

Identifying Indicators of Treatment Satisfaction in Online Therapy Platforms: A Qualitative Study in Taiwan

Dandan. Ma^{1*}, Jing. Wei²

¹ Department of Psychiatry, College of Medicine, National Taiwan University, Taipei, Taiwan

² Mental Health Centre, West China Hospital, Sichuan University, Chengdu, China

* Corresponding author email address: madandan@ntu.edu.tw

Editor	Reviewers
Valiollah Farzad ^{id} Department of Psychology and Counseling, KMAN Research Institute, Richmond Hill, Ontario, Canada v.farzad@kmanresce.ca	Reviewer 1: Marina Gonlons-Pons ^{id} Department of Psychology, University of Pennsylvania, McNeil 217, 3718 Locust Walk, Philadelphia. Email: marina-gonpons@sas.upenn.edu Reviewer 2: Božidar Potočnik ^{id} Faculty of Medicine, Department of Family Medicine, University of Ljubljana, Poljanski nasip 58, Ljubljana 1000, Slovenia. Email: Bozidar.Potocnik@gmail.com

1. Round 1

1.1. Reviewer 1

Reviewer:

While the introduction sets the context, it would benefit from a clear statement of the research gap. For example, after describing the multidimensional nature of satisfaction, explicitly state: “However, few studies have systematically categorized satisfaction indicators in online therapy in collectivist societies such as Taiwan.”

Please include the main interview questions or an appendix. Without this, it is difficult for readers to evaluate the depth and appropriateness of the data elicitation process.

Thematic analysis steps are described well, but please clarify how intercoder reliability was ensured. Was Cohen’s Kappa calculated, or was consensus reached through discussion?

While demographic information is provided, the presented percentages do not sum precisely to 100 in some categories (e.g., education levels). Please check the consistency of the reported data.

The table is comprehensive but visually dense. Please highlight frequencies or number of participants per code. For instance, indicate whether “Flexible appointment booking” was mentioned by 18/22 participants.

Consider adding contrasting negative experiences (e.g., cases where access failed) to balance the overwhelmingly positive quotes.

The quote “He gave me practical steps...” is illustrative. However, please expand on whether professional competence differed by therapist qualification or training.

The statement “We set small goals...” is valuable, but consider linking it more explicitly to therapeutic models (e.g., CBT, ACT), which often emphasize goal-setting.

This section is particularly strong. To enhance scientific rigor, please connect this to cross-cultural adaptation literature (e.g., linguistic relativity in therapy outcomes).

This section cites Xu et al. (2020) but does not fully discuss how therapist reputation mechanisms operate in Taiwan (e.g., local online rating systems, Line/WeChat integration). Adding this would ground the discussion more contextually.

Authors revised and uploaded the document.

1.2. Reviewer 2

Reviewer:

The article discusses Turkey and Iran as comparative contexts. It would be valuable to justify the relevance of these cultural comparisons to Taiwan, or alternatively, highlight Taiwanese cultural characteristics (e.g., Confucian collectivism, stigma reduction) that frame the study.

The authors connect COVID-19 research to telehealth. However, the Taiwan-specific pandemic telehealth context is not mentioned. Please add references or data on how online therapy usage surged in Taiwan during COVID-19, to situate the study locally.

The description of purposive sampling is clear, but it would be stronger if the authors justify the sample size of 22 with methodological literature (e.g., Guest et al.’s rules on data saturation).

The authors link responsiveness to insulin therapy studies. While innovative, this analogy may feel stretched. Please consider citing direct teletherapy responsiveness studies for stronger grounding.

Long-term benefits are highlighted, but the study design is cross-sectional. Please clarify that claims about long-term outcomes are retrospective perceptions rather than longitudinal evidence.

The statement “It felt just as effective as in-person therapy” is powerful. Please expand on whether participants had prior in-person therapy experiences, as this comparison could otherwise be speculative.

Authors revised and uploaded the document.

2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.