

# Clinician's Attitudes of Rural Telemental Health and the Impact of COVID-19

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## Introduction

**Telehealth is defined as any treatment administered via technological modalities (live video, store-and-forward, remote patient monitoring, and mobile health;** CCHP, 2021). Telehealth is an effective way to provide mental health treatment to underserved populations, such as rural communities. In rural areas, mental health treatment is not readily available due to the lack of mental health care professionals, geographical area, and financial limitations (Perle & Nierenberg, 2013); telehealth therefore provides rural citizens with an effective and accessible way to obtain mental health treatment. *Knowledge of telehealth, training in telehealth, experience with using telehealth, and effects of the COVID-19 pandemic have been shown to positively affect clinicians' attitudes and acceptance towards utilizing telehealth modalities with patients.*

Knowledge about telehealth is a very important factor that affects clinicians' views towards implementing telehealth. Training and education about telehealth have been shown to positively affect clinicians' views towards telehealth. McClellan et al. (2020) found that *clinicians who reported lower levels of knowledge on the survey were more likely to have negative opinions of telehealth, and those who described themselves as more knowledgeable tended to express more favorable attitudes towards telehealth.* Another important factor that affects clinicians' views towards telehealth is the amount of experience with telehealth. The amount of training and experience with telehealth is associated with more positive telehealth attitudes and acceptance. *Having more training/experience in using telehealth with patients allows clinicians to be more comfortable with implementing telehealth modalities* (McClellan et al., 2020).

The COVID-19 pandemic has changed the world in many ways, including how clinicians interact and work with patients (Schroeder et al., 2021). COVID-19 is contagious and can be deadly, so to combat the spread of the virus, many nations have implemented safety guidelines to protect the public. These guidelines include social distancing, wearing masks, and avoiding large gatherings. In most cases, therapeutic services are conducted face-to-face in a private office setting. With the COVID-19 pandemic and the lockdowns, many mental health clinicians have resorted to using telehealth services to better serve and protect their clients' safety (Schroeder et al., 2021). *These guidelines and the threat of COVID-19 negatively impact clinicians' job performance and how they conduct face-to-face therapy.* Therefore, the negative impact of COVID-19 plays an important role on clinicians' views towards implementing telehealth.

My current study examines rural mental health clinicians' attitudes towards telehealth and how the COVID-19 pandemic has affected these attitudes. This study also examined how the amount of knowledge about telehealth and the amount of experience with telehealth affects clinicians' attitudes.

## Hypotheses

1. The amount of telehealth knowledge is positively associated with clinicians' attitudes towards telehealth.
2. The amount of telehealth experience is positively associated with clinicians' attitudes of telehealth.
3. The negative impact of COVID-19 (safety guidelines, health threats with using face-to-face therapy) on clinicians' job performance is positively associated with clinicians' attitudes towards telehealth.



## Method

### Participants

Participants were composed of 200 Pathways' Employees who were recruited via an email.

### Materials

The survey asked the participants about their knowledge of using telehealth, their experience with using telehealth, their feelings/views towards implementing telehealth, and how COVID-19 has impacted their job performance.

- Regarding knowledge, participants were asked to answer one survey question in a Likert scale format ranging from 1= very satisfied to 4= very dissatisfied.
- Regarding experience, participants were asked to answer two survey questions. Participants answered in a yes or no format; 1= yes and 0= no.
- Regarding COVID-19 impact, participants were asked to answer one survey question. Participants answered in a yes or no format; 1= yes and 0= no.

### Procedure

Participants were sent an email with the linked study. The survey was given two times a year, one during the first quarter of fiscal year and one during the third quarter. Participation was voluntary, and participants were given a deadline of about 2 weeks to respond and sent a reminder email to complete the survey. Only certain items pertaining to knowledge, experience, and the negative COVID-19 impact on telehealth of the survey were used in this study.

### Data Analysis

All hypotheses were tested using a bivariate correlation. The amount of telehealth knowledge and experience and the negative COVID-19 impact are the independent variables. Clinicians' attitudes are the dependent variable.

## Results

### Correlation Matrix

		Knowledge	COVIDImpact	ExperienceTotal	AttitudeTotal
Knowledge	Pearson's r	—			
	p-value	—			
COVIDImpact	Pearson's r	-0.025	—		
	p-value	0.631	—		
ExperienceTotal	Pearson's r	0.263 <sup>***</sup>	0.092	—	
	p-value	<.001	0.107	—	
AttitudeTotal	Pearson's r	0.296 <sup>***</sup>	0.133 <sup>*</sup>	0.231 <sup>***</sup>	—
	p-value	<.001	0.036	<.001	—

Note. H<sub>a</sub> is positive correlation

Note. \* p < .05, \*\* p < .01, \*\*\* p < .001, one-tailed

**Knowledge-** amount of participants' telehealth knowledge  
**Experience-** amount of participants' telehealth knowledge  
**Attitude-** participants' overall attitude towards telehealth

## Discussion

All three of my hypotheses were confirmed. The results showed a significant, positive relationship between the amount of telehealth knowledge and clinicians' attitudes towards telehealth. The results showed a significant, positive relationship between the amount of telehealth experience and clinicians' attitudes towards telehealth. The results showed a significant, positive relationship between the negative impact of COVID-19 on clinicians' job performance and clinicians' attitudes towards telehealth. These results indicate that knowledge of telehealth, experience with telehealth, and the negative impact of COVID-19 positively affect clinicians' attitudes and acceptance towards utilizing telehealth modalities with patients.

The results implicate that training and exposing clinicians to telehealth modalities increases the probability for telehealth implementation with patients. This is also shown by the effects of COVID-19; the social distancing guidelines have pushed rural mental health technicians to adopt more telehealth practices which increases their experience and knowledge of telehealth. One limitation to this study is the lack of external validity; the participants are from one company, so the results may not generalize to all rural mental health technicians.

## References

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