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Editorial: Integrating digital health technologies in clinical practice and everyday life: unfolding innovative communication practices

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Editorial on the Research Topic
Integrating digital health technologies in clinical practice and everyday life: unfolding innovative communication practices

Digital health technologies have emerged as a potential means for transforming health care systems into more sustainable organizations, and to support patient-centered care. The implementation of digital health technologies, such as telemedicine, telecare-systems, mobile applications, tracking and sensor technologies, and artificial intelligence (AI)-based interventions, encourages and fosters a desired shift in where health care is delivered, moving from hospitals to patients' homes. These innovations provide new ways to communicate about health by playing an active role in how patients interact with health care providers and how they can self-manage their health at home. Technologies that aim to facilitate care at a distance (e.g., through teleconsultation or telecare systems) or to improve tailored health communication (e.g., by using mHealth or AI-based health technologies) affect care practices, care coordination, and the social relations of care.

These technologies also provide access to tailored educational resources and enhanced health communication strategies. At the same time, their use presents complex social, organizational, communicational, and interactional challenges. Such challenges include how to build constructive relationships with and through technology and how to improve health communication to engage people in self-care practices or limit possible physical, psychological, or emotional harms for patients. Broadly speaking, the integration of digital health technologies into clinical practice and the daily lives of patients thus remains a major challenge for health organizations.

The eight articles featured in this Research Topic focus on various communication practices related to the use of digital health technologies by patients and healthcare providers. Three articles focus on the transformations of patient-provider communication and relationships during technology-enabled consultations and treatment. Using a multi-modal conversation analysis approach, Dalmeijer et al. examine the role of digital technology in interactions between occupational therapists (OTs) and parents of infants and toddlers with cerebral palsy taking part in a pediatric rehabilitation program.

Stümpel et al. conducted a qualitative interview study to explore the perspectives of health care professionals in neonatal intensive care units on the impact of webcams on communication with parents and family-centered care. Branley-Bell et al.'s experimental study examines patients' preferences for consultations with physicians or chatbots when seeking advice for embarrassing and stigmatizing conditions.

Three articles address new forms of interactions between health care professionals enabled by technology. Trupia et al.'s qualitative interview study describes the various uses of tele-expertise in dermatology and explores the dermatologists' perspectives on virtual interactions with their colleagues to produce a diagnostic opinion at a distance. Weiste et al. use conversation analysis to study how professionals involved in return-to work negotiations use meeting memos to facilitate opportunities for participation during virtual meetings. Mlynář et al.'s ethnomethodological/conversation analysis study reports on interactions between physicians and medical radiology technicians when they were learning to use an artificial intelligence medical imaging platform.

Finally, two articles raise issues related to the acceptability of digital health technologies and explore solutions to support their implementation and use. Gauthier-Beaupré and Grosjean present a meta-ethnographic review on the social acceptability of digital health technologies by French-speaking minority communities in Canada. Davat et al.'s study explores the aspirations and challenges encountered by health care providers, patients, technology designers, and researchers when employing participatory design methodologies to develop monitoring devices for heart failure.

Author contributions

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Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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