 0.95
Telehealth reduces transportation/geography barriers	3.74 ± 1.04
Telehealth has positively impacted my clinical practice	3.73 ± 1.03
Telehealth respects patient privacy adequately	3.69 ± 1.10
Telehealth is an effective mode of delivering therapy	3.65 ± 1.22
I am satisfied with the telehealth technical support	3.61 ± 1.10
I would recommend telehealth to other therapists	3.60 ± 1.11
My patients are comfortable using telehealth	3.44 ± 1.11

DISCUSSION

This study aimed to examine therapists' experiences and attitudes about telehealth use across diverse clinical specialties, including perceived benefits and barriers, training influences, and plans for future use. Results indicate high adoption (88%), with almost 55% using telehealth weekly, suggesting that the delivery of remote services is now part of routine practice for many therapists. This is consistent with earlier research, which indicated that telehealth was quickly adopted during the COVID-19 pandemic in response to the need to ensure continuity of care while reducing in-person contact [2, 14]. A key concern raised from our data, however, is that 48% of the participants had not been formally or informally trained in the delivery of telehealth. Structured training is an important factor in building provider confidence, technical skills, and quality of service in out-of-hospital environments throughout previous studies [9, 15]. The results indicate that telehealth is being used pragmatically, but a significant percentage of clinicians still have doubts

about telehealth's sustainability. The current qualitative findings identified two primary difficulties, namely, building therapeutic rapport (36.4%) and being unable to do hands-on assessments (34.1%), that may contribute to this ambivalence. Such barriers have been found in allied health professions before [7, 16] and often in occupations that involve much tactile assessment, demonstration, and non-verbal communication cues. Prior studies have suggested that this neutral attitude can occur when therapists employ telehealth technology for certain patient groups or in certain treatment contexts in which using the technology is relatively uncomplicated, such as in follow-up consultations and/or psychoeducation sessions [17]. The qualitative data helps to complement and enhance the quantitative. The most cited benefit was observation of the home environment (40.9%), which is a common area in which telehealth is unique, in that occupational therapists and physical therapists are often not able to do when working in the clinic. Moreover, the benefits of flexibility of scheduling (36.4%) and reduced patient costs (31.8%) were also often cited. The current findings confirm these previous reports and also indicate that practitioners from a variety of specialties are aware of these access-related advantages as fundamental attributes of remote care. On the other hand, the most prevalent challenges were similar to those previously mentioned by Van Lotringen et al. who found that building rapport in telemental health and conducting hands-on assessments had to be intentionally adjusted to communication style, and verbal empathy needed to be increased [18]. The current study adds to this evidence by showing that such relational and procedural challenges are not just mental health-specific, but are found in physical and rehabilitative treatments too. Very few significant differences were found in demographic and professional subgroups using Kruskal-Wallis tests. There was one gender difference in the scores for only one of the items (improves access: $H=8.80$, $p=0.032$), but post hoc pairwise comparisons were not consistent enough to identify any specific gender groups. The level of engagement was different across workplace settings ($H=14.71$, $p=0.012$), with academic/university workplace settings being higher than private clinic/practice workplace settings. The other comparisons, such as age, specialty, years of experience, and training type, were not significant, meaning that perceptions of telehealth are more similar across therapist subgroups. Such uniformity calls for practical consequences: training and support measures do not have to be very target-oriented towards the individual therapist. The Spearman correlation analysis

showed that the number of reported benefits was positively and moderately correlated with agreement that telehealth reduces transportation/geographic barriers ($p = 0.322$, $*p = 0.001$). This association offers empirical evidence for the logical link between clinicians' perception of the practical benefits of telehealth and its key access-related value proposition. Conversely, no years of experience were significantly correlated with any of the Likert items, indicating that novice therapists and experienced therapists have similar attitudes toward telehealth. This finding contrasts with earlier work, where more experienced clinicians were found to be less receptive to digital innovations, possibly because of routines or scepticism of new technologies that are not proven [20]. In the post-pandemic setting, however, as telehealth is becoming the norm in practice settings, this may have reduced experiential variations, as suggested by the current findings.

Furthermore, the number of challenges reported was not related to any perception domain, suggesting that the perception of challenges does not necessarily match negative overall attitudes. Other therapists may see several obstacles, yet still have a positive outlook on telehealth, possibly because they believe these obstacles can be overcome with better training or platform upgrades. There are several caveats to this analysis. Inferences made from the sample ($N=100$) are small, and the use of a consecutive non-probability sampling approach limits the generalizability of the findings; therefore, the results should be interpreted as exploratory rather than confirmatory. The cross-sectional design does not allow for any causal conclusions, and the data were self-reported, potentially leading to social desirability or recall bias. Also, there were no objective patient outcome data obtained with which to compare therapist perceptions and actual clinical effectiveness. Expansion should include larger, more representative samples with probability sampling, longitudinal designs to determine changes in attitudes over time, patient-reported experience and outcomes measures, comparisons of training modalities, and specifically addressing neutral attitude subgroups to determine when it works best to integrate telehealth.

CONCLUSIONS

Although therapists have high adoption rates (88%) and clear benefits in using telehealth, such as home environment observation and scheduling flexibility, nearly half of therapists had received no formal telehealth training, and only 53% plan to continue to use it. Relationship-building and hands-on assessment abilities are still a problem area for other demographic and professional subgroups, without any relationship to years of experience. The results highlight the importance of

designing platforms to be more effective, addressing patient-side barriers, and developing structured training to increase the sustainability and effectiveness of telehealth in allied health professions.

Author's Contribution

Conceptualization: EA

Methodology: EA

Formal analysis: EA

Writing and Drafting: EA

Review and Editing: EA

The author approved the final manuscript and take responsibility for the integrity of the work.

Conflicts of Interest

The author declare no conflict of interest.

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