

<https://doi.org/10.46344/JBINO.2025.v14i01.11>

FACTORS INFLUENCING EFFECTIVE TELEHEALTH MANAGEMENT: PERSPECTIVES OF QUALITY COMPETENCY AND ORGANIZATIONAL CHANGE

Razan Ridha Fayzu, Afnan Khalf Albalawi

KSMC

Razan.feizo1@gmail.com

Abstract

This study investigates key factors influencing effective telehealth management in healthcare organizations in Saudi Arabia, particularly within primary health centers in Riyadh Saudi Arabia. Present study focuses on five primary areas: technology infrastructure, provider training and competency, patient engagement, regulatory compliance and quality assurance, and organizational culture and change management. A comprehensive survey questionnaire was conducted among healthcare staff, including directors, physicians, head nurses, and administrative personnel, to assess these factors' impact on telehealth effectiveness. SPSS was utilized for data analysis. Analysis of data revealed significant positive relationships between all suggested constructs which leads consequently to effective telehealth management. Specifically, technology infrastructure and organizational culture emerged as the strongest predictors. Further, findings emphasize the necessity of investing in robust technology systems, enhancing provider training, ensuring regulatory compliance, promoting patient engagement, and fostering a supportive organizational culture for the successful implementation of telehealth services. Study further provides practical implications for healthcare organizations and policymakers, offering insights into optimizing telehealth services to improve healthcare delivery in Saudi Arabia.

Keywords: Saudi Arabia, telehealth, virtual healthcare, healthcare management, technology infrastructure, provider training

1- INTRODUCTION

Telehealth and virtual healthcare have emerged as transformative approaches to healthcare

delivery, leveraging technology to provide remote clinical services. While the concept of telehealth

is not new, with early experiments in telemedicine dating back to the 1960s (Bashshur & Shannon, 2009), recent technological advancements and the global COVID-19 pandemic have dramatically accelerated the adoption and expansion of telehealth services across the healthcare industry (Wosik et al., 2020). Telehealth encompasses a broad range of remote healthcare services, including live video consultations, remote patient monitoring, mobile health applications, and store-and-forward transmission of medical data (American Telemedicine Association, 2020). These virtual care modalities offer numerous potential benefits, such as improved access to care, reduced healthcare costs, enhanced patient engagement, and better management of chronic conditions (Tuckson et al., 2017).

The COVID-19 pandemic has served as a catalyst for telehealth adoption, with many healthcare providers rapidly implementing virtual care platforms to ensure continuity of care while minimizing in-person interactions (Mehrotra et al., 2020). This sudden shift has highlighted both the potential of telehealth and the challenges associated with its widespread implementation and management. As telehealth becomes an integral part of the healthcare ecosystem, effective management of these services is crucial to ensure quality, accessibility, and efficiency.

Healthcare organizations face numerous challenges in implementing and optimizing

telehealth programs, including technology infrastructure and integration, provider training and adaptation to virtual care delivery, patient engagement and acceptance of telehealth services, regulatory compliance and reimbursement issues, and quality assurance and performance measurement. Addressing these challenges requires a comprehensive approach to telehealth management that considers both technical and human factors (Kruse et al., 2018). However, many healthcare organizations lack the knowledge and experience necessary to effectively manage and scale their telehealth initiatives.

The primary objective of this research is to investigate best practices for managing telehealth and virtual healthcare services. This study aims to identify key factors that contribute to successful telehealth management, examine the challenges faced by healthcare organizations in implementing and optimizing telehealth programs, explore strategies for overcoming obstacles to effective telehealth management, and develop a framework for comprehensive telehealth management that addresses technology, clinical, and operational aspects.

To achieve these objectives, the study will address several key research questions. These questions

focus on identifying critical success factors for effective telehealth management, understanding the impact of technology infrastructure, provider training, patient engagement, and regulatory compliance on telehealth initiatives, exploring strategies to overcome common challenges in telehealth implementation and management, and examining ways healthcare providers can optimize their telehealth services to improve patient

outcomes and satisfaction.

The significance of this research lies in its potential to inform healthcare providers, policymakers, and technology developers on how to enhance the delivery of virtual care services. As telehealth continues to evolve and expand, understanding the critical success factors for telehealth management will be essential for improving patient outcomes and experiences with virtual care, increasing healthcare access (particularly for underserved populations), enhancing the efficiency and cost-effectiveness of healthcare delivery, promoting the long-term sustainability of telehealth programs, and guiding policy development and regulatory frameworks for virtual care.

As telehealth and virtual healthcare services continue to reshape the healthcare landscape, effective management of these initiatives is crucial for realizing their full potential. Additionally, this research aims to contribute to the growing body of knowledge on telehealth management by identifying key success factors, examining challenges, and proposing strategies for optimizing virtual care delivery.

The findings of this study will have important implications for healthcare providers, policymakers, and technology developers as they work to improve the quality, accessibility, and efficiency of

healthcare services through telehealth. Study considered several hypotheses and constructs that includes, quality of technology infrastructure, patient engagement, level of provider training and telehealth competency, regular compliance and quality assurance, strength of organizational culture and change management, and effective telehealth management.

2- LITERATURE REVIEW AND HYPOTHESES DEVELOPMENT QUALITY OF TECHNOLOGY INFRASTRUCTURE AND PATIENT ENGAGEMENT

Healthcare industry is increasingly reliant on advanced technology infrastructure to enhance patient care. High-quality technology infrastructure, including electronic health records (EHRs), telehealth platforms, and mobile health applications, plays a pivotal role in facilitating patient engagement, which is vital for improving health outcomes (HealthIT.gov, 2020; McAlearney et al., 2019).

High-quality infrastructure ensures that healthcare providers have real-time access to accurate patient information, which improves decision-making, reduces errors, and enhances the coordination of care. It also facilitates the deployment of telemedicine and remote monitoring technologies, making healthcare more accessible and personalized (Kruse et al., 2017).

However, patient engagement refers to the involvement of patients in their healthcare decisions and management, further engaged patients are more likely to adhere to treatment plans, attend follow-up appointments, and actively participate in

their health management, leading to better health outcomes (Powell et al., 2017).

Technology, such as electronic health records (EHRs), patient portals, and mobile health applications, empowers patients by providing them with easy access to their health information, enabling them to communicate with healthcare providers, and allowing them to monitor their health conditions (Mammen et al., 2018).

Past studies have shown a positive association between the quality of technology infrastructure and patient engagement. Such as, high-quality EHR systems with intuitive interfaces and seamless data integration have been found to increase patient satisfaction and engagement by providing timely access to improving communication and health information with healthcare providers (McAlearney et al., 2019). Further, telehealth services, supported by robust IT infrastructure, that significantly enhanced patient engagement by providing convenient and flexible access to care. Patients can now consult with healthcare providers from remote locations, reducing the need for in-person visits and allowing for continuous monitoring and follow-up (Zanaboni & Wootton, 2012). Thus, based on

the following above discussion and evidences the following hypothesis was developed.

H₁: *The quality of technology infrastructure is positively associated with patient engagement*

QUALITY OF TECHNOLOGY INFRASTRUCTURE AND LEVEL OF PROVIDER TRAINING AND TELEHEALTH COMPETENCY

Generally in healthcare delivery telehealth has become an increasingly important component, specifically in the pandemic of COVID-19. The quality of innovative technology and infrastructure and the level of provider training and competency in telehealth are important factors that determine the effectiveness of telehealth services.

Quality technology infrastructure in telehealth includes reliable internet connectivity, capabilities of high-quality audio and video, must having the capacity to secure data transmission, that allow seamless integration with electronic health records (EHRs) and other healthcare IT systems. These elements are important for ensuring that telehealth services are delivered effectively and securely (Kruse et al., 2017). The effectiveness of telehealth is heavily dependent on the quality of the underlying technology infrastructure. High-quality infrastructure ensures that telehealth sessions are conducted without technical interruptions, such as poor video quality, dropped calls, or data breaches. Studies have shown that telehealth encounters conducted with high-quality technology infrastructure are associated with higher patient satisfaction, better clinical outcomes, and improved continuity of care (Zanaboni & Wootton, 2012).

Despite the potential benefits, many healthcare providers face challenges in establishing and maintaining high-quality

telehealth infrastructure. Issues such as limited broadband access, especially in rural areas, can hinder the effectiveness of telehealth services. Additionally, the high cost of implementing and maintaining advanced telehealth technology can be a barrier for smaller healthcare providers (Reed et al., 2020).

Provider training in telehealth is important for ensuring that healthcare professionals can effectively use telehealth technology and provide high-quality care remotely. Competency in telehealth requires not only technical skills but also the ability to engage patients, conduct virtual examinations, and manage telehealth-specific workflows (Shaw et al., 2018).

Past studies indicated that providers who receive comprehensive training in telehealth are more likely to conduct successful telehealth sessions. These training providers are better equipped to manage the technical aspects of telehealth, troubleshoot issues, and ensure positive patient experience. Additionally, well-trained providers can more effectively use telehealth to diagnose and treat patients, leading to better health outcomes (Smith et al., 2020).

Past empirical studies have shown that healthcare organizations with innovative and unique technology infrastructure are more likely to succeed in implementing telehealth programs. For

instance, a study found that hospitals with advanced telehealth infrastructure reported higher rates of telehealth adoption and patient satisfaction compared to those with limited infrastructure (Smith et al., 2020; Zanaboni & Wootton, 2012).

The past studies and literature consistently indicates that both the quality of technology infrastructure and the level of provider training are critical and important factors in determining the success of telehealth services. The high-quality infrastructure supports secure and reliable telehealth interactions, while comprehensive provider training ensures that healthcare professionals are competent in using telehealth technologies. Furthermore, this interdependency between the factors suggests that a coordinated approach, integrating advanced infrastructure with ongoing training, is essential for maximizing the benefits of telehealth. Thus, based on the following discussion the following study suggested the following hypothesis.

H₂: *The quality of technology infrastructure is positively associated with level of provider training and telehealth competency.*

QUALITY OF TECHNOLOGY INFRASTRUCTURE AND REGULATORY COMPLIANCE AND QUALITY ASSURANCE

A very general concept in the healthcare sector, that the quality of technology infrastructure plays a crucial role in maintaining regulatory compliance and ensuring quality assurance. Additionally, the healthcare systems increasingly rely on digital technologies for managing patients data, that deliver care, and coordinating services, and reliable technology infrastructure becomes essential. Present literature aims is to review and examines the interconnections between the quality of technology infrastructure, regulatory compliance, and quality assurance in healthcare in Saudi Arabia.

This quality IT infrastructure in healthcare includes reliable hardware, secure and interoperable software systems, good speed internet connectivity, and effective data storage solutions. These components support various healthcare functions, from clinical care to administrative operations, and are critical for ensuring that healthcare providers can deliver safe and effective care (HealthIT.gov, 2020). Additionally, good and high-quality technology infrastructure enables healthcare organizations to manage vast amounts of patient data securely and efficiently, facilitating better decision-making and enhancing patient outcomes. Furthermore, it supports the integration of different healthcare systems, enabling seamless communication and data sharing across various departments and institutions (Adler-Milstein & Jha, 2017).

Another perspective if this study is because healthcare organizations often face challenges in maintaining compliance due to the complexity of regulations and the evolving nature of technology. For instance, inadequate or outdated technology infrastructure can lead to compliance breaches, which can result in legal penalties and damage to the organization's reputation. Therefore, regular updates and monitoring, and audits of technology systems are necessary to ensure ongoing compliance (Bowman, 2013). Additionally, quality assurance (QA) in healthcare involves systematic processes to ensure that healthcare services are meeting to establish standards and provide safe, effective, and patient-centered care. Further, it encompasses a range of activities,

including regular audits, performance monitoring, and adherence to clinical guidelines e.g. (Institute of Medicine, 2001).

Past studies have shown that healthcare organizations with robust technology infrastructure are better equipped to meet regulatory requirements and maintain high standards of care. For instance, organizations with advanced systems are more likely to achieve compliance with data protection regulations and have more effective quality assurance programs (McCarthy & Eastman, 2010).

One of the core barriers to effective integration of technology infrastructure with regulatory compliance and quality assurance is the cost of implementation and maintenance. These organizations, particularly smaller ones, may struggle to invest in the necessary technology. whereas, adopting cloud-based solutions, partnering with technology vendors, and participating in health information exchanges can help mitigate these challenges (Kruse et al., 2017).

Past several empirical studies highlight the positive impact of high-quality technology infrastructure on regulatory compliance. Such as, healthcare organizations that implemented comprehensive systems reported fewer compliance issues and enhanced data security (Adler- Milstein & Jha, 2017). Thus, due to some flaws and challenges the contemporary study however then suggested the below hypothesis for more investigation.

H₃: *The quality of technology infrastructure is positively associated with regulatory compliance and quality assurance.*

**QUALITY OF TECHNOLOGY
INFRASTRUCTURE AND
STRENGTH OF ORGANIZATIONAL
CULTURE AND CHANGE MANAGEMENT**

Studies in the past shows that many

healthcare organizations struggle with implementing and maintaining high-quality technology infrastructure. These common challenges include high costs, the need for continuous updates, and issues related to system interoperability (Kruse et al., 2016; McCarthy & Eastman, 2010).

In addition, organizational culture refers to the shared values, beliefs, and norms that shape the behavior and practices within an organization. A strong organizational culture promotes collaboration, innovation, and a commitment to patient-centered care. Key components include leadership, communication, teamwork, and a focus on continuous improvement (Schein, 2010).

The strength of organizational culture is a critical determinant of the success of technology adoption in healthcare. A positive and adaptive culture encourages staff to embrace new and innovative technologies and processes, fostering innovation and improving patient outcomes. Conversely, a weak or resistant culture can lead to resistance to change, hindering the successful implementation of new technologies (HealthIT.gov, 2020; Weiner, 2009).

Relationship between technology infrastructure, organizational culture, and change management is

highlyinterdependent.Goodandhighquality technologyinfrastructureprovidesthefound ationfor effective change management by enabling seamless communication, training, and monitoring. However,astrongorganizationalculturesupp ortstheadoptionofnewtechnologiesbystimu lating a positive attitude towards change and encouraging innovation (Weiner, 2009).

Past empirical studies have shown that healthcare organizations with robust technology infrastructure and strong organizational cultures are more successful in implementing new technologies and achieving positive patient outcomes. For instance, hospitals with a culture of innovation and collaboration are more likely to effectively use EHR systems to improve care quality (Weiner, 2009).

Discussion above shows the importance of the constructs for each other, and thus suggest the following hypothesis.

H4: *The quality of technology infrastructure is positively associated with strength of organizational culture and change management.*

PATIENTENGAGEMENTANDEFFECTIVETELE HEALTHMANAGEMENT

Achieving high levels of patient engagement can be challenging, specifically among populations with low health literacy, limited access to technology, and or cultural and language barriers. Furthermore, healthcare providers may face difficulties in sustaining engagement over time, especially when patients are managing chronic conditions that require ongoing care and attention (Barello et al., 2016).

Effective telehealth management involves the delivery of healthcare services through telecommunication technologies, such as video conferencing, mobile health apps, remote monitoring, and electronic health records (EHRs). Effective telehealth management requires a robust

technological infrastructure, trained healthcare providers, and clear protocols to ensure quality care(Totten et al., 2016). Further telehealth offers numerous benefits, including increased access to care, particularly for patients in remote or under served areas, convenience for both patientsandproviders,andthepotentialforre al- timemonitoringofchronicconditions.Telehe alth can also reduce healthcare costs by minimizing the need for in-person visits and enabling early intervention in health problems and issues (Dorsey & Topol, 2020; Kruse et al., 2017).

Pastliteraturesuchas(Graffignaetal.,2015;Tot tenetal.,2016),indicatesthatpatientengage ment is a critical factor in the success of telehealth management. Telehealth offers numerous opportunitiestoenhancepatientengage me ntbyprovidingaccessible,personalized,and convenient healthcare services. However, to maximize the effectiveness of telehealth, healthcare providers must address the challenges related to technology access, digital literacy, and provider training. Based on the discussion above and evidences the association between patient engagement and effective health management can be acknowledged and thus the following hypothesis were developed.

H5: *Patientengagementispositivelyassociat edwitheffectivetelehealth management.*

LEVEL OF PROVIDER TRAINING & TELEHEALTH COMPETENCY AND EFFECTIVE TELEHEALTH MANAGEMENT

Successful implementation and management of telehealth services depends significantly on the level of provider training and their competency in using telehealth systems and technologies. Present literature review examines the relationship between provider training, telehealth competency, and the effectiveness of telehealth management, drawing on major studies and best practices.

Proper and formal training ensures that providers are familiar with the technology, understand the key needs of telehealth encounters, and can effectively communicate and deliver care through digital platforms. Conversely, without proper training, providers may struggle with the technical aspects of telehealth or fail to engage patients effectively, leading to suboptimal outcomes (Coon & Wiegand, 2021; Donnelly et al., 2021; Wosik et al., 2020).

Telehealth competency refers to the knowledge, skills, and attitudes that healthcare providers must possess to effectively deliver care through telehealth platforms. This further includes technical proficiency with telehealth tools, clinical skills adapted to the telehealth context, and the ability to build rapport and communicate effectively with patients remotely (Gajarawala & Pelkowski, 2021). Telehealth competency can be assessed through various methods, including self-assessment tools, peer evaluations, patient feedback etc.. Regular assessment and measurement of telehealth competencies can help identify areas where providers need additional training or support (Wosik et al., 2020).

Effective telehealth management involves major key components, a well-trained and

competent provider workforce, clear clinical protocols, technological infrastructure, and a patient-centered approach. Good and effective management ensures that telehealth services are delivered efficiently, safely, and in a manner that meets service user needs and expectations (Totten et al., 2016).

Literature has witnessed that the level of provider training and competency directly impacts the effectiveness of telehealth management. The providers who are well-trained and competent in telehealth are more likely to deliver high-quality care, maintain patient engagement, and direct the challenges of remote care delivery. Contrary, providers who lack telehealth competency may face difficulties in managing patient care, leading to reduced patient pleasure and potential clinical errors (Kruse et al., 2017).

Providers with high levels of telehealth competency contribute to well-managed outcomes, that includes higher patient satisfaction, improved clinical outcomes, and more efficient use of telehealth technologies (Coon & Wiegand, 2021; Wosik et al., 2020).

Past empirical studies such as (Coon & Wiegand, 2021; Wosik et al., 2020), have shown that targeted telehealth training programs can significantly improve provider competency. For example, a study involving primary care providers demonstrated that those who participated in a structured

telehealth training program reported higher confidence and competence in delivering telehealth services compared to those who did not receive such training (Donnelly et al., 2021). Henceforth, based on the past studies evidences and importance the present study postulated the following hypothesis.

H₆: *Level of provider training and telehealth competency is positively associated with effective telehealth management.*

REGULATORY COMPLIANCE & QUALITY ASSURANCE AND EFFECTIVE TELEHEALTH MANAGEMENT

Regulatory compliance and quality assurance in telehealth involves adhering to a range of laws, regulations, and guidelines that govern the delivery of healthcare services through electronic platforms. These regulations cover areas such as privacy of patient, securing the data, reimbursement of license, and all the standards of care (O'Doherty et al., 2020).

Compliance with these regulations is important in order to ensure the legal and ethical delivery of telehealth services and care. Non-compliance can result in legal penalties, of her financial losses, and damage to the reputation of healthcare centers and organizations. Furthermore, regulatory compliance is critical to maintain patient trust, as it ensures that their data is protected and that they receive care that meets established standards (Cohen et al., 2020; Deloitte, 2020).

Quality assurance in telehealth refers to the systematic processes used to ensure that telehealth services meet established standards of care. Further it includes monitoring the quality of patient provider interactions, the effectiveness of telehealth technologies, and the outcomes of telehealth

interventions. Quality Assurance processes are an important for identifying areas of improvement and ensuring that telehealth services are effective, safe, and patient-centered (Totten et al., 2016).

Additionally, effective telehealth management requires these seamless mix of regulatory compliance and quality assurance processes. Further, it involves developing protocols and guidelines that address both regulatory requirements and quality standards, ensuring that telehealth services are legally compliant while also providing high quality care. For instance, healthcare organizations may implement comprehensive training programs for providers on both regulatory compliance and quality assurance practices, helping them to navigate the complexities of telehealth management (Deloitte, 2020).

Quality assurance is important to the success of telehealth management, as it ensures that services are delivered at a consistently high standard. Effective quality assurance processes can identify and address issues before they impact patient care, thereby improving clinical outcomes and patient satisfaction. Additionally, this assurance contributes to continuous improvement in telehealth services by providing valuable feedback on performance and areas for enhancement (Kruse et al., 2017).

Pat literature has suggested a strong synergy between regulatory compliance and quality assurance in telehealth management. Regulatory frameworks often include quality standards, and compliance with these standards naturally leads to improved quality of care. Contrary, a robust quality assurance practices help ensure that telehealth services meet or exceed regulatory requirements, thereby reducing the risk of non-compliance (Cohen et al., 2020).

Strategies for effective telehealth management include developing clear procedures and policies that address both regulatory and quality requirements, investing in training and resources for healthcare providers, and using technology solutions that support compliance and quality assurance. Regular and continuous monitoring and improvement, supported by data analytics, can help healthcare organizations stay ahead of regulatory changes and maintain high standards of care (Deloitte, 2020). Henceforth, the discussion shows the hypothetical relationship between the suggested constructs and thus developed the below hypothesis.

H7: *Regulatory compliance and quality assurance is positively associated with effective telehealth management.*

STRENGTH OF ORGANIZATIONAL CULTURE & CHANGE MANAGEMENT AND EFFECTIVE TELEHEALTH MANAGEMENT

Adoption and effective management of telehealth services within the healthcare organizations depend significantly on the strength of organizational culture and the approach to change management (Gagnon et al., 2020). Additionally, organizational culture shapes how telehealth is perceived and integrated into healthcare practices, while change management strategies

are critical in ensuring smooth transitions and the successful implementation of telehealth technologies.

Afterward, in the context of healthcare, a strong organizational culture supports the adoption of innovative practices, such as telehealth, by fostering an environment that values patient-centered care, continuous improvement, and adaptability (Schein, 2017).

Studies suggested that strength of an organization's culture can significantly affect the adoption and effectiveness of telehealth services (Gagnon et al., 2020). A culture that encourages collaboration, innovation, and open communication is more likely to embrace telehealth as a valuable tool for delivering care.

Change management refers to the structured approach used to transition teams, individuals and organizations from a current state to a desired future form and state. However, from the perspectives of telehealth, effective change management is essential for addressing the challenges associated with shifting from traditional in-person care to remote care models. Further, it includes managing the technical, operational, and human aspects of telehealth implementation (Kotter, 1996).

Effective telehealth management requires the integration of a strong organizational culture with robust change management practices. Additionally, a supportive culture provides the foundation for change, while change management strategies ensure that the adoption of telehealth is systematic, smooth, and sustainable. All these elements help to optimize telehealth management, which are leading to better patient outcomes and higher levels of provider and patient satisfaction (Greenhalgh et al., 2017; Hartmann et al., 2020).

The synergy between a strong organizational culture and effective change management is key to the success of telehealth initiatives. When these elements are aligned, organizations are better equipped to navigate the complexities of telehealth implementation, ensuring that services are delivered effectively and meet the needs of both providers and patients (Gagnon et al., 2020; Greenhalgh et al., 2017).

Past literature (Gagnon et al., 2020; Hartmann et al., 2020) indicates that the strength of organizational culture and the effectiveness of change management are important factors in the successful management of telehealth services. A strong culture that supports innovation and adaptability, combined with structured change management strategies, can significantly enhance the effectiveness of telehealth management. Henceforth, in light of the discussion above, the study then postulated the following hypothesis.

H₈: *Strength of organizational culture and change management is positively associated with effective telehealth management.*

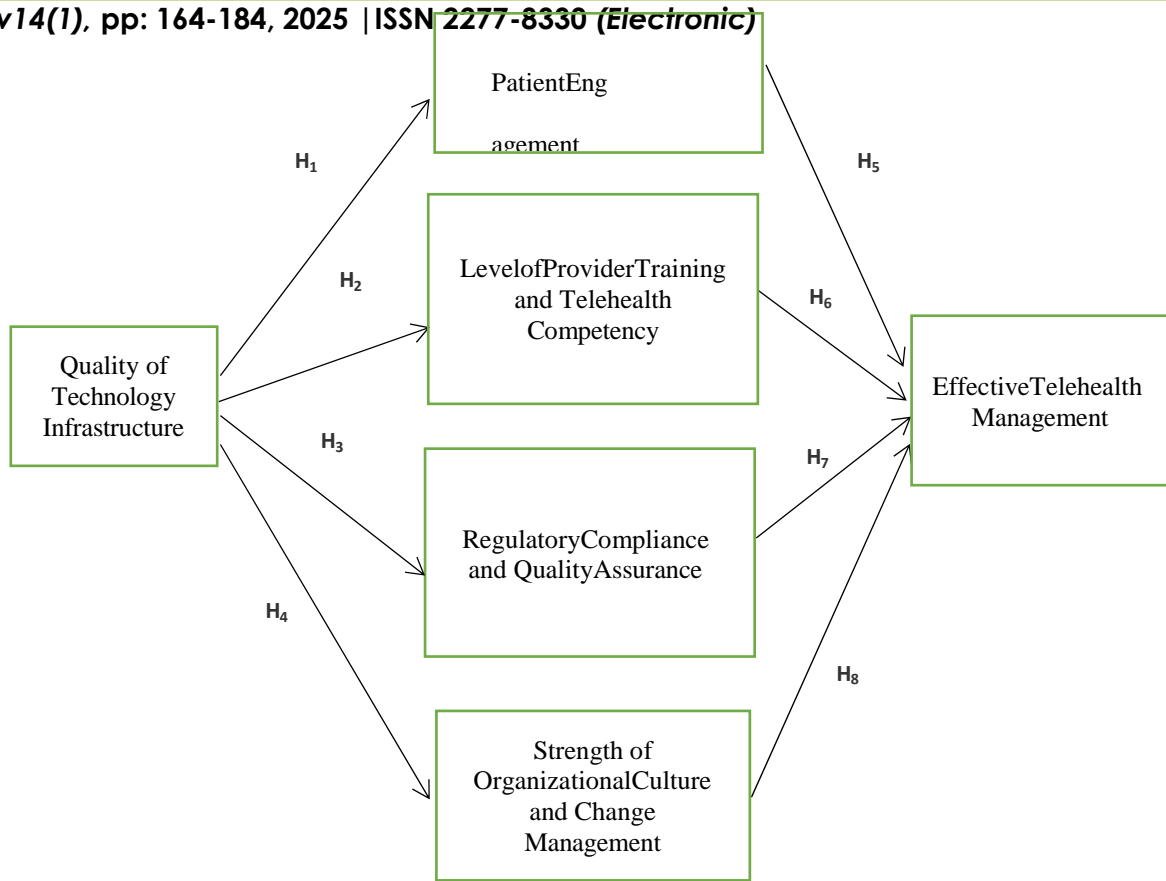


Figure1: A conceptual Study Framework

**3- RESEARCH METHODOLOGY
PROCEDURE AND DATA COLLECTION
PROCESS**

Data for the contemporary research were collected from Saudi Arabia, particularly capital city Riyadh were chosen due to its wide outskirts and diversifying characteristics. Additionally, study has chosen randomly Thirty One (31) PHC's (Govt. & Non-Govt.) situated in different region of Riyadh Saudi Arabia. Reason for targeting the primary health centers were due to convenient and easy to access to the respondents. The targeted respondents were the staff of PHC's. Several positions holders were targeted for instance, directors, general physician, Head Nurses and some other administrative staff. The designed survey questionnaire has been handed over after the approval and agreement of the respondents. A briefly introduction was a part of the survey.

**4. DATA ANALYSIS PROCESS
MEASUREMENTS**

Since study participant were the staff of these PHC's. Henceforth, randomly the questionnaire has been distributed among the targeted respondents. One complete calendar day was dedicated to visit one center. Hence, data collection were took almost 31 working days. Ninety Three (93) questionnaires were distributed in order to get their responses from the targeted respondents. Among all these Ninety One (91) responses were considered as valid and the rest 2 responses were incomplete and thus discarded. Study sample is justifiable based on the study and recommendations of (Hair et al., 2010). Five point Likert scale used as, (1) = strongly disagree and (5) = strongly agree.

frequencies and percentage can be seen in the table below.

Table1:Demographics

DEMOGRAPHICS	OPTIONS..	FREQUENCY=91	%AGE.
GENDER	MaleF	63.00	69.23
	emale	28.00	30.77
Nationality/Race	Saudi Nationals	67.00	73.63
	OtherNationalities	24.00	26.37
Age	Up to 20 Years	0.00	00.00
	21-30	23.00	25.27
	31-40	37.00	40.66
	41-50	16.00	17.58
MARITALSTATUS	50&aboveMarried	15.00	16.48
		68.00	74.73
EDUCATION	Non-Married	23.00	25.27
	Diploma/Certificate/etc.	16.00	17.58
	Undergraduate	41.00	45.05
	Graduate	34.00	37.36
POSITION	PhD	00.00	00.00
	Manager/Director	28	30.77
	Officeassistant	17	18.68
	Physician	27	29.67
	HEADNURSE	19	20.88

VALIDITYCHECKING

The validity of the construct items can be assessed using Cronbach's alpha and Composite Reliability(CR) tests.However, thisstudy followstherecommendationsof previousresearch and conductstheCronbach'salphatestusingSPSSversion23.Theminimumacceptablevaluefor

Cronbach'salphais0.70orhigher,whichisconsideredacceptableaccordingtoVinzieta1.(2010).

Table2:Cronbach’sAlphaValues Results

CONSTRUCTS	CRONBACHALPHAVALUES
QTI	0.831
PE	.0941
LPTTC	0.901
RCQA	0.887
SOCCM	0.776
ETM	0.913

STANDARDDEVIATION AND MEANVALUE

Tablebelowprovidesdescriptivestatisticsfortheconsideredconstructs.Furtherstheirmean, standard deviations, and corresponding mean levels. All the considered constructs i.e. QTI, PE, LPTTC, RCQA, SOCCM, and ETM that fall within the "Middle" mean level category, and indicating moderatelevelsof agreementorperformance.Meanscoresrange from4.019 (ETM)to 4.978 (RCQA), with standard deviations

ranging from 0.701 to 0.789. Which is the evident level of moderate response among the constructs, with some variation in how tightly the responses are clustered around the mean, as indicated by the standard deviations.

Table3: Analysis of Means and Standard Deviation

Constructs	Mean	Standard Deviation	Mean Level
QTI	4.061	0.722	Middle
PE	4.331	0.719	Middle
LPTTC	4.539	0.774	Middle
RCQA	4.978	0.783	Middle
SOCCM	4.170	0.789	Middle
ETM	4.019	0.701	Middle

HYPOTHESES, CORRELATION TEST

Pearson test is traditionally used in social sciences to examine the correlation between the considered constructs under the study. Thus, SPSS version 23 was employed to perform the Pearson test on the considered constructs, that includes Quality of Technology Infrastructure, Patient Engagement, Level of Provider Training and Telehealth Competency, Regulatory Compliance and Quality Assurance, Strength of Organizational Culture and Change Management, and Effective Telehealth Management. It is generally accepted that values of 0.01 or less are considered statistically significant in a two-tailed test.

Table4: Hypotheses Correlation Test

		Correlation of Variables					
		QTI	PE	LPTTC	RCQA	SOCCM	ETM
QTI	Pearson Correlation	.652**	.324**	.355**	.607**	.462**	.314**
	Sig. (2-tailed)		.000	.000	.000	.000	.000
	N	91	91	91	91	91	91
PE	Pearson Correlation	.310**	.401**	.303**	.397**	.348**	.322**
	Sig. (2-tailed)	.000		.000	.000	.000	.000
	N	91	91	91	91	91	91
LPTTC	Pearson Correlation	.427**	.401**	.687**	.597**	.393**	.673**
	Sig. (2-tailed)	.000	.000		.000	.000	.000
	N	91	91	91	91	91	91
RCQA	Pearson Correlation	.576**	.502**	.583**	.416**	.307**	.547**
	Sig. (2-tailed)	.000	.000	.000		.000	.000
	N	91	91	91	91	91	91
SOCCM	Pearson Correlation	.582**	.509**	.539**	.992**	.508**	.501**
	Sig. (2-tailed)	.000	.000	.000	.000		.000
	N	91	91	91	91	91	91
ETM	Pearson Correlation	.527**	.522**	.539**	.902**	.798**	.595**
	Sig. (2-tailed)	.000	.000	.000	.000	.000	
	N	91	91	91	91	91	91

***Correlations are significant at 0.01 level (2-tailed)

HYPOTHESES RESULTS

Below table contains the values and hypotheses results. For instance, H₁ connects (QTI) and (PE) are significant at (0.000) and calculated the t-value with 8.712, thus the link found positive. Similarly, second hypothesis that

links of (QTI) and (LPTTC) were also found significant at (0.000), whereas, the t-value 9.732, and considered as positive link. Furthermore, the connection between (QTI) and (RCQA) is also found significant at (0.000), and t-value calculated as 6.768, also considered as positive and significant relationship. Similarly, the link between (QTI) and (SOCCM) is also found significant at (0.000), and t-value is calculated as 9.243, hence including this all the values are showing the positive relationship among the constructs. All the values and considered constructs can be seen in the table below.

Table 5: Hypotheses Results

	Constructs	t-value	Significant	Result
H ₁	QTI → PE	8.712	0.000	Positive
H ₂	QTI → LPTTC	9.732	0.000	Positive
H ₃	QTI → RCQA	6.768	0.000	Positive
H ₄	QTI → SOCCM	9.243	0.000	Positive
H ₅	PE → ETM	9.889	0.000	Positive
H ₆	LPTTC → ETM	9.090	0.000	Positive
H ₇	RCQA → ETM	7.112	0.000	Positive
H ₈	SOCCM → ETM	9.001	0.000	Positive

5- DISCUSSION

Present study provides a comprehensive analysis of the factors that significantly influence the effectiveness of telehealth management within healthcare organizations in Saudi Arabia, with a focus on primary health centers in Riyadh. Findings and results clearly demonstrate that a robust technology infrastructure is important and crucial for theseamless delivery of telehealth services. Additionally, suggested infrastructure supports efficient communication, operational efficiency, and secure data management, that are all critical components of successful telehealth implementation. Positive correlation between technology infrastructure and telehealth outcomes suggests that the healthcare organizations must prioritize investments in advanced technology systems to improve service quality and

patient satisfaction.

Furthermore, the study highlights the importance of provider training and competency in ensuring the success of telehealth services. Providers who receive comprehensive training in telehealth technologies and communication techniques are better equipped to manage remote patient interactions effectively. Following the training is essential not only for technical proficiency but also for maintaining high standards of patient care in a virtual environment. Present study further emphasizes the role of patient engagement in telehealth effectiveness. Further, engaged patients are actively involved in their care, tend to have better health outcomes and are more likely to adhere to treatment plans, thereby enhancing

the overall success of telehealth programs.

Regulatory compliance and quality assurance emerged as critical factors in telehealth management. Thus, this Adherence to regulatory standards which ensures that telehealth services are delivered within a legal and ethical framework, which is critical for maintaining patient trust and avoiding legal pitfalls. Next, quality assurance processes help maintain high standards of care, ensuring that telehealth services are safe, effective, and patient-centered. Further, the study underscores the significance of organizational culture and change management. Supportive culture which embraces innovation and adaptability, coupled with effective change management strategies, facilitates the successful adoption and integration of telehealth services within healthcare organizations.

6- CONCLUSION AND FUTURE DIRECTIONS

Present study contributes valuable insights into the critical success factors that influence telehealth management in Saudi Arabia. Results of study indicates that healthcare organizations must prioritize the development of a strong technology infrastructure, comprehensive training, and strategies to enhance patient engagement. further, ensuring regulatory compliance and fostering a culture that supports innovation and change are essential for the successful implementation and management of telehealth services. Considered elements are not only fundamental for current telehealth practices but also for adapting to future advancements in healthcare technology.

In addition, healthcare perspectives leaders and policymakers, the study offers them practical guidance on optimizing telehealth services to improve healthcare delivery in Saudi Arabia. The research suggests that a holistic approach, integrating technology, training, patient engagement, and organizational culture, is critical and important to maximize the benefits of telehealth.

Future research could build on these findings by exploring the long-term impacts of these factors and examining how emerging technologies could further enhance telehealth management. By addressing the identified challenges and leveraging the strengths outlined in this study, healthcare organizations can ensure the effective and sustainable integration of telehealth services into their care delivery models. Study and population were targeted in one city and was limited to Riyadh only, future studies can target other cities and for different outcomes and results.

REFERENCES

- Adler-Milstein, J., & Jha, A.K. (2017). HIT and quality of care. *Health Affairs*, 36(12), 2047-2053. doi:10.1377/hlthaff.2017.0732.
- American Telemedicine Association. (2021). Telehealth Training and Certification. Retrieved from <https://www.americantelemed.org>.
- Barello, S., Graffigna, G., & Vegni, E. (2016). Patient engagement as an emerging challenge for healthcare services: Mapping the literature. *Nursing Research*

and Practice, 2016, 1-7.
doi:10.1155/2016/7681303.

Bashshur, R.L., et al. (2016). The empirical foundation of telemedicine interventions for chronic disease management. *Telemedicine and e-Health*, 20(9), 769-800. doi:10.1089/tmj.2014.9981.

Bowman, S. (2013). Impact of EHRs on clinical care. *Journal of Healthcare Management*, 58(6), 381-391. doi:10.1097/00115514-201312000-00003.

Cohen, A. B., et al. (2020). Regulatory challenges in telehealth. *Journal of Telemedicine and Telecare*, 26(1), 5-10. doi:10.1177/1357633X20954624.

Coon, J.T., & Wiegand, T.L. (2021). Implementing telehealth strategy for clinical practice. *Journal of Telemedicine and Telecare*, 27(1), 3-12. doi:10.1177/1357633X20971522.

Cresswell, K., & Sheikh, A. (2013). Organizational issues in the implementation and adoption of health information technology innovations: An interpretative review. *International Journal of Medical Informatics*, 82(5), e73-e86. doi:10.1016/j.ijmedinf.2012.10.007.

Deloitte. (2020). Telehealth: A new frontier for health care regulation. *Deloitte Insights*. Retrieved from <https://www2.deloitte.com>.

Donnelly, C., et al. (2021). Training and competency in telehealth: A systematic review of telehealth training programs for healthcare providers. *Telemedicine and e-Health*, 27(3), 259-269. doi:10.1089/tmj.2020.0251.

Dorsey, E.R., & Tropol, E.J. (2020). State of telehealth. *New England Journal of Medicine*, 375(2), 154-161. doi:10.1056/NEJMs1503323.

Gagnon, M.P., et al. (2020). Telehealth adoption in hospitals: An organizational perspective. *BMC Health Services Research*, 20(1), 1016. doi:10.1186/s12913-020-05984-4.

Gajarawala, S.N., & Pelkowski, J.N. (2021). Telehealth competency for healthcare professionals.

Telemedicine and e-Health, 27(1), 59-66. doi:10.1089/tmj.2020.0294.

Graffigna, G., Barelo, S., & Triberti, S. (2015). Patient Engagement: A Consumer-Centered Model to Innovate Healthcare. *De Gruyter Open*.

Greenhalgh, T., et al. (2017). How to implement new technology in healthcare. *BMJ*, 358, j5914. doi:10.1136/bmj.j5914.

Hartmann, C. W., et al. (2020). Leveraging organizational culture in telehealth implementation: A guide for healthcare leaders. *Journal of Telemedicine and Telecare*, 26(9), 646-652. doi:10.1177/1357633X20957506.

HealthIT.gov. (2020). Benefits of EHRs. Retrieved from <https://www.healthit.gov/topic/health-it-and-health-information-exchange-basics/benefits-ehrs>.

Hiatt, J.M. (2006). ADKAR: A model for change in business, government, and our community. *Prosci*.

Hibbard, J.H., & Greene, J. (2013). What the evidence shows about patient activation: Better health

outcomes and care experiences; fewer data on costs. *Health Affairs*, 32(2), 207-214. doi:10.1377/hlthaff.2012.1061.

Institute of Medicine. (2001). Crossing the

Quality Chasm: A New Health System for the 21st Century. National Academies Press.

Jha, A. K., et al. (2009). Use of electronic health records in U.S. hospitals. *New England Journal of Medicine*, 360(16), 1628-1638. doi:10.1056/NEJMs0900592.

Kotter, J.P. (1996). *Leading change*. Harvard Business Review Press.

Kruse, C. S., et al. (2016). Barriers to the use of EHRs: A systematic literature review. *Journal of Medical Systems*, 40(12), 252. doi:10.1007/s10916-016-0628-9.

Kruse, C. S., et al. (2017). Evaluating barriers to adopting telemedicine worldwide: A systematic review. *Journal of Telemedicine and Telecare*, 23(4), 217-225. doi:10.1177/1357633X16674087.

Mammen, J. R., et al. (2018). Patient engagement in the digital age: A time for reflection on how the use of patient portals influence patient empowerment. *Health Services Research*, 53(1), 24-32. doi:10.1111/1475-6773.12727.

McAlearney, A. S., et al. (2019). The Role of Health IT in Engaging Patients. *Journal of the American Medical Informatics Association*, 26(9), 835-843. doi:10.1093/jamia/ocz055.

McCarthy, C., & Eastman, D. (2010). Change management strategies for successful EHR implementation. *Healthcare Information and Management Systems Society*.

O'Doherty, J., et al. (2020). Telehealth: Maintaining regulatory compliance in a changing environment. *Telemedicine and*

e-Health, 26(9), 1161-1166. doi:10.1089/tmj.2020.0074.

Office for Civil Rights. (2013). Summary of the HIPAA Privacy Rule. U.S. Department of Health and Human Services.

Powell, R.E., et al. (2017). Patient portals and the health apps: Pitfalls, promises, and what one might learn from the other. *Healthcare*, 5(3), 81-85. doi:10.1016/j.hjdsi.2016.08.004.

Reed, M. E., et al. (2020). Patient and provider perspectives on using telemedicine for chronic disease management among older adults during COVID-19. *Journal of the American Geriatrics Society*, 68(9), 2024-2033. doi:10.1111/jgs.16780.

Shaw, S. E., et al. (2018). Telehealth: The need for evaluation evidence. *Journal of Telemedicine and Telecare*, 24(3), 129-131. doi:10.1177/1357633X18761234.

Schein, E.H. (2017). *Organizational culture and leadership*. John Wiley & Sons.

Smith, A.C., et al. (2020). Telehealth competency development: A case study approach. *Telemedicine and e-Health*, 26(3), 359-365. doi:10.1089/tmj.2019.0027.

Schein, E.H. (2010). *Organizational Culture and Leadership* (4th ed.). Jossey-Bass.

Shah, S., & Coyle, Y. M. (2020). Telehealth: A new frontier in patient engagement. *Journal of Medical Internet Research*, 22(10), e20357. doi:10.2196/20357.

Totten, A.M., et al. (2016). Telehealth: Mapping the evidence for patient outcomes from systematic reviews. *Agency for Healthcare Research and Quality*, 16(EHC034-EF), 1-23.

Totten, A.M., et al. (2016). Telehealth: Mapping

the evidence for patient outcomes from systematic reviews. *Agency for Healthcare Research and Quality*, 16(EHC034-EF), 1-23.
Totten, A.M., et al. (2016). Telehealth: Mapping the evidence for patient outcomes from systematic reviews. *Agency for Healthcare Research and Quality*, 16(EHC034-EF), 1-23.

Weiner, B. J. (2009). A theory of organizational readiness for change. *Implementation Science*, 4(1), 67. doi:10.1186/1748-5908-4-67.

Wosik, J., et al. (2020). Telehealth transformation: COVID-19 and the rise of virtual care. *Journal of the American Medical Informatics Association*, 27(6), 957-962. doi:10.1093/jamia/ocaa067.

Zanaboni, P., & Wootton, R. (2012). Adoption of telemedicine: From pilot stage to routine delivery. *BMC Medical Informatics and Decision Making*, 12(1), 1-9. doi:10.1186/1472-6947-12-1.

