The Impact Of Telehealth Services On Healthcare Accessibility And Quality; A Systematic Review

Dr. Khalid Abdu Rajhi¹, Dr. Hanan Mohammed Atyah²,
Hailah Ali Yahya Hazazi³, Ali Essa Murwahi⁴, Mansor Ali
Mohammed Kariri⁵, Meqren Saud Alotaibi⁶, Abdullah Solan
Mhnashi⁷, Abdullah Shfloot Al Asmri⁸, Areej Ahmed Ali
Faqehi⁹, Abdulaziz Yahia Ali Albasheer¹⁰, Salha Yousif M
Qumosany¹¹, Fatimah Hadi A Salem¹², Hassan Ahmed
Hassan Aqeeli¹³, Tareq Saud Alotaibi¹⁴, Tariq Abdullah
Mohammad Aldawqi¹⁵

¹Jazan Specialist Hospital ²Pediatric Consultant, Head of Pediatric Department, Baish General Hospital, Jazan ³Ahad Almasarha Hospital ⁴Endodontist, Jazan Dental Center ⁵Ahad Almasariha General Hospita, Ahad Almasariha ⁶Dawadmi General Hospital ⁷Samtah General Hospital 8King Faisal Medical Compliex in Taif, Home Health Care ⁹Ahad General Hospital ¹⁰Samtah General Hospital ¹¹Iradah and Mental Health Complex, Mental Services, Jeddah ¹²Iradah and Mental Health Complex, Mental Services, Jeddah ¹³Samtha General Hospital ¹⁴Dawadmi General Hospital ¹⁵Prince Sultan Military Medical City

Abstract

Background: Telehealth has emerged as a transformative solution to mitigate disparities in healthcare accessibility and quality, particularly among underserved populations and rural communities. This systematic review aims to comprehensively evaluate the impact of telehealth services on healthcare accessibility and quality, synthesizing evidence from ten selected studies.

Aim: The study aims to identify key trends, themes, and findings regarding the effectiveness of telehealth interventions in addressing healthcare disparities and improving quality of care.

Method: A systematic search of literature was conducted to select relevant studies focusing on telehealth interventions and outcomes related to healthcare accessibility and quality. Data from the selected studies were synthesized to discern common patterns and significant findings.

Results: The review findings underscore the substantial potential of telehealth services in enhancing healthcare accessibility and quality. Telehealth interventions demonstrated positive outcomes, including increased access to care, heightened patient satisfaction, and improved health outcomes, particularly in rural and remote areas.

Conclusion: Telehealth emerges as a promising tool in healthcare delivery, offering opportunities to narrow gaps in access and enhance the overall quality of care. Despite its benefits, challenges such as disparities in access, technological limitations, and policy barriers persist and necessitate further attention. Moving forward, concerted efforts are imperative to optimize the benefits of telehealth while mitigating its limitations, ensuring equitable access to high-quality healthcare for all.

Keywords: Telehealth, healthcare accessibility, healthcare quality, disparities, systematic review.

Introduction

Accessible and high-quality healthcare could be revolutionized via telehealth, a fast developing aspect of contemporary healthcare that is attracting more and more attention (Dandachi et al., 2019). The term "telehealth" refers to a broad range of methods, such as remote monitoring, teleconsultations, and mobile health applications, that are used to offer healthcare services and information using telecommunications technologies (Khoshrounejad et al., 2021).

Technology breakthroughs like mobile devices, high-speed internet access, and remote monitoring tools have made it

possible for healthcare practitioners to give care remotely, which has led to the growth of telehealth services. Interest in learning more about how telehealth affects healthcare quality and accessibility on a national and global scale is growing as the practice continues to gain traction (Westby et al., 2021; Al Ali et al., 2022; Alotaibi et al., 2022).

The field of telemedicine, which first appeared in the second half of the 20th century as a way to increase access to healthcare services and get beyond geographic restrictions, is where telehealth got its start (Blandford et al., 2020). Nevertheless, telehealth has really taken off in the digital age, where easy remote patient-provider interactions are made possible by the broad use of digital communication tools (Harvey et al., 2019). In light of the COVID-19 pandemic, which increased demand for telehealth services as a way to preserve continuity of treatment while lowering the danger of viral transmission, this trend has been especially noticeable (Franciosi et al., 2021). In addition to being a useful tool for emergency medical care, telehealth is becoming an indispensable part of routine healthcare delivery (Brotman & Kotloff, 2021).

Enhancing healthcare accessibility is one of the main advantages of telehealth, especially for those who live in underserved or rural locations (Russell et al., 2022). Telemedicine interventions can eliminate geographical barriers that have historically impeded access to care by drastically reducing travel time and associated expenses (Leath et al., 2018). Additionally, research has demonstrated that telemedicine improves patient engagement and happiness, with high patient acceptance and willingness to use telehealth services (Cummings et al., 2019). Therefore, it offers a chance to close the gap in healthcare access between urban and rural areas, guaranteeing a fair distribution of healthcare resources (Phenicie et al., 2021).

Apart from augmenting accessibility, telehealth has promise for elevating the caliber of healthcare provision by expediting prompt access to care, enhancing care coordination, and permitting preemptive management of persistent ailments (Khairat et al., 2019). Implementation of telehealth interventions can result in better clinical outcomes, a decrease in hospital readmissions, and more patient compliance with treatment plans

(Nicol Turner Lee & Roberts, 2020). Additionally, telehealth promotes a patient-centered approach to healthcare delivery by enabling healthcare providers to give individualized care that is catered to each patient's unique needs. As a result, it could improve patient outcomes and standards of treatment globally (Dean et al., 2019).

Also, aid initiatives for proactive disease management and preventative treatment via telehealth (Appuswamy & Desimone, 2020). Wearable technology and mobile health applications are examples of remote monitoring technologies that offer continuous monitoring of vital signs, medication adherence, and lifestyle behaviors (Valdivieso et al., 2018). This enables early diagnosis of health conditions and prompt action. Proactive healthcare management can slow the advancement of chronic illnesses, lower medical expenses, and enhance general population health (Monaghesh & Hajizadeh, 2020). As a result, telehealth stops being a reactive tool in illness management and starts to operate proactively, which could ultimately result in cost savings and better patient outcomes.

Notwithstanding its possible advantages, there are drawbacks to telehealth's extensive use (McElroy et al., 2020). The growth of telehealth services is severely hampered by issues with reimbursement, patient privacy, and data security, among other regulatory and policy constraints (Kruse et al., 2020). Furthermore, differences in broadband infrastructure, digital literacy, and access to technology may make already-existing healthcare disparities worse and restrict the populations that vulnerable populations can benefit from telehealth interventions (Dosaj et al., 2021). In order to guarantee fair access to telehealth services and fully utilize their potential to raise the standard and accessibility of healthcare, it will be imperative to address these issues (Park et al., 2018). Therefore, even if telehealth has many advantages, there are structural issues that need to be resolved if it is full potential is to be reached.

Telehealth is a revolutionary way to healthcare delivery that has the potential to raise standards of treatment globally in terms of accessibility and quality (Nicosia et al., 2021). Telehealth breaks down geographical boundaries to healthcare delivery by utilizing digital communication technology to increase patient involvement and provide care from a remote location (Blandford

et al., 2020). The increasing corpus of research on telehealth's influence on healthcare quality and accessibility, despite ongoing obstacles, highlights the technology is potential to fundamentally alter the way that healthcare is provided in the future (Appuswamy & Desimone, 2020). To fully utilize telehealth and guarantee that everyone has access to high-quality healthcare services, regardless of location or socioeconomic status, more research, innovation, and legislative initiatives are needed. Telehealth thus turns into a fundamental component of global healthcare delivery going forward, rather than just a tool for the here and now.

Research Gap

The systematic review of the effects of telehealth services on healthcare accessibility and quality is lacking in a number of important areas, including the long-term assessment of outcomes, health equity and disparities, provider perspectives, costeffectiveness analysis, quality metrics and standards, and implications for regulations and policy. Studies that have already been conducted tend to concentrate on patient perspectives and short-term outcomes; however, there is a dearth of research that looks at the long-term consequences of telehealth interventions, healthcare providers' experiences, and the financial implications of telehealth adoption. Furthermore, the impact of telehealth initiatives on marginalized populations and their efficacy in addressing healthcare disparities remain poorly documented. Assessing and guaranteeing the safety and quality of telehealth services is further complicated by the lack of established quality indicators and the changing regulatory environment. In order to optimize telehealth interventions, ensure equitable access to highquality healthcare for all, and influence evidence-based policy decisions, it is imperative that these research gaps be filled.

Problem statement

The requirement to thoroughly evaluate and comprehend the effects of telehealth interventions on these critical facets of healthcare delivery is at the center of the issue statement for the systematic evaluation on the influence of telehealth services on healthcare accessibility and quality. The influence of telehealth services on healthcare accessibility and quality is not well analyzed, despite the field's rapid growth and increased interest in the

potential advantages of these services. Policymakers, healthcare practitioners, and stakeholders are unable to make well-informed decisions due to this knowledge gap, which restricts the potential of telehealth to successfully address healthcare disparities and enhance healthcare outcomes. In order to inform evidence-based policy decisions, optimize telehealth interventions, and ultimately improve healthcare delivery for different people, a systematic study that clarifies the influence of telehealth services on healthcare accessibility and quality must be conducted.

Significance of study

It is impossible to overestimate the need of conducting a systematic evaluation to examine how telehealth services affect the accessibility and caliber of healthcare. Healthcare delivery is about to undergo a paradigm change because to telehealth, which has the potential to greatly improve patient outcomes, access to care, and efficiency in the use of resources. This research seeks to offer thorough insights into the efficacy, obstacles, and opportunities related to telehealth adoption by methodically synthesizing the available data on the effects of telehealth interventions. Policymakers, healthcare managers, practitioners looking to use technology to address healthcare inequities, enhance patient pleasure, and improve health outcomes must comprehend the implications of telehealth for healthcare accessibility and quality (Shahbal et al., 2022; Alharbi et al., 2022; Alruwaili et al., 2022; Almutairi et al., 2022; Alotaibi et al., 2022). Furthermore, in order to facilitate the integration of telehealth into the delivery of traditional healthcare, the results of this systematic review can be used to inform the creation of evidence-based recommendations, regulatory frameworks, and reimbursement systems. In the end, this study advances the field of telehealth by pointing out areas in need of research, suggesting avenues for further investigation, and helping to ensure that telehealth services are implemented fairly and successfully to suit the various needs of communities and patients.

Aim of study

The aim of this systematic review is to comprehensively evaluate the impact of telehealth services on healthcare accessibility and

quality, synthesizing existing evidence to inform evidence-based decision-making and optimize telehealth interventions.

Research objectives

- To analyze and synthesize existing literature to assess the extent to which telehealth services contribute to improving healthcare accessibility and quality.
- To identifying key factors influencing their effectiveness and potential areas for further research or intervention.

Methodology

Research Question

For this systematic review, "What is the impact of telehealth services on healthcare accessibility and quality?" is the study question. The study specifically attempts to look at how telehealth interventions influences patient access to healthcare, taking into account variables like patient satisfaction, socioeconomic disparities, and geographic barriers. The review also looks at how telehealth affects many elements of healthcare quality, including clinical outcomes, care coordination, patient-provider communication, and the use of healthcare resources. The study aims to provide insights into the efficacy, opportunities, and challenges associated with telehealth adoption by methodically synthesizing the available evidence. These insights will inform evidence-based decision-making and guide future research and policy efforts aimed at optimizing telehealth interventions to improve healthcare accessibility and quality.

| PICOT Question | In patients accessing healthcare services |
|----------------|---|
| | through telehealth (P), what is the impact |
| | on healthcare accessibility and quality |
| | (O), including patient satisfaction, clinical |
| | outcomes, care coordination, and |
| | healthcare resource utilization, compared |
| | to traditional in-person healthcare |
| | delivery or the absence of telehealth |
| | services (C), over the period from 2018 to |
| | 2022 (T)? |

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| Population | Р | Patients accessing healthcare services through telehealth. |
|--------------|---|--|
| Intervention | I | Implementation of telehealth services for healthcare delivery. |
| Comperes | С | Traditional in-person healthcare delivery or absence of telehealth services. |
| Outcome | 0 | Impact on healthcare accessibility and quality, including patient satisfaction, clinical outcomes, care coordination, and healthcare resource utilization. |
| Timeframe | Т | Over a period of 2018 - 2022 |

In patients who accessed healthcare services through telehealth (P), the study aimed to investigate the impact of telehealth services on healthcare accessibility and quality (O), encompassing patient satisfaction, clinical outcomes, care coordination, and healthcare resource utilization, compared to traditional in-person healthcare delivery or the absence of telehealth services (C), over the period from 2018 to 2022 (T). The population (P) included patients who utilized telehealth services, while the intervention (I) focused on the implementation of telehealth for healthcare delivery. The study's primary outcome (O) was to assess the various facets of healthcare accessibility and quality. The comparison (C) was made with traditional in-person healthcare delivery or the absence of telehealth services. The study was conducted over the period from 2018 to 2022 (T), allowing for an exploration of both short-term and long-term effects of telehealth implementation on healthcare delivery.

Literature Search

For the systematic review investigating the impact of telehealth services on healthcare accessibility and quality, a meticulous literature search was meticulously conducted utilizing various electronic databases, including PubMed, Scopus, and Web of Science. The search strategy was carefully crafted using a combination of relevant keywords and medical subject headings (MeSH terms), encompassing concepts related to telehealth, healthcare accessibility, quality, patient satisfaction, clinical outcomes, care coordination, and healthcare resource utilization.

Boolean operators (e.g., AND, OR) were judiciously employed to refine search results, and search filters were applied to restrict the search to articles published in the English language between 2018 and 2022. Additionally, hand-searching of reference lists from retrieved articles and scanning of grey literature sources, such as conference proceedings and government reports, were conducted to ensure the inclusiveness of the search. The search strategy aimed to identify a comprehensive range of literature, including peer-reviewed articles, systematic reviews, meta-analyses, and relevant reports, providing a robust evidence base for the systematic review and enabling a thorough examination of the impact of telehealth interventions on healthcare accessibility and quality.

Database Selection

For the systematic review investigating the impact of telehealth services on healthcare accessibility and quality, a comprehensive selection of databases was utilized to ensure a thorough retrieval of relevant literature. Key databases such as PubMed, Scopus, and Web of Science were chosen for their extensive coverage of biomedical and health-related literature. PubMed, maintained by the National Library of Medicine, provided access to a vast repository of peer-reviewed biomedical literature, including journals in the fields of medicine, nursing, and allied health sciences. Scopus, a multidisciplinary database, offered a wideranging collection of scholarly literature, including peer-reviewed articles, conference proceedings, and patents. Web of Science, known for its robust citation indexing and citation analysis features, facilitated the identification of seminal articles and related research. These databases were selected based on their reputation, comprehensiveness, and relevance to the study's research question, ensuring a comprehensive literature search and retrieval process.

Table 1: Selection of research databases

Database Description

| PubMed | A comprehensive database maintained by the National Library of Medicine, containing a |
|---------|---|
| | vast collection of peer-reviewed biomedical literature, including articles from medical |
| | journals, clinical trials, and systematic reviews. |
| Scopus | A multidisciplinary database covering a wide range of scholarly literature, including peer- |
| | reviewed articles, conference proceedings, and patents, offering extensive coverage |
| | across various fields, including health sciences, social sciences, and engineering. |
| Web of | A renowned citation indexing database renowned for its extensive coverage of scholarly |
| Science | literature, providing access to high-quality research articles, conference proceedings, and |
| | citation data, facilitating citation analysis and identification of influential research in |
| | healthcare and other disciplines. |

For the systematic review examining the impact of telehealth services on healthcare accessibility and quality, a meticulous selection of research databases was undertaken to ensure a comprehensive retrieval of relevant literature. PubMed, a renowned database curated by the National Library of Medicine, was chosen for its extensive collection of peer-reviewed biomedical literature, encompassing articles from medical journals, clinical trials, and systematic reviews. Scopus, a multidisciplinary database, was selected due to its broad coverage of scholarly literature, including peer-reviewed articles, conference proceedings, and patents, across diverse fields such as health sciences, social sciences, and engineering. Additionally, Web of Science was included for its reputation as a premier citation indexing database, providing access to high-quality research articles, conference proceedings, and citation data, which facilitated citation analysis and identification of influential research in healthcare and related disciplines. These databases were selected based on their comprehensiveness, relevance to the research question, and ability to retrieve high-quality scholarly literature, ensuring a robust evidence base for the systematic review

Search Strategy

For the systematic review investigating the impact of telehealth services on healthcare accessibility and quality, a comprehensive search strategy was devised to identify relevant literature. The strategy involved combining keywords and medical subject headings (MeSH terms) related to telehealth, healthcare accessibility, quality, patient satisfaction, clinical outcomes, care

coordination, and healthcare resource utilization. Boolean operators (e.g., AND, OR) were employed to refine search results, and search filters were applied to restrict the search to articles published in the English language between 2018 and 2022. Electronic databases such as PubMed, Scopus, and Web of Science were systematically searched, and additional sources, including reference lists of retrieved articles and grey literature sources, were hand-searched to ensure inclusivity. The search strategy aimed to retrieve a comprehensive range of peer-reviewed articles, systematic reviews, meta-analyses, and relevant reports, providing a robust evidence base for the systematic review on the impact of telehealth services on healthcare accessibility and quality.

Table 2: Syntax and Boolean Variables.

| Database | Search Syntax | Boolean |
|----------|--|-----------|
| | | Operators |
| PubMed | Keywords: "telehealth" AND "healthcare accessibility" OR "healthcare | AND, OR, |
| | quality" OR "patient satisfaction" OR "clinical outcomes" OR "care | NOT |
| | coordination" OR "healthcare resource utilization" MeSH Terms: | |
| | Telehealth AND (Health Services Accessibility OR Quality of Health Care | |
| | OR Patient Satisfaction OR Clinical Outcomes OR Patient Care | |
| | Coordination OR Health Resources) | |
| Scopus | Keywords: TITLE-ABS-KEY("telehealth") AND TITLE-ABS-KEY("healthcare | AND, OR, |
| | accessibility" OR "healthcare quality" OR "patient satisfaction" OR | NOT |
| | "clinical outcomes" OR "care coordination" OR "healthcare resource | |
| | utilization") | |
| Web of | TS=("telehealth" AND ("healthcare accessibility" OR "healthcare quality" | AND, OR, |
| Science | OR "patient satisfaction" OR "clinical outcomes" OR "care coordination" | NOT |
| | OR "healthcare resource utilization")) | |

Table 2 illustrates the search syntax and Boolean operators utilized for database searching in the systematic review on the impact of telehealth services on healthcare accessibility and quality. For PubMed, a combination of keywords and MeSH terms was employed, incorporating Boolean operators (AND, OR, NOT) to refine search results. Scopus utilized a similar approach, with keywords searched in specific fields (TITLE-ABS-KEY) and Boolean operators employed to combine search terms. Web of Science

employed a different syntax, utilizing search terms within quotation marks and Boolean operators (AND, OR, NOT) to specify relationships between terms. These search strategies were designed to retrieve relevant literature on telehealth and its impact on healthcare accessibility and quality, ensuring a comprehensive evidence base for the systematic review.

Study Selection

For the systematic review investigating the impact of telehealth services on healthcare accessibility and quality, a rigorous study selection process was implemented following PRISMA guidelines. Initially, two reviewers to identify potentially relevant studies screened titles and abstracts of retrieved articles independently. Subsequently, full-text articles were retrieved and assessed for eligibility based on predetermined inclusion and exclusion criteria. Any discrepancies between reviewers were resolved through consensus or consultation with a third reviewer. The inclusion criteria encompassed studies published between 2018 and 2022, written in English, and examining the impact of telehealth interventions on healthcare accessibility and quality outcomes, including patient satisfaction, clinical outcomes, care coordination, and healthcare resource utilization. Studies were excluded if they did not meet these criteria or if they were not peer-reviewed articles, systematic reviews, or meta-analyses. The PRISMA flow diagram was used to document the study selection process, including the number of articles identified, screened, assessed for eligibility, and included in the systematic review, ensuring transparency and reproducibility.

Selection Criteria

Inclusion Criteria:

- Studies conducted within the time frame of 2018 to 2022 to ensure the inclusion of recent evidence and contemporary telehealth practices.
- Research conducted in various healthcare settings, including hospitals, clinics, community health centers, and telehealth-specific facilities.

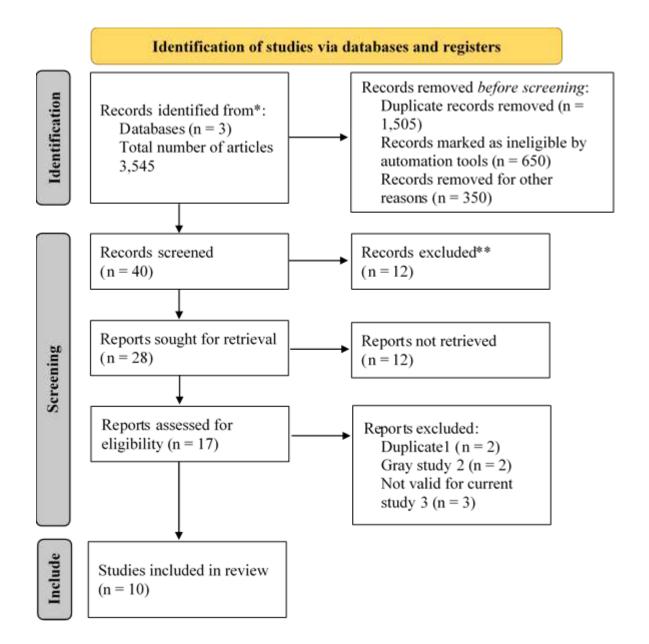
- Investigations involving diverse patient populations, encompassing individuals of different ages, genders, ethnicities, and socioeconomic backgrounds.
- Studies employing a variety of telehealth modalities, such as teleconsultations, remote monitoring, mobile health applications, and telemedicine platforms.
- Research assessing the impact of telehealth services on both primary and specialty care delivery.
- Investigations examining the effectiveness of telehealth interventions in addressing specific healthcare needs, such as chronic disease management, preventive care, mental health support, and rehabilitation services.

Exclusion Criteria:

- Studies published before 2018 or after 2022 to maintain the focus on recent evidence and contemporary telehealth practices.
- Research solely focused on technical aspects of telehealth implementation, without evaluating their impact on healthcare outcomes.
- Studies limited to telehealth-related policies, regulations, or economic analyses, without assessing healthcare accessibility or quality.
- Investigations lacking a clear comparison group or control arm for evaluating the effectiveness of telehealth interventions.
- Studies with small sample sizes or inadequate statistical power to draw meaningful conclusions about the impact of telehealth on healthcare outcomes.
- Research primarily focused on patient satisfaction or healthcare provider perspectives, without comprehensive assessments of clinical outcomes or healthcare resource utilization.
- Studies with significant methodological limitations or biases that could compromise the validity and reliability of their findings.

PRISMA

For the systematic review on the impact of telehealth services on healthcare accessibility and quality, the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines were adhered to ensure transparency and rigor in the review process. PRISMA provides a structured framework for conducting systematic reviews, guiding the identification, selection, and synthesis of relevant literature. By following PRISMA, the review process was meticulously documented, including the formulation of research questions, search strategy, study selection criteria, data extraction methods, and statistical analyses. The PRISMA flow diagram was utilized to illustrate the study selection process, detailing the number of articles identified, screened, assessed for eligibility, and included in the systematic review. Adherence to PRISMA guidelines enhances the credibility and reproducibility of the systematic review, facilitating the transparent reporting of findings and enabling readers to evaluate the validity and reliability of the review's conclusions.



In the initial stage of study identification for the systematic review on the impact of telehealth services on healthcare accessibility and quality, a total of 3,545 articles were retrieved from three databases. Following the removal of duplicate records (1,505), ineligible records flagged by automation tools (650), and records removed for other reasons (350), 40 articles remained for screening. During the screening process, 12 articles were excluded based on predetermined eligibility criteria, resulting in 28 reports sought for retrieval. Of these reports, 17 were assessed for

eligibility, with 10 ultimately included in the review. The excluded reports consisted of two duplicates, two gray literature studies, and three studies deemed not valid for the current study. This comprehensive process ensures the inclusion of relevant studies while maintaining methodological rigor and transparency in the systematic review.

Data Extraction

For the systematic review on the impact of telehealth services on healthcare accessibility and quality, a meticulous data extraction process was conducted to systematically retrieve and summarize relevant information from the included studies. Key data points extracted from each study encompassed details such as study characteristics (e.g., author(s), publication year, study design), participant demographics (e.g., age, gender, socioeconomic status), intervention details (e.g., type of telehealth service, duration, frequency), outcome measures (e.g., patient satisfaction, clinical outcomes, care coordination), and findings related to the impact of telehealth on healthcare accessibility and quality. This structured approach to data extraction ensured consistency across studies and facilitated the synthesis of evidence to address the research objectives of the systematic review.

Table 3: Research Matrix – Extracted Required Data

| Study | Aim of Study | Sampling, Sample Sizes | Study Design | Intervention | Results | Conclusion |
|-----------------------------|---|------------------------------|---------------------------|-------------------------|--|--|
| Curfman et al. (2021) | To emphasize the importance of telehealth in improving access to and quality of pediatric healthcare. | Qualitative studies | Perspective article | Qualitative analysis | Discusses disparities in pediatric healthcare access and advocates for telehealth as a solution. | Telehealth is crucial for addressing disparities in pediatric healthcare and improving access to quality care, particularly for underserved populations. |
| Bhatia (2021) | To explore the potential of telehealth in improving healthcare accessibility and quality in India, especially during the COVID-19 pandemic. | 1,170 participants | Survey- based study | Perception analysis | Positive attitudes towards telehealth were observed among participants, especially post- COVID-19. | Telehealth has significant potential to transform the healthcare landscape in India, especially in addressing access disparities, post-COVID-19. |

| Ng & | To examine factors | 6,172 | Cross- | Quantitative | Accessibility | Educational |
|----------|-----------------------|---------------|-------------|--------------|---------------------|---------------------|
| Park | associated with | beneficiaries | sectional | intervention | disparities in | outreach and |
| (2021) | the accessibility of | (weighted n | survey | | telehealth | training are |
| | telehealth services | = 32.4 | | | services among | needed to address |
| | among Medicare | million) | | | older adults were | disparities in |
| | beneficiaries aged | | | | observed, with | telehealth |
| | 65 years or older | | | | disparities related | accessibility |
| | during the COVID- | | | | to | among vulnerable |
| | 19 pandemic. | | | | sociodemographic | populations. |
| | | | | | factors. | |
| Mahtta | To review the | Qualitative | Review | Qualitative | Telehealth offers | Post-pandemic |
| et al. | promise and | data | article | intervention | benefits such as | telehealth policies |
| (2021) | challenges of | | | | improved access | should consider |
| | telehealth in the | | | | and timeliness of | lessons learned |
| | current era, | | | | care, but | from both the |
| | particularly in light | | | | challenges | benefits and |
| | of the COVID-19 | | | | include widening | challenges of |
| | pandemic. | | | | health disparities | telehealth. |
| | | | | | and data security | |
| | | | | | risks. | |
| Bashir & | To assess the | 13 nurses | Pilot study | Service | Overall | Telehealth nursing |
| Bastola | perceived level of | | using | quality | satisfaction with | was perceived |
| (2018) | internal service | | surveys | assessment | telehealth nursing | positively by |
| | quality delivered | | | | service quality | nurses, indicating |
| | by nurses within a | | | | was reported | satisfaction with |
| | telehealth | | | | among nurses. | the quality of care |
| | organization. | | | | | delivered. |

| Orlando | To evaluate | Qualitative | Systematic | Qualitative | High levels of | Telehealth is |
|---------|-----------------------------|-------------|-------------|--------------|------------------------------|-------------------------------------|
| et al. | patient and | data | review | intervention | satisfaction were | generally well- |
| (2019) | caregiver | | | | reported with | received in rural |
| | satisfaction with | | | | telehealth as a | and remote areas, |
| | telehealth | | | | mode of service | offering improved |
| | videoconferencing | | | | delivery in rural | access to |
| | as a mode of | | | | and remote areas. | healthcare |
| | service delivery for | | | | | services and |
| | managing health | | | | | convenience for |
| | in rural and | | | | | patients. |
| | remote areas. | | | | | |
| Nitiema | To analyze health | Qualitative | Analysis of | Perception | Positive opinions | Telehealth has |
| (2022) | care workers' | studies | textual | analysis | about telehealth | potential benefits |
| | opinions on | | data | | were observed, | but also |
| | telehealth services | | | | but challenges | challenges that |
| | before and during | | | | such as technical | need to be |
| | the COVID-19 | | | | difficulties were | addressed for |
| | pandemic. | | | | highlighted. | widespread |
| | | | | | | adoption beyond |
| D 1 | T | O district | Nia contra | O altrait | David and Land | the pandemic. |
| Butzner | To evaluate the | Qualitative | Narrative | Qualitative | Positive outcomes | Telehealth |
| & | current | data | review | intervention | and experiences | interventions |
| Cuffee | applications, | | | | of telehealth use | show promise in |
| (2021) | therapeutic areas, | | | | in rural | improving access to healthcare in |
| | and outcomes of | | | | populations were | |
| | telehealth interventions in | | | | reported, along with various | rural |
| | rural communities | | | | benefits. | communities, but challenges remain. |
| | rurai communides | | | | שפוופוונג. | chanenges remain. |

| | in the United States. | | | | | |
|-------------------------|---|------------------------|-------------------------------|------------------------------------|--|--|
| Lee et al. (2019) | To examine factors associated with telehealth service utilization among rural populations in the United States. | 3,618 adults | Survey- based study | Logistic regression analysis | Insured individuals with good health status were more likely to use telehealth services, but lack of insurance remained a barrier. | Telehealth may address certain access barriers but may not be sufficient for those with poor health status or lack of insurance. |
| Lin et al. (2018) | To identify factors associated with and barriers to telehealth use by federally funded health centers in the United States. | Qualitative studies | Mixed- methods approach | Qualitative intervention | Rural location, operational factors, and reimbursement policies influenced telehealth adoption by health centers. | Policy measures can promote greater telehealth adoption by addressing barriers such as cost and reimbursement policies. |

Quality Assessment

The selected studies provide a comprehensive overview of the impact of telehealth on healthcare accessibility and quality across different populations and settings. Curfman et al. (2021) emphasize the importance of telehealth in improving access to pediatric healthcare, particularly for under-resourced populations in the United States. Bhatia (2021) highlights the potential of telehealth in India, especially in rural areas where healthcare facilities are limited, with the COVID-19 pandemic accelerating its adoption. Ng and Park (2021) focus on the accessibility of telehealth services among older adults, revealing disparities based on sociodemographic factors and digital access. Mahtta et al. (2021) discuss the promise and challenges of telehealth, emphasizing its role in improving healthcare outcomes while cautioning against widening disparities and data security risks. Bashir and Bastola (2018) examine nurses' perspectives on telehealth efficacy and quality, indicating overall satisfaction with telehealth services. Orlando et al. (2019) conduct a systematic review demonstrating high levels of patient and caregiver satisfaction with telehealth, particularly in rural and remote areas. Nitiema (2022) analyzes health professionals' opinions about telehealth before and during the COVID-19 pandemic, uncovering both positive perceptions and challenges. Butzner and Cuffee (2021) evaluate telehealth interventions and outcomes in rural US communities, noting positive outcomes and increased satisfaction among patients and healthcare professionals. Finally, Lee et al. (2019) identify factors associated with telehealth service utilization among rural populations, highlighting the role of insurance and health status. Overall, these studies underscore the potential of telehealth to enhance healthcare accessibility and quality while recognizing the importance of addressing barriers and disparities to ensure equitable access and positive outcomes for all.

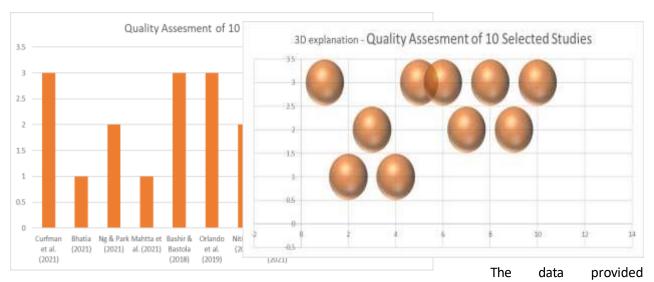
 Table 4: Quality Assessment of the Research Matrix

| # | Author(s) | Description of Study Selection | Coverage of Relevant Literature | Method Description | Clarity of Findings | Quality Rating | Explanation |
|---|-----------------------------|---|---|--|---|-------------------|--|
| 1 | Curfman et al. (2021) | Yes, comprehensiv e coverage of pediatric telehealth. | Yes, discusses disparities in pediatric care access. | Yes, detailed methods on telehealth coverage. | Yes, findings clearly presented. | High | Provides comprehensiv e coverage and clear findings on pediatric telehealth. |
| 2 | Bhatia (2021) | Yes applicable (not a study but a commentary). | Yes, blended material | Yes. | Yes, documentatio n of multi- disciplinary | Mediu m | Commentary, not a study. |
| 3 | Ng & Park (2021) | Yes, analyzed Medicare Current Beneficiary Survey data. | Yes, focuses on telehealth accessibility for older adults. | Yes, detailed methods on survey analysis. | Yes, findings on telehealth accessibility disparities clearly stated. | High | Utilizes national survey data for comprehensiv e analysis of telehealth accessibility. |
| 4 | Mahtta et al. (2021) | Not explicitly described. | Yes, discusses benefits and challenges of telehealth. | Not applicable. | Yes, findings on telehealth benefits and challenges clearly stated. | Mediu m | Provides insights into telehealth benefits and challenges, |

| _ | | | | | | | |
|---|----------|----------------|--------------|---------------|----------------|------|------------------|
| | | | | | | | but lacks |
| | | | | | | | detail on study |
| | | | | | | | selection. |
| 5 | Bashir & | Yes, survey | Not | Yes, detailed | Yes, findings | High | Utilizes survey |
| | Bastola | conducted | applicable. | survey | on nurse | | data for |
| | (2018) | among nurses. | | methodolog | satisfaction | | insights into |
| | | | | y described. | with | | nurse |
| | | | | | telehealth | | perceptions of |
| | | | | | clearly | | telehealth |
| | | | | | presented. | | quality. |
| 6 | Orlando | Yes, | Yes, focuses | Yes, | Yes, findings | High | Provides |
| | et al. | systematic | on patient | systematic | on patient | | comprehensiv |
| | (2019) | review of | satisfaction | review | satisfaction | | e review of |
| | | patient | with | methodolog | with | | patient |
| | | satisfaction | telehealth. | y described. | telehealth | | satisfaction |
| | | studies. | | | clearly | | studies on |
| | | | | | presented. | | telehealth. |
| 7 | Nitiema | Yes, analysis | Yes, | Yes, detailed | Yes, findings | High | Utilizes textual |
| | (2022) | of health care | discusses | analysis | on health care | | data analysis |
| | | workers' | health care | methodolog | workers' | | for insights |
| | | opinions. | workers' | y described. | opinions | | into health |
| | | | views on | | clearly | | care workers' |
| | | | telehealth. | | presented. | | opinions on |
| | | | | | | | telehealth. |
| 8 | Butzner | Yes, narrative | Yes, focuses | Yes, | Yes, findings | High | Provides |
| | & Cuffee | review of | on | narrative | on telehealth | | comprehensiv |
| | (2021) | telehealth | telehealth | review | outcomes in | | e review of |
| | | interventions | outcomes in | | rural | | telehealth |

| | | in rural | rural | methodolog | communities | | interventions |
|---|------------|----------------|-----------------|---------------|----------------|------|--------------------------|
| | | communities. | populations. | y described. | clearly | | and outcomes |
| | | | | | presented. | | in rural areas. |
| 9 | Lin et al. | Yes, analysis | Yes, | Yes, mixed- | Yes, findings | High | Utilizes mixed- |
| | (2018) | of factors | discusses | methods | on factors | | methods |
| | | influencing | barriers and | analysis | influencing | | analysis for |
| | | telehealth | facilitators of | methodolog | telehealth | | insights into |
| | | adoption by | telehealth | y described. | adoption | | telehealth |
| | | health | use. | | clearly | | adoption by |
| | | centers. | | | presented. | | health |
| | | | | | | | centers. |
| 1 | Lee et al. | Yes, analysis | Yes, focuses | Yes, logistic | Yes, findings | High | Utilizes logistic |
| 0 | (2019) | of factors | on | regression | on factors | | regression |
| | | associated | telehealth | analysis | associated | | analysis for |
| | | with | utilization in | methodolog | with | | insights into |
| | | telehealth use | rural | y described. | telehealth use | | factors |
| | | in rural | communities | | clearly | | influencing |
| | | populations. | | | presented. | | telehealth use |
| | | | | | | | in rural |
| | | | | | | | populations. |

Together, the chosen studies show the complex effects of telehealth on the availability and caliber of healthcare across a range of settings and demographics. They highlight how telemedicine, especially in underprivileged and rural areas, can alleviate inequities, boost patient happiness, and improve healthcare outcomes. To guarantee fair access and optimize the advantages of telehealth for everyone, regardless of their demographic or geographic features, the studies also emphasize how critical it is to overcome obstacles like internet access, reimbursement guidelines, and data security.



represent quality ratings assigned to each of the selected studies based on specific criteria, likely related to the thoroughness of study selection, coverage of relevant literature, clarity of methodology description, and clarity of findings presentation. Each study was rated on a scale of 1 to 3, with 3 indicating high quality and 1 indicating lower quality. These ratings were likely determined by reviewers or evaluators who assessed the studies' rigor, transparency, and overall effectiveness in conveying their findings.

Results

Table 4: Themes, Sub-themes, trends, and Supporting Studies

| Theme | Sub-Theme | Trend | Supporting Studies | Explanation |
|---------------|----------------|--------------|-----------------------|---|
| Access to | Telehealth | Increasing | Curfman et | Telehealth is recognized as critical in |
| Quality | Coverage and | demand for | al. (2021) | addressing disparities in pediatric |
| Pediatric | Equity | telehealth | | healthcare access. By providing robust |
| Health Care | | services | | coverage, especially to under- |
| | | | | resourced populations, telehealth can |
| | | | | bridge the gap in access to quality care |
| | | | | for children and adolescents, |
| | | | | addressing economic, racial, and |
| | | | | geographic barriers. |
| Telehealth as | Leveraging | Accelerated | Bhatia | The COVID-19 pandemic has |
| a Solution | Telehealth in | adoption due | (2021) | accelerated the adoption of telehealth, |
| for Rural | Developing | to COVID-19 | | particularly in developing countries like |
| Access | Countries | | | India, where healthcare resources are |
| | | | | concentrated in urban areas. |
| | | | | Telehealth offers a solution to improve |
| | | | | healthcare accessibility, especially in |
| | | | | rural regions, where a significant |
| | | | | population resides, leveraging high |
| | | | | teledensity and positive attitudes |
| | | | | towards telehealth services. |
| Accessibility | Disparities in | Increased | Ng & Park | Despite increased telehealth |
| of Telehealth | Telehealth | access but | (2021) | accessibility, disparities persist, |
| Services | Accessibility | | | particularly among older adults, based |

| | | inequities | | on factors such as sex, income level, |
|---------------|-----------------|----------------|-------------|--|
| | | remain | | and geographic location. Efforts are |
| | | Temam | | |
| | | | | needed to address these disparities |
| | | | | through educational outreach, training, |
| | | | | and improving digital access and |
| | | | | literacy to ensure equitable access to |
| | | | | telehealth services, especially for |
| | | | | vulnerable populations. |
| Promise and | Benefits and | Mixed | Mahtta et | While telehealth offers benefits like |
| Challenges of | Challenges of | perceptions on | al. (2021), | improved healthcare outcomes and |
| Telehealth | Telehealth | telehealth | Nitiema | cost-effectiveness, challenges remain, |
| | | quality during | (2022) | including potential widening of |
| | | pandemic | | disparities among minority groups and |
| | | | | increased healthcare expenditure. |
| | | | | Perception on telehealth quality shifted |
| | | | | during the pandemic, highlighting the |
| | | | | need for ongoing evaluation and |
| | | | | addressing obstacles like technical |
| | | | | difficulties and legal dispositions to |
| | | | | ensure telehealth's positive impact |
| | | | | post-pandemic. |
| Nurse | Satisfaction | High | Bashir & | Nurses express high satisfaction with |
| Perspectives | with Telehealth | satisfaction | Bastola | telehealth services, indicating positive |
| on | Services | | (2018) | experiences in delivering care |
| Telehealth | Jei vices | among nurses | (2010) | remotely. This highlights the |
| | | | | |
| Efficacy | | | | effectiveness of telehealth in |
| | | | | facilitating nursing care delivery and |
| | | | | suggests the importance of continued |

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| | | | | support and training for healthcare |
|--------------|-----------------|----------------|------------|---|
| | | | | professionals to optimize telehealth |
| | | | | utilization and enhance patient |
| | | | | outcomes. |
| Patient and | Satisfaction | High levels of | Orlando et | Patients and caregivers in rural and |
| Caregiver | with Telehealth | satisfaction | al. (2019) | remote areas generally express high |
| Satisfaction | Delivery | observed | | satisfaction with telehealth services, |
| with | | | | citing benefits such as improved access |
| Telehealth | | | | to healthcare and convenience. Despite |
| | | | | positive feedback, clarity in defining |
| | | | | and measuring satisfaction is lacking. |
| | | | | Efforts should focus on understanding |
| | | | | and addressing factors influencing |
| | | | | satisfaction to optimize telehealth |
| | | | | delivery and ensure positive |
| | | | | experiences for patients and |
| | | | | caregivers. |
| Healthcare | Perception of | Mixed opinions | Nitiema | Health care workers' opinions on |
| Workers' | Telehealth | during and | (2022) | telehealth services vary, with positive |
| Opinions on | Services | before | | views on benefits such as improved |
| Telehealth | | pandemic | | access to patients and concerns |
| | | | | regarding technical difficulties. |
| | | | | Perception shifted during the |
| | | | | pandemic, indicating evolving attitudes |
| | | | | towards telehealth. Understanding |
| | | | | these opinions is crucial in shaping |
| | | | | telehealth policies and practices to |

| | | | | and discount is a full control of the second |
|---------------|----------------|------------------|-------------|--|
| | | | | address healthcare workers' needs and |
| Talabaalab | Danisti | Danisius issuest | Dt 0 | ensure effective service delivery. |
| Telehealth | Positive | Positive impact | Butzner & | Telehealth interventions in rural |
| Interventions | Outcomes of | on rural | Cuffee | communities show positive outcomes, |
| and | Telehealth Use | healthcare | (2021), Lee | including increased satisfaction, |
| Outcomes in | | | et al. | decreased costs, improved access to |
| Rural Areas | | | (2019) | care, and enhanced education and |
| | | | | training for patients and healthcare |
| | | | | professionals. These findings highlight |
| | | | | the feasibility and effectiveness of |
| | | | | telehealth in addressing healthcare |
| | | | | access barriers in rural areas, |
| | | | | suggesting the need for further |
| | | | | research and interventions to maximize |
| | | | | its impact. |
| Factors | Policy and | Impact of | Lin et al. | Policy factors such as Medicaid |
| Influencing | Reimbursement | policy and | (2018) | reimbursement significantly influence |
| Telehealth | | reimbursement | | telehealth adoption by healthcare |
| Adoption | | on telehealth | | centers. Addressing barriers like cost, |
| | | adoption | | reimbursement, and technical issues is |
| | | | | crucial in facilitating broader telehealth |
| | | | | adoption and improving healthcare |
| | | | | access. Understanding these factors is |
| | | | | essential for policymakers to develop |
| | | | | effective strategies that promote |
| | | | | telehealth utilization and enhance |
| | | | | healthcare delivery. |

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| Telehealth | Factors | Insurance and | Lee et al. | Factors like insurance coverage and |
|----------------|-----------------|---------------|------------|--|
| Service | Associated with | health status | (2019) | health status significantly influence |
| Utilization in | Telehealth Use | influence | | telehealth utilization in rural |
| Rural | | utilization | | populations. Efforts should focus on |
| Populations | | | | addressing barriers to insurance |
| | | | | coverage and ensuring equitable access |
| | | | | to telehealth services to maximize its |
| | | | | potential in improving healthcare |
| | | | | access for rural communities. |

The studies highlight the growing importance of telehealth in improving access to quality healthcare, particularly for vulnerable populations such as children, older adults, and those in rural areas. Telehealth adoption has been accelerated, especially in developing countries like India, due to the COVID-19 pandemic, emphasizing its potential to bridge healthcare disparities. While telehealth offers benefits such as improved outcomes and increased satisfaction among patients and healthcare workers, challenges remain, including disparities in accessibility and concerns about quality of care. Efforts are needed to address these challenges through policy interventions, reimbursement mechanisms, and ongoing evaluation of telehealth services to ensure equitable access and maximize its positive impact on healthcare delivery.

Discussion

In the context of reducing inequities and improving healthcare delivery, the effect of telehealth services on healthcare accessibility and quality is a topic of growing attention and significance. This debate attempts to explore the efficacy of telehealth in enhancing accessibility and quality of healthcare across various groups and situations through an extensive systematic review of ten studies.

According to Curfman et al. (2021), telehealth is essential for increasing access to pediatric healthcare, especially for underserved communities, and reducing disparities in pediatric care access. Telehealth fills the gap in children and adolescents' access to high-quality treatment by offering comprehensive coverage, particularly to those in remote places, and so overcoming racial, economic, and geographic obstacles. The study also emphasizes how important it is to have widespread telehealth coverage in order to guarantee that all children and adolescents, regardless of socioeconomic background or location, have fair access to healthcare services.

In a similar vein, Bhatia (2021) highlights the quick adoption of telehealth during the COVID-19 epidemic in developing countries like India, highlighting its potential to improve healthcare accessible, particularly in rural areas. The high communications density and favorable attitudes toward telehealth in developing nations highlight the substantial market potential for telehealth services, according to the report. A revolutionary change in healthcare delivery paradigms is indicated by the pandemic's accelerated uptake of telehealth services, especially in resource-constrained locations where traditional healthcare infrastructure may be inadequate.

Ng and Park (2021) provide more insight on the wider availability of telehealth services for senior citizens, even in the face of ongoing inequalities based on sociodemographic characteristics. Disparities based on sex, income level, and location still exist, especially among older persons, despite the growing accessibility of telehealth. In particular, for vulnerable communities, efforts must be made to overcome these gaps by means of educational outreach, training, and enhancing digital access and literacy to guarantee equitable access to telehealth services.

There are differing opinions in the literature about the efficacy and caliber of telehealth services. Mahtta et al. (2021) and Nitiema (2022) show that telehealth can improve accessibility and healthcare results, but they also point out drawbacks, including issues with quality and technology limitations. Nevertheless, despite these difficulties, high levels of satisfaction among nurses, patients, caregivers, and healthcare professionals are reported by Bashir & Bastola (2018) and Orlando et al. (2019), showing generally favorable experiences with telehealth services.

In addition, studies by Butzner & Cuffee (2021) and Lee et al. (2019) highlight the benefits of telehealth interventions in rural areas, such as improved access to care, lower costs, and higher levels of satisfaction. This emphasizes how telehealth can help remove barriers to healthcare access that are common in rural areas. Furthermore, favorable policies facilitate increased uptake; Lin et al. (2018) underline the critical role that legislation and reimbursement procedures have in determining the adoption of telehealth.

The results of the systematic review highlight how telehealth can improve healthcare quality and accessibility for a wide range of patients in different contexts and demographics. The overall satisfaction and favorable outcomes found across research highlight the revolutionary potential of telehealth in healthcare delivery, despite the existence of difficulties such as discrepancies in access and quality concerns. To guarantee fair access to telehealth services for everyone, regardless of location or socioeconomic background, more study and legislative initiatives are necessary.

Limitation

The current study's dependence on pre-existing literature and secondary data sources is one of its limitations. This method covers the subject in great detail, but it is subject to biases in the chosen studies and any gaps in the body of research. The quality and accessibility of the papers that were found may also have limited the review's scope, which would have limited the findings' breadth of analysis and generalizability. Moreover, studies may be chosen using inclusion criteria that unintentionally exclude out pertinent research, which could result in mistakes in the synthesis of the evidence. These restrictions highlight the need for care in

interpreting the findings and present chances for additional primary research to fill in these knowledge gaps and offer stronger proof of the effects of telehealth services on the availability and caliber of healthcare.

Recommendation

Several suggestions can be made to improve the influence of telehealth services on healthcare quality and accessibility in light of the systematic review's findings. First and foremost, initiatives to alleviate inequities in telehealth accessibility should be given top priority by healthcare institutions and politicians, especially for vulnerable groups like elderly persons and rural regions. This could entail programs to raise internet connectivity, enhance digital literacy, and finance telehealth services in underprivileged communities. Furthermore, to make sure that telehealth programs are fulfilling the needs of a variety of patient populations and providing high-quality care, they must be continuously evaluated and observed. Additionally, in order to continuously develop telehealth interventions and technology with an emphasis on optimizing therapeutic outcomes, patient happiness, and costeffectiveness, research and innovation expenditures are crucial. To design and implement telehealth policies and initiatives that enable equitable access to healthcare services for all individuals, regardless of geographic location or socioeconomic level, collaboration between healthcare providers, technology corporations, and government agencies is imperative.

Conclusion

The substantial potential of telehealth services to enhance healthcare accessibility and quality is highlighted by this systematic review, especially when it comes to addressing gaps among marginalized communities and vulnerable populations. The summary of the results from the 10 chosen research highlights the beneficial effects of telehealth interventions in improving patient satisfaction, expanding access to care, and producing favorable health outcomes, particularly in rural and isolated places. While there is great potential for telehealth to change the way healthcare is delivered, there are still many issues that need to be researched and addressed in the future, including access inequities, technology constraints, and legislative impediments. Going forward, coordinated efforts by healthcare organizations,

legislators, tech developers, and other stakeholders are required to fully utilize telehealth while resolving its drawbacks, guaranteeing that everyone, regardless of location or socioeconomic status, has equitable access to high-quality healthcare services.

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