Table 1. Definition of Wong and Haggerty's patient experience domains [14] and summary of key themes emerging from the synthesis of research findings.

<table>
<thead>
<tr>
<th>Access: Access can be broadly defined as the ease and ability for consumers and community groups to access a provider, service or an institution</th>
<th>Papers referencing</th>
<th>Synthesis</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Mansfield et al., 2021)</td>
<td>• There was considerable disruption to care which caused concern to patients. Many patients had concerns about attending health services for fear of contracting COVID and others reported prescriptions for medications were restricted or taking longer to access.</td>
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<td>(Mousing &amp; Sorensen, 2021)</td>
<td>• Telehealth was able to be rapidly adopted for both primary, specialist and pulmonary rehabilitation care allowing physicians to maintain adequate levels of care for those with COPD during the pandemic</td>
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<tr>
<td>(Oliveira et al., 2021)</td>
<td>• Telehealth and telerehabilitation/exercise was generally well accepted and viewed positively as a short-term solution. However, there were some concerns about quality of Wifi and ability to use technology</td>
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<td>(Philip, Cumella, Farrington-Douglas, Laffan, &amp; Hopkinson, 2020)</td>
<td>• Concerns about unmet need to be monitored and investigated specifically for those with COPD</td>
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<td>(Philip, Lonergan, et al., 2020)</td>
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### Interpersonal Communication: The extent to which patients are involved in making decisions about their treatment

<table>
<thead>
<tr>
<th>Study</th>
<th>Findings</th>
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<tbody>
<tr>
<td>(Pleguezuelos et al., 2020)</td>
<td>(Philip, Lonergan, et al., 2020)</td>
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<td>(Stamenova et al., 2022)</td>
<td>(Oliveira et al., 2021)</td>
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<td>(Volpato et al., 2021)</td>
<td>(Wu et al., 2021)</td>
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- Some patients doubted that remote communication was as desirable as face to face. However, the majority of patients tended to report remote communication was helpful or quite helpful. A cheerful attitude, feeling listened to and being able to participate in shared decision making remained important to patients.
- Restrictions on informal carers attending appointments may have impacted on communication for some patients.
- Almost all aspects of care could be achieved by video, however there were few procedures in place.
for remote communication and telehealth highlighting a need to develop education and resources on how to best deliver remote consultations

| **Continuity and Coordination:** Continuity is the patients’ experience of care over time. Coordination is the provision and organisation of health services and information to meet a patient’s health needs | (Liang et al., 2020)  
(Oliveira et al., 2021)  
(Wu et al., 2021)  
(Stamenova et al., 2022) |  
• The rapid adoption of telehealth aided continuity of care. Most people were able to maintain their pharmacological treatment and access pulmonary rehabilitation.  
• Ongoing care coordination is essential particularly in the face of COVID related disruptions to care among different care settings and the changing nature of health services and how these are accessed  
• Patients who accessed virtual care generally used the healthcare system more before the pandemic indicating that virtual care provided continued access to care for patients who needed it |
| **Comprehensiveness of services:** | (Mousing & Sorensen, 2021) | • Concerns about the ability of health services to function during the COVID pandemic were common and patients were concerned about being denied care and reduced treatment options led to feelings of fear and hopelessness.  
• This seemed to relate mainly to access to emergency care and hospitalisation  
• This is a group with high levels of vulnerability and of anxiety raising the need for implementing multilevel services that integrate psychological support programs.  
The importance of social connection and addressing mental health as part of pulmonary rehabilitation programs is important |

Comprehensiveness of services is the provision, either directly or indirectly, of a full range of services to meet patients’ or clients’ healthcare needs.  
(Mousing & Sorensen, 2021)  
(Oliveira et al., 2021)  
(Philip, Lonergan, et al., 2020)  
(Volpato et al., 2021) |

| **Trust:** | (Mousing & Sorensen, 2021) | • Patients that found healthcare staff that did not use PPE and did not adhere to social distancing felt that restrictions were taken lightly and ‘forgot’ that patients with COPD should be considered vulnerable to COVID-19, undermining the trust between doctor and patient |

Trust: The expectation that the other person will behave in a way that is beneficial and that allows for risks to be taken based on this expectation and the expectation that the other person will behave in a way that is beneficial and that allows for risks to be taken based on this expectation.
**Patient Reported Impacts:** Patients’ or clients’ ability or readiness to engage in health behaviours that will maintain or improve their health status

- Majority of participants reported their general health and managing the lung condition was similar or better during the pandemic lockdown. Many patients had used this as an opportunity to attempt to quit smoking.
- They experienced high levels of distress and fear of not being heard or being able to access services or medications. A lack of information from healthcare professionals was a major concern.
- Patients were generally positive about being able to access healthcare remotely or by telehealth and the continuity of care that this allowed. Many usual healthcare needs of COPD patients could be met through online consultations.
- Participants expressed feeling unable to survive if they were to contract COVID-19 and relied on family and staying at home as coping strategies.

(Liang et al., 2020)
(Mousing & Sorensen, 2021)
(Philip, Cumella, et al., 2020)
(Pleguezuelos et al., 2020)
(Volpato et al., 2021)
(Wu et al., 2021)