Beyond reliability: considerations for the generalizability and inclusiveness of the Telemedicine Service Experience Questionnaire

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To the Editor:

We read with interest the study by Wang et al describing the development and validation of the Telemedicine Service Experience Questionnaire (TSEQ) for Chinese outpatients.[1] The authors address an important need for a brief, telemedicine-specific patient-experience measure, and the reported internal consistency is encouraging. We offer three considerations concerning item content, interpretation of the higher-order model, and the generalizability of the findings.

First, the decision to remove Item 12 ("I was treated with respect and dignity during this visit") deserves further consideration. The authors report that the item showed cross-loading or modification concerns during factor analysis and suggest that nonverbal cues may be less salient in telemedicine. However, respect and dignity can also be conveyed through verbal communication, attentive listening, explanation, privacy, and shared decision-making. In the first analysis, the item reportedly loaded on two factors (0.444 and 0.523) before being removed. This pattern may indicate overlap between dimensions, but it does not by itself establish that the construct is unimportant or unmeasurable online. Because the final Humanistic Care domain includes kindness, help, and privacy but no direct respect-and-dignity indicator, the authors could consider cognitively testing a revised wording or evaluating the item in a prespecified follow-up analysis. Any decision should balance statistical performance with content validity and patient interpretation.[2]

Second, the fit of the second-order model should be interpreted using the full set of reported indices rather than a single threshold. The reported χ^2/df of 30.30 and RMSEA of 0.094 raise concerns; RMSEA exceeds the commonly cited 0.08 benchmark. At the same time, CFI (0.946) and TLI (0.933) indicate comparatively favorable fit, although they are below the often-cited 0.95 reference point, while SRMR (0.047) is favorable against a commonly used 0.08 benchmark.[3] Taken together, these results suggest mixed or only partly acceptable fit not uniformly poor fit, but not unambiguous support for the higher-order structure either. This distinction matters particularly for the proposed use of a total TSEQ score

in dashboards or comparisons. The four domain scores and the total score raise different interpretive questions: domain scores may more directly reflect the multidimensional structure, whereas interpretation of a single total score depends more heavily on support for an overarching construct. Until further validation, reporting domain scores alongside transparent caveats about the total score may be more defensible than treating the aggregate score as conclusively established.

Third, the study's sampling context limits what can yet be inferred about transportability. Data were collected at one tertiary hospital over a two-month period in 2021. Women represented 65.4% of the sample, and 54.8% of participants had a bachelor's degree or higher.[1] These characteristics do not invalidate the findings, but they indicate that the sample may not adequately represent patients with different educational backgrounds, levels of digital literacy, access constraints, or experiences in other types of facilities. The study's single-site design and timing are additional limits on generalizability. The authors appropriately provide an initial validation in a de-fined setting; broader claims should await replication across hospitals and patient groups. Future studies could assess measurement invariance across age, education, digital literacy, sex/gender, and facility type, and examine whether item wording functions similarly across telemedicine workflows.

The TSEQ is a useful starting point for evaluating telemedicine experience. Its development in a real outpatient setting and its brief, multidimensional for-mat are strengths. Additional work on content valid-ity, the distinction between domain and total scores, and validation in more diverse samples would help establish where the measure can be interpreted confidently and how it can be used fairly in quality improvement.

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