

A Systematic Literature Review of Patient Satisfaction and Telemedicine

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ABSTRACT:

Provide a concise summary of the study, including background, objectives, methods, key results, and conclusion.

This literature review is reviewed systematically to scrutinise the progress of telemedicine technology and correlated with the level or patient satisfaction by synthesizing sixty two (62) peer reviewed academic journals articulated that published between 2021 and 2025. Driven by the review protocols recommendations from Kitchenham et al. (2002) and Tranfield et al., (2003), the study utilised three-stage process of planning, execution, and reporting, drawing on literature retrieved from ScienceDirect and Emerald and screening studies according to predefined inclusion and exclusion criteria. The review analyzed the literature across geographic distribution, journal quality, thematic focus, publication timeline, and research methodology.

The study's findings have been indicating that telemedicine technology has promoted from a backup mode of healthcare delivery into major strategy for enhancing healthcare accessibility, efficiency, and continuity of care, particularly in the context of the pandemic of COVID-19. Across the reviewed studies, patient satisfaction emerged as a multidimensional construct shaped by convenience, communication quality, technical reliability, affordability, and perceived clinical adequacy, while barriers included digital inequity, privacy concerns, infrastructure limitations, and inconsistent measurement approaches. The review concludes that telemedicine can support patient-centered care when implemented within hybrid service models and accompanied by robust digital infrastructure, standardized evaluation frameworks, and supportive policy environments.

This review contributes a consolidated account of recent scholarship on patient satisfaction and telemedicine and identifies methodological and contextual gaps that warrant further investigation.

Keywords: Telemedicine, Patient Satisfaction, Healthcare Marketing; Patient-Centered Care, Systematic Literature Review

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1. Introduction

The rapid digital transformation of healthcare systems has fundamentally reshaped the delivery of medical services worldwide. Among the most prominent developments is telemedicine, defined as the provision of healthcare services at a distance through information and communication technologies for diagnosis, treatment, prevention, and monitoring of diseases (Cannavacciuolo et al., 2023; Loutfi et al., 2025). This innovation has progressed from basic telephone consultations to advanced systems that incorporate video conferencing, mobile health apps, remote monitoring tools, and electronic medical records (Zhang et al., 2022). As healthcare systems face increasing challenges such as population growth, aging populations, rising rates of chronic diseases, and limited resources, telemedicine has become a key strategy for improving accessibility, efficiency, and continuity of care (Foglia et al., 2024).

Historically, telemedicine adoption progressed gradually due to regulatory restrictions, technological limitations, and professional resistance. However, the COVID-19 pandemic catalysed an unprecedented acceleration in its implementation (Yu et al., 2021). Healthcare systems around the world were forced to reduce in-person interactions while still delivering essential services, leading governments to approve the use of remote consultations, digital prescriptions, and virtual monitoring (Bhattacharyya & Mandke, 2022). In many contexts, telemedicine transitioned from a supplementary service to a fundamental component of healthcare delivery, ensuring the continuity of care for patients who were isolated or otherwise vulnerable (Wei et al., 2021). This rapid, wide-scale implementation not only confirmed the operational viability of telemedicine but also underscored its capacity to reshape long-term healthcare delivery models (Lu et al., 2023).

Parallel to the technological expansion of telemedicine, the concept of patient satisfaction has gained central importance in evaluating healthcare quality. Patient satisfaction reflects the

degree to which healthcare services meet or exceed patients' expectations, needs, and preferences (Lucadamo et al., 2021). Patient satisfaction is broadly understood as a multidimensional concept that includes clinical effectiveness, the quality of communication, responsiveness, empathy, accessibility, and technical competence (Abekah-Nkrumah et al., 2021). High levels of patient satisfaction are linked to greater adherence to treatment, improved health outcomes, enhanced emotional well-being, and a lower likelihood of malpractice claims (Wang et al., 2025). As a result, patient satisfaction has emerged as a key performance indicator for healthcare providers and policymakers committed to delivering patient-centered care (Song et al., 2025).

Briefly, telemedicine stands as one of the most transformative advancements in modern healthcare, providing scalable solutions to challenges related to access, efficiency, and continuity of care. At the same time, patient satisfaction remains a central metric for assessing the quality and effectiveness of healthcare services. Examining their intersection through a systematic literature review (SLR) offers valuable insights into how digital healthcare technologies shape patient experiences. By synthesizing existing studies, identifying gaps, and highlighting best practices, this review supports the development of patient-centered telemedicine models that align with the evolving needs of healthcare systems in the digital era.

This study conducts SLR of examining patient satisfaction and telemedicine to contribute to literature in three ways. First, it describes how the research on patient satisfaction and telemedicine are progressed. It utilizes SLR methodology and analyses 62 peer-reviewed journal papers published between 2021 to 2025. As a result, it addresses the academic disciplines through which patient satisfaction and telemedicine are approached. Second, it analyses relevant literature and discusses its main points using four criteria. It evaluates four criteria to identify the patient satisfaction and telemedicine development, namely geographic areas, names and quality of the journals, topics and sub-topics, and timelines

of the peer-reviewed articles. Similarly, it presents the type of methodologies published in the peer-reviewed articles. Furthermore, it critically assesses the features and challenges to any scepticism that may be expressed by researchers, by analysing them. Third, this study highlights research implications and limits as well as suggesting future routes. To reach the study aims, a SLR is undertaken, as inspired by Kitchenham et al. (2002) and Tranfield et al. (2003). This study addresses one research question:

Research Question: How can patient satisfaction and telemedicine have developed?

The rest of this paper is arranged as follows. Section 2 discusses the techniques used to study the literature of patient satisfaction and telemedicine. The results of the SLR are presented in Section 3 along with the answers to the two research questions. The discussion and consequences are presented in Section 4. Finally, Section 5 presents the limitations, future research, and conclusions.

2. Methodology

The background and design of this study are based on the recommendations proposed by Kitchenham et al. (2002) and Tranfield et al. (2003) whereby a comprehensive literature review was conducted in this study. To facilitate SLR, a comprehensive methodology was first reviewed. A purpose of review protocol is to reduce the chances of bias in a study. As a result,

it is regarded as a necessary component of a comprehensive literature review (Kitchenham et al., 2002). Therefore, SLR technique was utilised to collect and investigate literature on the subject mobile health application (telemedicine). Furthermore, the evaluation was done by applying the three stage principles by Kitchenham et al. (2007) and Tranfield et al. (2003): planning, execution, and reporting. A research plan was created for the review, and a review process was done based on the research objectives and questions during the preparation stage. During the execution stage, this study identified data sources, study selection criteria, database of online libraries, and characteristics of included studies. In the reporting stage, the findings were reported.

2.1 Data Collection

The following databases were searched to find studies that would be included in the review: Science Direct and Emerald websites. This study following the methods of Kitchenham et al. (2007) and Tranfield et al. (2003). Based on these two articles, the use of AND/OR words to find the articles that have multiple variable combination in the same article. Therefore, one keyword combinations were used to search all databases: patient satisfaction and telemedicine. The number of results for each term inside each database is provided in Table 1. The overall number of retrieved papers in each database, as well as across databases, is also presented.

Table 1: Table 1: first step that includes the number of papers for keyword and databases

	Science Direct	Emerald	Total
Patient Satisfaction	338,143	24,542	362,685
Telemedicine	47,203	3,492	50,695
Total	385,346	28,034	413,380

Source: Author

2.2 Study Selection

To select relevant research, many approaches were used. First, the articles published from 2021

to 2025 were selected, to get the number of articles needed for the next step, across databases as shown in Table 2.

Table 2: Table 2: the second step that includes the number of papers from 2021 to 2025

	Science Direct	Emerald	Total
Patient Satisfaction	100,727	9,096	109,823
Telemedicine	25,826	2,039	27,865
Total	126,553	11,135	137,688

Source: Author

Second, the total number of articles that include the next step is 137,688. Based on this number, this study reviewed titles of the retrieved articles for the first analysis of the inclusion and exclusion criteria as shown in Table 3. Non-

relevant items were identified throughout the selection process, taking into account the topic of the study. First, this study focused on the business and management field; therefore, research outside this domain was excluded.

Table 3: Inclusion and exclusion criteria that were applied to choose the articles

Inclusion	Exclusion
Written in English languages.	Studies without the field of Patient Satisfaction and Telemedicine.
Available in selected electronic databases.	Studied with non-scholarly work, discussions, reports, and highly medicine perspective.
Studies within the field of Patient Satisfaction and Telemedicine.	Working papers, conference articles, editorials book review articles, commentaries, books, and dissertations.
Studies within the field of Business, Management.	Studies without the field of Business, Management.
Articles published from 2021 to 2025.	It has not been published in English.
Academic journals published.	Duplicated.

Source: Author

This technique had led to the inclusion in the full-text search of 4,435 possibly relevant articles. Then 435 were the number of papers that relevant titles. Then after reading the abstract, 290 irrelevant articles were excluded in this study. For the remaining 145 articles, the complete text was analysed extensively of which 83 non-relevant articles were therefore discarded. The systematic review included 62 papers at the end of the procedure. Figure 1 demonstrates the study selection processes. Furthermore, this paper is utilizing the technique portrayed in the Preferred Reporting Items for Systematic review and Meta-Analysis (PRISMA) Statement (Liao et al., 2017; PRISMA, 2020; Page et al., 2021; AlSaied & McLaughlin, 2024; Loong, Abdullah,

& Lada, 2025). The PRISMA flow chart that reports the different phases starting with identification, then screening, after that with eligibility, and lastly with inclusion of this systematic literature review is shown in Figure 2.

The PRISMA 2020 guidelines play an important role in the transparency and completeness of reporting systematic reviews, providing clear insight into why the review was conducted, how the relevant studies were selected, valued and combined, and what the result of the review is (Page et al., 2021). The guide includes a checklist with 27 points in addition to the one that was previously proposed, as well as the flow diagram that has been revised. The flowchart illustrates the number of the published records that were

detected, evaluated, rejected, and accepted, together with the reasoning behind excluding any studies at each certain stage of the systematic review (PRISMA, 2020). In this review, the adopted framework implies full visibility of the whole process of conducting the review from searching for bibliographic information to including 62 studies into it.

2.3 Data Extraction

Data from the entire text of each article included in SLR were extracted. These data included geographic areas, names and quality of the journals, topics and sub-topics, and timelines of the peer-reviewed articles.

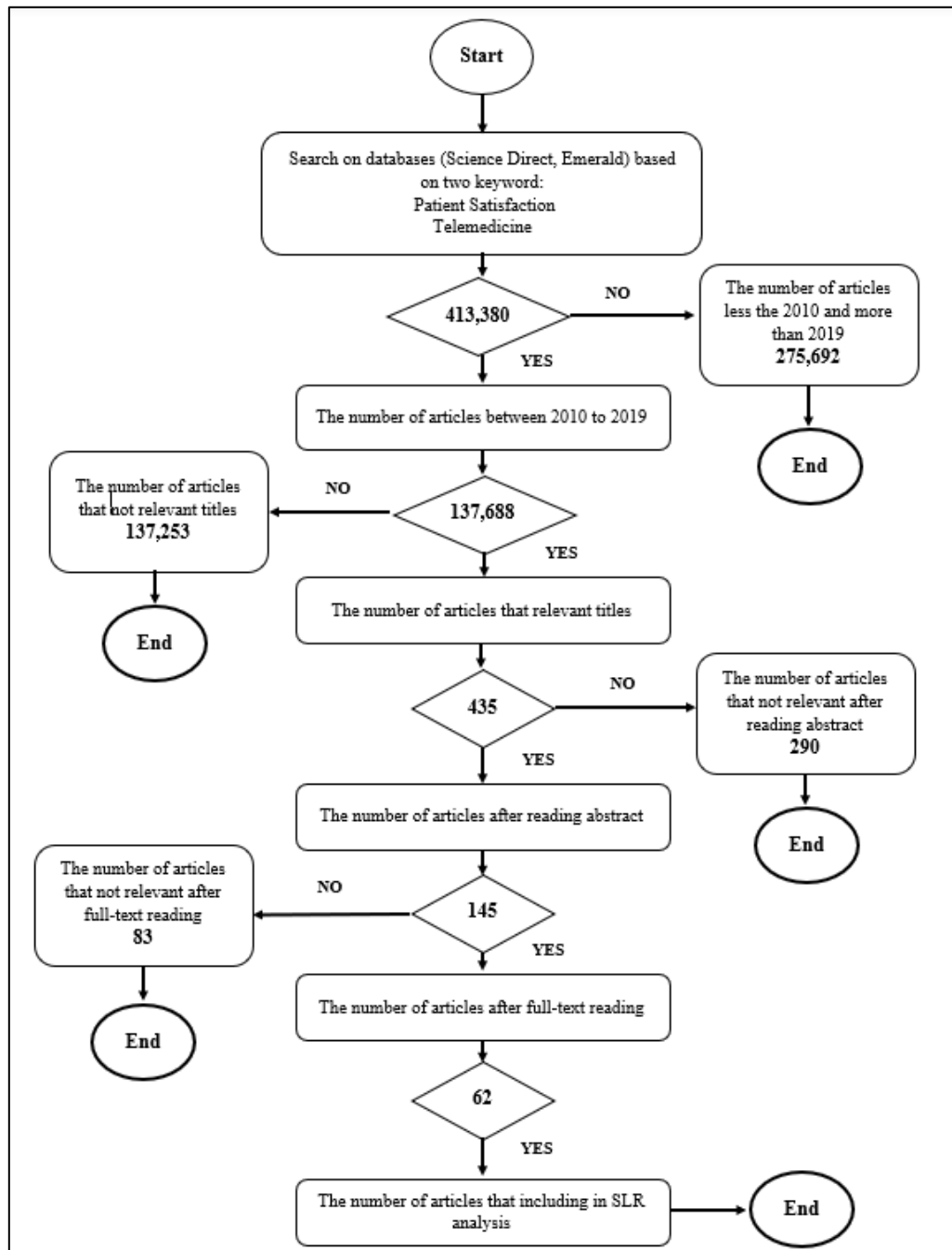


Figure 1: The study selection processes for all steps to get the final number of articles included in SLR analysis

Source: Author

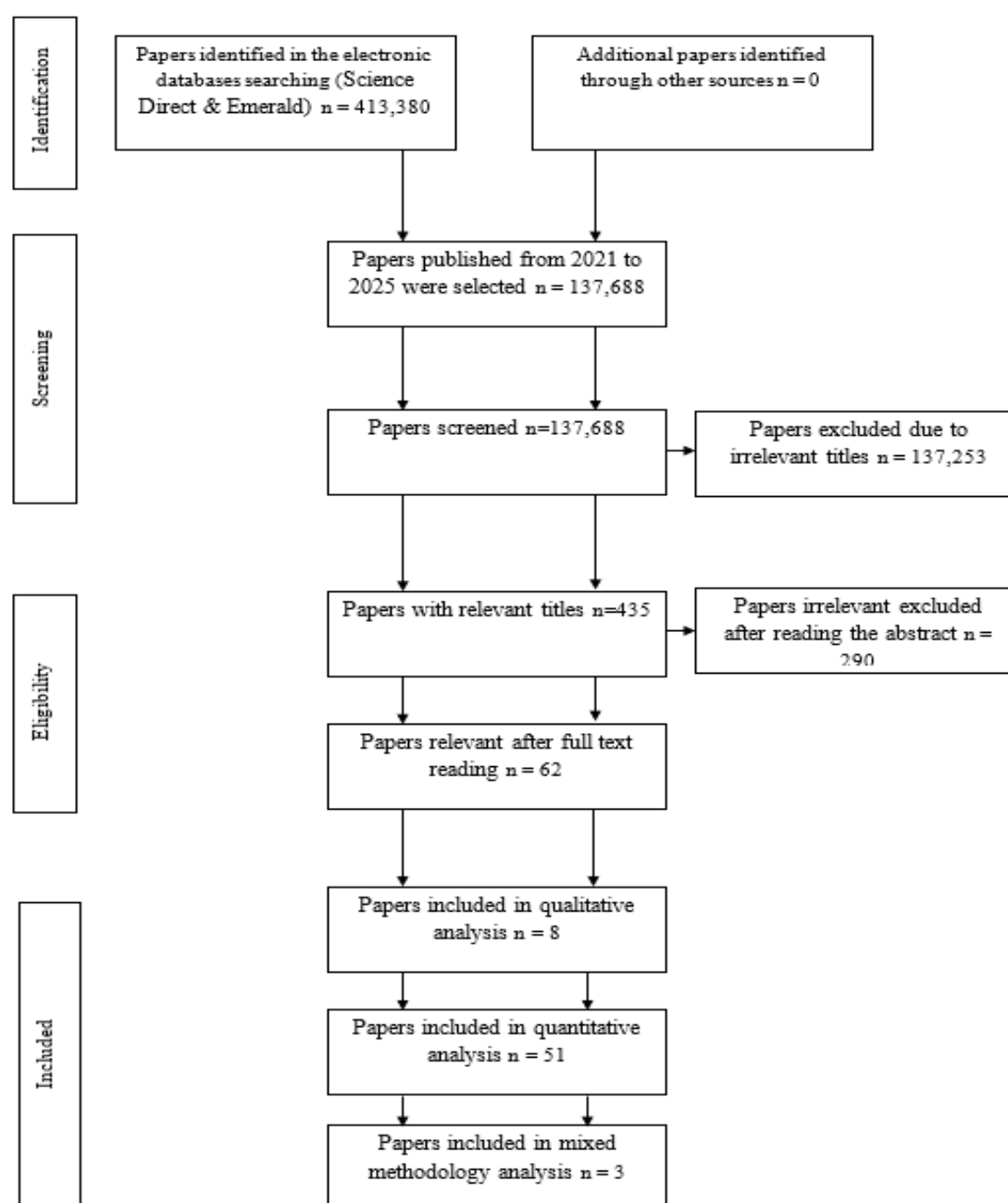


Figure 2: The PRISMA flow chart that reports the different phases of the SLR.

Source: Author

2.4 Characteristics of Studies Included in the Review

Table 4 displays the journal names of the publications relating to this study. The International Journal of Pharmaceutical and Healthcare Marketing is the journal that publishes the majority of the studies in the review were got

11 papers. Hence, the 6 papers were published in Technological Forecasting and Social Change. In addition, 5 papers were published in Journal of Health Organization and Management. However, all 62 peer-reviewed journal quality published lists from Web of Science. Whereas 34 papers published in Science Direct website, and 28 papers published in Emerald website.

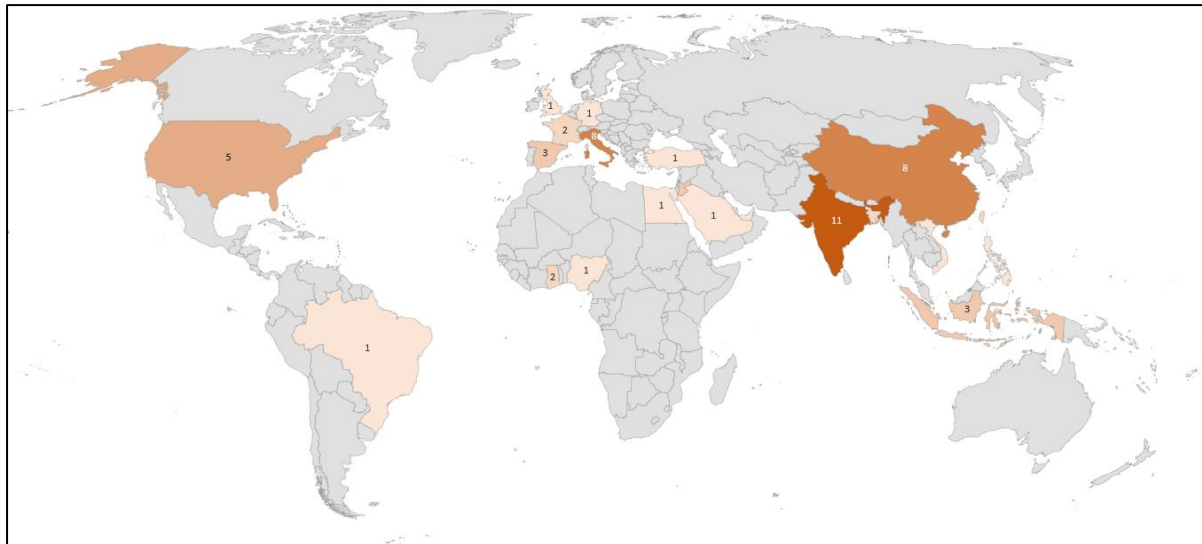
Table 4: Number of articles included in each journal review

Name of Journals	Frequency
International Journal of Pharmaceutical and Healthcare Marketing	11
Technological Forecasting and Social Change	6
Journal of Health Organization and Management	5
Technology in Society	4
Technovation	4
Perioperative Care and Operation Room Management	3
Journal of Business Research	2
Business Process Management Journal	2
Aslib Journal of Information Management	2
International Journal of Quality and Service Sciences	2
Others (one article per Journal)	21
Total	62

Source: Author

As shown in Figure 3, in order to determine the distribution of academic interests, geographic location was also analysed. Most of the articles focus on India (11 articles), Italy and China (8 articles), followed by the articles in USA (5 articles), Jordan, Spain and Indonesia (3 articles),

Ghana, Bangladesh, Taiwan, France and Korea (2 articles). Finally, 11 articles emphasise one article per country in different locations. Table 5 shows the frequency of studies that are related to a certain place.

**Figure 3: Country of Origin Frequency**

Source: Author

In this study, it is indicated that the articles included in the review have been analysed by title and methodological approach. It identifies the

distribution of research designs across the literature examining patient satisfaction (PS) and telemedicine (TeleM) as shown in Table 5. The

total frequencies indicate that 28 studies focused primarily on patient satisfaction, while 34 addressed telemedicine, and 51 incorporated both dimensions. Regarding methodology, quantitative approaches were predominant ($n = 8$), followed by qualitative ($n = 3$) and mixed

methods designs. This distribution highlights a strong empirical orientation in the field, with increasing integration of patient satisfaction measures within telemedicine research, reflecting the growing emphasis on evaluating healthcare service quality and user-centered outcomes.

Table 5: Distribution of Studies by Title and Methodology

	Title		Methodology		
	Patient Satisfaction (PS)	Telemedicine (TeleM)	Quantitative (Quan)	Qualitative (Qua)	Mixed
Lucadamo et al., (2021)	✓		✓		
Shin & Lee, (2025)		✓	✓		
Yulasutu et al., (2025)		✓	✓		
Sebai et al., (2025)		✓	✓		
Abekah-Nkrumah et al., (2021)	✓		✓		
Megawati et al., (2024)		✓	✓		
Dass et al., (2025)		✓	✓		
Rauner & Stummer, (2025)		✓		✓	
Lu et al., (2021)	✓		✓		
Fiano et al., (2022)	✓		✓		
Shrivastava & Shrivastava, (2024)		✓	✓		
Boakye et al., (2021)	✓		✓		
Devi et al., (2025)		✓	✓		
Chakraborty & Church, (2021)	✓				✓
Hsu et al., (2024)		✓	✓		
Nguyen & Nagase, (2021)	✓		✓		
Rocco et al., (2024)		✓		✓	
Stefanini et al., (2021)	✓		✓		
Yang et al., (2025)		✓	✓		
Barghouth et al., (2021)	✓		✓		
Foglia et al., (2024)		✓	✓		
Mohamed et al., (2021)	✓		✓		

Anaya & Recuero-Virto, (2025)		✓		✓	
Loutfi et al., (2025)		✓	✓		
Chanda et al., (2025)		✓	✓		
Alkhaldi & Abdallah, (2022)	✓		✓		
Upadhyay et al., (2023)		✓	✓		
Yıldırım et al., (2022)	✓		✓		
Serhan et al., (2023)	✓		✓		
Kautish et al., (2023)		✓			✓
Chanda et al., (2025)		✓	✓		
Cobelli et al., (2023)		✓	✓		
Souki et al., (2022)	✓		✓		
Zito et al., (2025)		✓		✓	
Wan et al., (2023)		✓	✓		
Al Owad et al., (2022)	✓		✓		
Cannavacciuolo et al., (2023)		✓		✓	
Geng-Ramos et al., (2022)		✓	✓		
Ali & Dzandu, (2023)	✓		✓		
Gaitan & Ramírez-Correa, (2023)		✓		✓	
Dhakate & Joshi, (2023)	✓		✓		
Lu et al., (2023)		✓	✓		
Wang & Zhang, (2024)	✓		✓		
Chauhan et al., (2022)		✓		✓	
Abdelwahed & Zehri, (2025)	✓		✓		
Ong et al., (2022)		✓	✓		
Lee & Shin, (2025)		✓	✓		
Wang et al., (2025)	✓		✓		
Nuhu et al., (2025)	✓		✓		
Schmitt et al., (2025)		✓	✓		
Zhang et al., (2022)		✓	✓		
Huang et al., (2025)	✓				✓
Wei et al., (2021)		✓	✓		

Song et al., (2025)	✓		✓		
Sharma et al., (2025)	✓		✓		
Bhattacharyyaa & Mandke, (2022)		✓	✓		
Burt et al., (2025)	✓		✓		
Yu et al., (2021)		✓	✓		
Yang et al., (2025)	✓		✓		
Khodadad-Saryazdi, (2021)		✓		✓	
Abdallah et al., (2025)	✓		✓		
Wang et al., (2025)		✓	✓		
Total	28	34	51	8	3

Figure 4 shows the observed trends in publication numbers between 2021 and 2025 may reflect evolving priorities in healthcare research. The substantial rise in telemedicine publications, particularly the peak in 2025, likely corresponds to accelerated digital transformation, expanded regulatory support, increased funding opportunities, and growing demand for remote healthcare services. The temporary decline in

2024 may indicate short-term research saturation or shifts in funding allocation. Conversely, the decline in patient satisfaction studies from 2021 to 2024 may be associated with systemic healthcare pressures and transitional challenges in service delivery. The subsequent increase in 2025 suggests renewed scholarly attention and improved integration of patient-centered digital care models.

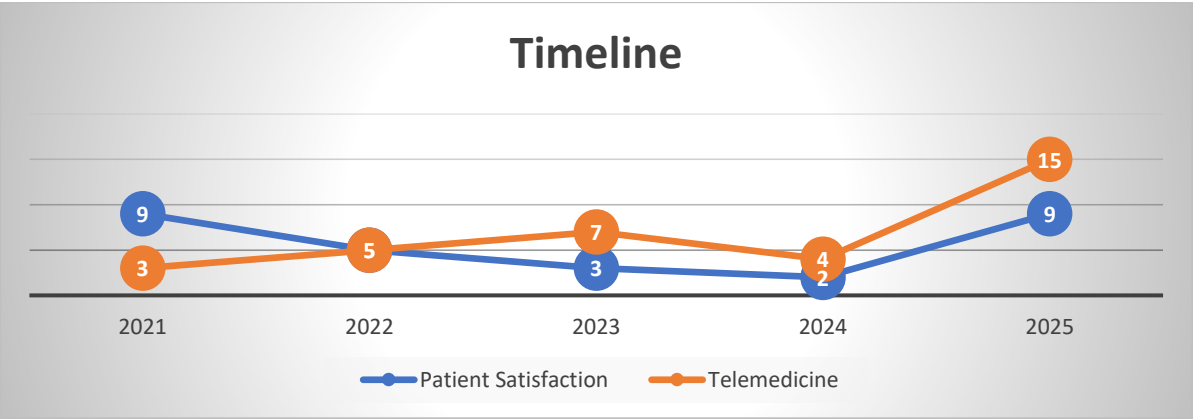


Figure 4: The timeline of articles published

Source: Authors

3. Results

This part lays out the results in response to the research questions as well as to offer a descriptive analysis of the articles in our research database. Our descriptive study began by assessing the distribution of the 62 articles across the database systems, geographic locations, titles and quality of the journals, themes and sub-themes, timings of

the peer-evaluated papers, and research methods. Thus, a profound grasp of literature trends is obtained. Hence, the outcome of each question is as follows:

Research Question: How can patient satisfaction and telemedicine have developed?

Telemedicine has developed from a limited technological innovation into a widely adopted healthcare delivery model that supports remote clinical consultations, monitoring, and communication. Initially used to improve access to care in rural areas, telemedicine gradually expanded as digital infrastructure, internet connectivity, and healthcare policies evolved (Shin & Lee, 2025; Yulasutu et al., 2025). Over time, patient satisfaction became a central measure for evaluating its effectiveness and quality (Lucadamo et al., 2021; Al Owad et al., 2022). The growth of research examining satisfaction alongside telemedicine adoption reflects increasing recognition that technological feasibility alone is insufficient; patient experience and perceived quality of care are essential indicators of success.

Early studies generally reported high satisfaction levels, particularly due to factors such as convenience, reduced travel time, lower costs, and improved access to healthcare providers (Abekah-Nkrumah et al., 2021; Ali & Dzandu, 2023). During the COVID-19 pandemic, satisfaction research expanded significantly and important determinants of satisfaction include effective communication, ease of platform use, affordability, technical reliability, and perceived adequacy of clinical assessment (Lu et al., 2021; Dhakate & Joshi, 2023). However, disparities related to age, digital literacy, socioeconomic status, and technological access have influenced satisfaction outcomes, highlighting the importance of equity and implementation (Fiano et al., 2022; Yang et al., 2025).

Patient satisfaction reflects the positive experiences patients report when healthcare services meet or exceed their expectations (Boakye et al., 2021). High satisfaction is commonly associated with factors such as convenience, effective communication, reduced waiting times, affordability, and accessibility to care (Chakraborty & Church, 2021; Burt et al., 2025). When healthcare services are responsive to patient needs and delivered in a respectful and timely manner, satisfaction levels tend to improve significantly (Nguyen & Nagase, 2021; Sharma et al., 2025). In modern healthcare environments,

patient satisfaction is also strengthened by continuity of care, clear information exchange, and patient-centered approaches that involve individuals in decision-making (Stefanini et al., 2021; Song et al., 2025). As a key quality indicator, satisfaction helps evaluate service performance and informs improvements in healthcare delivery (Barghouth et al., 2021; Abdallah et al., 2025).

Despite its importance, patient satisfaction is influenced by several challenges that complicate its measurement and interpretation (Mohamed et al., 2021; Huang et al., 2025). Satisfaction is subjective and can vary depending on individual expectations, cultural background, socioeconomic status, and prior healthcare experiences (Alkhalidi & Abdallah, 2022; Nuhu et al., 2025). Inconsistent measurement tools and survey methods make it difficult to standardize evaluation across healthcare settings (Yıldırım et al., 2022; Wang et al., 2025). Additionally, external factors such as system limitations, communication barriers, or unmet clinical expectations may negatively affect reported satisfaction even when clinical outcomes are appropriate (Serhan et al., 2023; Abdelwahed & Zehri, 2025). These challenges highlight the need for reliable assessment frameworks to accurately capture patient perspectives and improve healthcare quality (Souki et al., 2022; Wang & Zhang, 2024).

The development of telemedicine accelerated dramatically during the COVID-19 pandemic, when healthcare systems rapidly scaled virtual services to maintain continuity of care under movement restrictions and infection control measures (Sebai et al., 2025; Wei et al., 2021). This period marked a major shift from limited adoption to widespread integration across specialties such as primary care, mental health, and chronic disease management (Sebai et al., 2025; Zhang et al., 2022; Yu et al., 2021). Technological improvements, regulatory adjustments, and reimbursement policy changes further supported this expansion (Megawati et al., 2024; Lee & Shin, 2025). Post-pandemic, telemedicine has become integrated into hybrid healthcare models that combine virtual and in-person services (Dass et al., 2025; Ong et al.,

2022; Wang et al., 2025). Ongoing research continues to refine service delivery, improve digital platforms, and evaluate long-term clinical and satisfaction outcomes (Rauner & Stummer, 2025; Chauhan et al., 2022).

Telemedicine offers significant benefits in improving healthcare accessibility, efficiency, and system capacity (Shrivastava & Shrivastava, 2024; Lu et al., 2023). It enables healthcare providers to deliver services remotely, reducing geographical barriers and expanding access to specialized care (Devi et al., 2025; Gaitan & Ramírez-Correa, 2023). During public health emergencies, such as pandemics, telemedicine ensures continuity of care while minimizing infection risks (Hsu et al., 2024; Geng-Ramos et al., 2022). It also improves operational efficiency by reducing patient congestion in hospitals and optimizing provider time (Rocco et al., 2024; Cannavacciuolo et al., 2023). Technological advancements, regulatory support, and integration into hybrid care models have strengthened telemedicine's role as a sustainable component of modern healthcare systems (Yang et al., 2025; Wan et al., 2023; Bhattacharyya & Mandke, 2022).

Telemedicine also faces notable challenges that affect its implementation and long-term effectiveness (Anaya & Recuero-Virto, 2025; Zito et al., 2025). Technical limitations, cybersecurity risks, and concerns about data privacy can hinder adoption and trust (Foglia et al., 2024). Certain clinical assessments require physical examination or diagnostic procedures that cannot be fully replicated virtually, limiting telemedicine's applicability in some specialties (Loutfi et al., 2025; Cobelli et al., 2023). Regulatory and reimbursement policies may vary across regions, creating inconsistencies in service delivery (Chanda et al., 2025; Chanda et al., 2025; Khodadad-Saryazdi, 2021). Additionally, infrastructure gaps and digital inequality restrict equitable access, posing challenges to universal implementation and consistent healthcare quality (Upadhyay et al., 2023; Kautish et al., 2023; Schmitt et al., 2025).

Overall, telemedicine and patient satisfaction have evolved together as interconnected

elements of modern healthcare transformation. High satisfaction levels demonstrate that telemedicine can effectively meet patient needs when implemented with appropriate technology, strong communication practices, and supportive policy frameworks. Despite challenges such as technological barriers and unequal access, telemedicine remains a sustainable component of healthcare systems worldwide. Future developments will likely focus on standardizing satisfaction measurement, improving digital accessibility, and strengthening hybrid care models to ensure both quality and patient-centered care.

4. Discussion

The integrated findings indicate that satisfaction is a mirror reflecting the service quality, rather than just the technology. Convenience drives value, and communication and clinical confidence sustain and maintain use. The pandemic adoption will only be maintained if platforms can remain trusted and reliable. Differences in patient satisfaction are often linked to limited digital skills, inadequate infrastructure, confidentiality concerns, and cost-related barriers. These findings also showing the significance of hybrid care models, where virtual consultations are used when clinically appropriate and in-person visits remain available when necessary. Developing standardized measures of patient satisfaction would make it easier to compare outcomes across different settings and patient populations. Ultimately, healthcare policies and management practices should draw on these findings to make telemedicine more equitable, user-friendly, and responsive to patients' needs.

5. Conclusion

The study by highlighting the increasing interest in Patient Satisfaction and Telemedicine research, may be fostered by embedding breakthroughs into IT, Trust, and evaluation, as well as maturity and benchmarking, within techniques and applications. By effectively assimilating and applying new knowledge, particularly in the realm of Patient Satisfaction and Telemedicine, organizations can optimize their Patient

Satisfaction and Telemedicine function, respond to changing business dynamics, and continuously enhance the quality and effectiveness of their Patient Satisfaction and Telemedicine used. A culture that embraces learning, innovation, and collaboration empowers Patient Satisfaction and Telemedicine to thrive in the digital age and deliver valuable insights to support the organisation's strategic objectives.

The limitation of this study is as follows. Firstly, only two major academic database namely, Emerald and Science Direct were queried as part of the literature review. The body of knowledge on Patient Satisfaction and Telemedicine is quite similar and highly specialized. Second, the query structures, which in the study selection section (Table 2), are more severe constraints. Such query

structures were created with the intention of limiting the query results to articles about Patient Satisfaction and Telemedicine, with the expectation that those articles would be most relevant to the topic of this literature study. During the experimental development of query structures, those seeking a match for only two conceptual keywords and the timeline between 2021 to 2025 were tested. Unfortunately, each of those query patterns resulted in Emerald and Science Direct, returning tens of thousands of hits. If the number of data sources were increased beyond two, the total number of query results relevant to anyone's conceptual emphasis might quickly reach the hundreds of thousands. Such a review would be difficult without data mining and analysis tool designed specifically for the study topic.

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