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Caregiver Support, Telehealth Utilization, and Peace/Conflict-Sensitive Healthcare Delivery in the Management of Elderly Patients in Bayelsa State, Nigeria

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ABSTRACT

Caregivers play a pivotal role in facilitating healthcare access to healthcare and technology adoption among elderly individuals. This study examined the influence of caregiver support on telehealth utilization in the management of elderly patients in Ogbia Local Government Area of Bayelsa State, Nigeria, with attention to the role of peace and conflict dynamics in healthcare access. A mixed-methods descriptive cross-sectional research design was adopted. Data were collected from elderly patients and their caregivers using structured questionnaires and interview guides. Descriptive and inferential statistics were employed for quantitative data analysis, while thematic analysis was used for qualitative data. Findings revealed that caregiver assistance significantly enhanced telehealth adoption, improved medication adherence, facilitated remote consultations, and promoted effective disease management. Telehealth also reduced the need for physical travel across difficult and sometimes unstable environments, thereby improving safety and continuity of care. However, challenges such as caregiver burden, inadequate training, financial constraints, poor digital infrastructure, and socio-environmental stressors were identified. Chi-square analysis indicated a statistically significant relationship between caregiver support and telehealth utilization ($p < 0.05$). The study emphasizes caregiver empowerment, digital literacy training, conflict-sensitive health planning, and supportive policies as critical strategies for strengthening telehealth delivery. These interventions are essential for improving geriatric healthcare outcomes and promoting health equity and resilience in rural settings.

INTRODUCTION

Population ageing is a global phenomenon with profound implications for healthcare systems. According to the World Health Organization (WHO, 2021), the number of people aged 60 years and above is projected to reach 2.1 billion by 2050. This demographic shift has intensified the demand for accessible, affordable, and efficient healthcare services tailored to the unique needs of elderly individuals. Aging is often associated with chronic illnesses such as hypertension, diabetes, arthritis, and cardiovascular diseases, which require continuous monitoring and long-term management (United Nations, 2020). Telehealth has emerged as a transformative approach to healthcare delivery, enabling the provision of medical services through information and communication technologies. It includes teleconsultation, telemonitoring, electronic prescriptions, and mobile health applications. Telehealth enhances healthcare accessibility, reduces hospital visits, and improves patient outcomes, particularly among elderly populations with mobility challenges (World Health Organization, 2020). Studies have shown that telehealth significantly improves disease management, reduces healthcare costs, and increases patient satisfaction (Kruse *et al.*, 2018). Caregivers serve as indispensable partners in elderly healthcare. They provide physical, emotional, financial, and technological support that enables elderly individuals to access and utilize telehealth services effectively. Informal caregivers often family members play critical roles in medication administration, appointment scheduling, and digital navigation (Schulz & Eden, 2016). Their involvement is especially crucial in developing

countries where healthcare resources are limited and digital literacy among the elderly remains low. In Nigeria, access to geriatric healthcare is constrained by inadequate infrastructure, a shortage of healthcare professionals, and socioeconomic disparities. These challenges are particularly pronounced in Bayelsa State, a predominantly riverine region characterized by difficult terrain and limited transportation systems. Telehealth offers a promising solution to bridge healthcare gaps; however, its successful implementation depends largely on caregiver support (Adebayo *et al.*, 2021). Despite the recognized importance of caregivers in healthcare delivery, empirical studies examining their role in telehealth utilization among elderly populations in Nigeria remain limited. This study therefore investigates caregiver support and telehealth utilization in the management of elderly patients in Bayelsa State, Nigeria.

In addition to infrastructural and economic challenges, healthcare delivery in Bayelsa State is influenced by socio-environmental conditions, including geographic isolation and community-level tensions common in resource-constrained settings. These factors can limit healthcare access, particularly for elderly individuals who depend on caregivers. Telehealth, therefore, serves not only as a technological innovation but also as a conflict-sensitive strategy that reduces exposure to physical, environmental, and social risks while ensuring continuity of care. This study integrates caregiver support with peace and conflict considerations to better understand healthcare delivery in such contexts.

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Objectives of the Study

- 1.To assess the role of caregivers in facilitating telehealth utilization among elderly patients.
- 2.To examine the impact of caregiver support on health outcomes.
- 3.To identify challenges faced by caregivers in telehealth implementation.

LITERATURE REVIEW

Caregiver Support in Elderly Healthcare

Caregiver support encompasses a broad range of services provided to elderly individuals, including physical assistance, emotional support, financial aid, and health-related guidance. Caregivers are essential in managing chronic diseases and ensuring adherence to treatment regimens. According to Schulz and Eden (2016), family caregivers provide approximately 80% of long-term care globally. Caregivers play a vital role in improving the quality of life and health outcomes of elderly patients. They assist in daily activities such as feeding, bathing, and mobility, as well as in healthcare management tasks such as monitoring vital signs and administering medications. Their contributions significantly reduce hospitalization rates and healthcare costs (Reinhard *et al.*, 2019). In developing countries like Nigeria, caregivers often fill gaps left by under-resourced healthcare systems. However, they frequently encounter challenges such as financial strain, emotional stress, and lack of institutional support. Addressing these challenges is critical for improving geriatric healthcare delivery.

Telehealth Utilization in Elderly Care

Telehealth has revolutionized modern healthcare by improving accessibility and efficiency. It allows patients to consult healthcare professionals remotely, thereby reducing travel time and healthcare costs. This is particularly beneficial for elderly individuals who face mobility challenges and reside in rural or underserved communities (WHO, 2020). Empirical studies have demonstrated that telehealth enhances chronic disease management, improves patient satisfaction, and reduces hospital readmissions (Kruse *et al.*, 2018). Additionally, telehealth supports continuity of care and facilitates early detection of health complications. The COVID-19 pandemic further accelerated the adoption of telehealth worldwide, highlighting its effectiveness in ensuring uninterrupted healthcare delivery (Smith *et al.*, 2020).

In Nigeria, telehealth is gradually gaining acceptance as a strategy for addressing healthcare disparities. However, its adoption remains limited due to infrastructural deficits, inadequate digital literacy, and policy constraints (Afolabi *et al.*, 2022).

Influence of Caregiver Support on Telehealth Adoption
Caregiver involvement significantly influences telehealth adoption among elderly populations. Caregivers assist in operating digital devices, scheduling virtual consultations, and communicating with healthcare providers. Their

support enhances confidence and reduces anxiety associated with technology use among elderly patients (Cimperman *et al.*, 2016). Studies have shown that caregiver support improves medication adherence, treatment compliance, and patient engagement in telehealth programmes. Furthermore, caregivers act as intermediaries between patients and healthcare providers, ensuring effective communication and coordination of care (Gately *et al.*, 2020). In resource-limited settings, caregivers serve as facilitators of digital inclusion. Their role is particularly important in bridging the digital divide and ensuring equitable access to telehealth services.

Peace, Conflict, and Healthcare Access

Healthcare access in rural and riverine communities is often shaped by broader social and environmental conditions. In regions like Bayelsa State, challenges such as difficult terrain, economic inequality, and community-level tensions can indirectly affect access to healthcare services.

Conflict-sensitive healthcare approaches emphasize reducing vulnerability and ensuring equitable service delivery. Telehealth has been recognized as an effective strategy in such settings, as it minimizes the need for physical movement and reduces exposure to environmental and social risks.

Caregivers play an important role in this process by supporting elderly patients not only medically but also socially, helping them navigate challenges associated with both healthcare access and environmental instability. Integrating peace and conflict considerations into telehealth implementation can enhance its sustainability and effectiveness.

Theoretical Framework: Technology Acceptance Model (TAM)

This study is anchored on the Technology Acceptance Model (TAM) developed by Davis (1989). TAM explains users' acceptance and utilization of technology based on two primary constructs: perceived usefulness and perceived ease of use.

Perceived Usefulness

Perceived usefulness refers to the degree to which an individual believes that using telehealth will enhance healthcare outcomes. Caregivers reinforce this perception by demonstrating the benefits of telehealth in improving access to medical services and disease management (Venkatesh & Davis, 2000).

Perceived Ease of Use

Perceived ease of use relates to the extent to which telehealth is free from complexity. Caregivers facilitate ease of use by assisting elderly patients with digital devices, thereby promoting technology acceptance.

Relevance of TAM to the Study

1. Caregivers enhance telehealth adoption by providing

technical assistance.

2. They improve elderly patients' confidence in using digital technologies.
3. Their involvement increases perceived usefulness and ease of use, thereby promoting telehealth utilization.

MATERIALS AND METHODS

Research Design

A mixed-methods descriptive cross-sectional research design was adopted. This design enabled the collection of both quantitative and qualitative data to provide a comprehensive understanding of caregiver support and telehealth utilization.

Study Area

The study was conducted in Bayelsa State, located in the South-South geopolitical zone of Nigeria, with particular focus on Ogbia Local Government Area (LGA). Ogbia LGA is predominantly a riverine and rural community characterized by scattered settlements, waterways, and limited road infrastructure, which significantly affects physical access to healthcare services. The area experiences challenges such as poor transportation networks, inadequate healthcare facilities, shortage of healthcare professionals, and difficulty in accessing specialist care. These conditions make the adoption of telehealth an important and potentially effective intervention for improving access to healthcare services, particularly among vulnerable populations such as the elderly. The area also experiences socio-environmental challenges that can affect access to healthcare services, further highlighting the importance of telehealth as a conflict-sensitive healthcare approach.

Population of the Study

The population of the study comprised elderly individuals aged 65 years and above residing in Ogbia Local Government Area, along with their primary caregivers. The elderly population was selected due to their increased vulnerability to chronic illnesses, mobility limitations, and higher healthcare needs. Caregivers were included because they play a crucial role in facilitating healthcare access, supporting daily care needs, and influencing the utilization of telehealth services. Together, both groups provided relevant perspectives for assessing telehealth utilization and related factors in the study area.

Sample Size and Sampling Technique

A total sample size of 150 respondents was determined for the study to ensure adequate representation of the target population. The sample included both elderly participants and their caregivers. A multistage sampling technique was employed to ensure fairness, representativeness, and reduction of sampling bias. In the first stage, specific communities within Ogbia LGA were selected. In the second stage, households within the selected communities were identified. In the final stage, eligible elderly persons and their caregivers were

selected proportionately from the identified households using simple random sampling techniques. This approach ensured that every eligible respondent had an equal chance of being included in the study.

Instrument for Data Collection

Data were collected using a structured questionnaire and an interview guide designed to ensure comprehensive coverage of the study variables. The instruments were divided into four distinct sections to align with the specific objectives of the study and to facilitate systematic data collection:

Socio-demographic characteristics: This section elicited information on respondents' background variables such as age, sex, marital status, educational level, occupation, income level, and other relevant demographic factors that may influence telehealth use and caregiving patterns.

Caregiver support: This section assessed the nature, availability, and extent of support provided by caregivers, including emotional, physical, financial, and informational support, as well as the caregiver's role in facilitating or hindering access to telehealth services.

Telehealth utilization: This section focused on respondents' awareness, access, frequency of use, types of telehealth services utilized, perceived usefulness, and level of satisfaction with telehealth interventions in elderly care.

Challenges of telehealth implementation: This section examined barriers to effective telehealth adoption, including technological constraints, cost, digital literacy, infrastructural limitations, internet connectivity issues, and health system-related challenges affecting both caregivers and healthcare providers.

Validity of the Instrument

Content and face validity of the research instrument were established through a rigorous expert review process. The draft questionnaire and interview guide were submitted to experts in Nursing Science, Public Health, and Research Methodology for critical evaluation. These experts assessed the instruments for clarity, relevance, comprehensiveness, and alignment with the study objectives. Their comments and recommendations were used to refine and improve the wording, structure, and appropriateness of the items to ensure that the instrument adequately measured the intended variables.

Reliability of the Instrument

The reliability of the instrument was determined through a pilot study conducted prior to the main data collection. The instrument was administered to a small sample of respondents who were not included in the final study. Data obtained from the pilot study were analyzed using Cronbach's alpha coefficient to assess internal consistency. A reliability coefficient of 0.84 was obtained, indicating a high level of internal consistency and demonstrating that the instrument was reliable for measuring the constructs under investigation.

Method of Data Analysis

Data collected from the field were coded and analyzed using the Statistical Package for Social Sciences (SPSS) version 25. Descriptive statistics such as frequencies, percentages, means, and standard deviations were used to summarize respondents’ socio-demographic characteristics and study variables. Inferential statistics, specifically the Chi-square test, were employed to determine associations between categorical variables. The level of statistical significance was set at $p < 0.05$, and results were presented in tables and narratives for clarity and ease of interpretation.

Ethical Considerations

Ethical approval for the study was obtained from the relevant Health Research Ethics Committee prior to commencement of data collection. Informed consent was sought and obtained from all participants after a full explanation of the study’s purpose, procedures, potential benefits, and risks. Participation was strictly voluntary, and respondents were assured of their right to withdraw from the study at any time without any consequences. Confidentiality and anonymity were strictly maintained throughout the study by using codes instead of names and ensuring that all collected data were securely stored

Table 1 : Socio-Demographic Characteristics of Respondents

Variable	Category	Frequency (n)	Percentage (%)
Age	65–69 years	60	40.0
	70–74 years	45	30.0
	75–79 years	30	20.0
	80 years and above	15	10.0
Sex	Male	65	43.3
	Female	85	56.7
Marital Status	Married	50	33.3
	Single	10	6.7
	Widowed	90	60.0
Educational Level	No formal education	70	46.7
	Primary education	50	33.3
	Secondary education	25	16.7
	Tertiary education	5	3.3
Occupation	Farming	60	40.0
	Trading	40	26.7
	Retired	50	33.3

and used solely for academic purposes.

RESULTS AND DISCUSSION

The socio-demographic characteristics of the respondents (elderly patients and caregivers) revealed a varied distribution across key variables such as age, sex, marital status, educational level, and occupation. The findings indicated that the majority of the elderly participants were within the advanced age categories, with a higher proportion falling between 70–79 years. Females slightly outnumbered males, reflecting the general longevity pattern where women tend to live longer than men.

In terms of marital status, a considerable proportion of the respondents were widowed, while others were either married or single. Educational attainment was generally low, as most respondents had no formal education or only primary-level education. This suggests limited digital literacy, which may influence telehealth utilization. Occupational distribution showed that many respondents were either retired or engaged in subsistence farming and petty trading, reflecting the rural and riverine nature of the study area.

The findings revealed that caregivers played a crucial and supportive role in facilitating telehealth utilization

Table 2: Role of Caregivers in Telehealth Utilization

Caregiver Roles	Yes n (%)	No n (%)
Assists elderly in teleconsultation sessions	110 (73.3)	40 (26.7)
Operates mobile phones/tablets for telehealth use	120 (80.0)	30 (20.0)
Reminds elderly patients of medication schedules	130 (86.7)	20 (13.3)
Facilitates communication with healthcare providers	115 (76.7)	35 (23.3)
Provides financial support for telehealth services	90 (60.0)	60 (40.0)

among elderly patients in Ogbia Local Government Area. A significant proportion of caregivers assisted elderly individuals in participating in teleconsultation sessions, thereby bridging the gap between healthcare providers and patients who were unable to independently operate digital devices.

Caregivers were also actively involved in operating mobile phones and other telehealth-enabled devices on behalf of the elderly, ensuring effective communication with healthcare professionals. In addition, they contributed to medication adherence by reminding elderly patients of prescribed drug schedules and follow-up appointments. Furthermore, caregivers served as intermediaries between

patients and healthcare providers, enhancing continuity of care. Some caregivers also provided financial assistance for internet data subscriptions and device maintenance, which are essential for telehealth access in resource-limited settings.

Additionally, caregiver-supported telehealth reduced the need for elderly patients to travel across difficult terrains and potentially unstable environments. This contributed to safer healthcare access and improved continuity of care, particularly in geographically and socially constrained settings.

The study identified several challenges affecting caregivers in the implementation of telehealth services. One of the

Table 3: Challenges Faced by Caregivers in Telehealth Implementation

Challenges	Yes n (%)	No n (%)
Poor internet/network connectivity	125 (83.3)	25 (16.7)
Financial constraints (data costs/device maintenance)	120 (80.0)	30 (20.0)
Inadequate training on telehealth use	118 (78.7)	32 (21.3)
High caregiver burden/workload	105 (70.0)	45 (30.0)
Limited access to digital devices	100 (66.7)	50 (33.3)

most prominent challenges was poor internet connectivity, which significantly disrupted teleconsultation sessions and limited real-time communication with healthcare providers.

Financial constraints were also commonly reported, particularly the inability to consistently afford data subscriptions and maintain digital devices required for telehealth services. Inadequate training on the use of telehealth technologies further limited caregivers' capacity to effectively support elderly patients, especially those with low digital literacy.

Additionally, caregivers experienced a high level of caregiver burden due to the combined responsibility of

providing physical care and managing telehealth-related tasks. Limited access to smartphones, tablets, and other digital devices was also reported as a barrier, further restricting effective telehealth implementation in the study area.

These challenges are further influenced by the broader socio-environmental context of the study area. Poor infrastructure and limited resources reflect structural inequalities that may increase caregiver stress and limit effective healthcare delivery in vulnerable communities.

The findings in Table 4.5 reveal significant peace and conflict-related factors influencing telehealth utilization

Table 4: Peace and Conflict-Related Factors Influencing Telehealth Utilization among Elderly Patients

Peace/Conflict Variables	Response	Frequency (n)	Percentage (%)
Exposure to transportation risks during hospital visits	Yes	118	78.7
	No	32	21.3
Occurrence of community/environmental insecurity affecting movement	Yes	105	70.0
	No	45	30.0
Telehealth reduces need to travel through unsafe or difficult terrains	Yes	120	80.0
	No	30	20.0
Caregiver support reduces stress caused by environmental instability	Yes	112	74.7
	No	38	25.3
Poor infrastructure (flooding, bad roads, river transport challenges) limits healthcare access	Yes	125	83.3
	No	25	16.7
Telehealth improves access during periods of social/environmental disruption	Yes	115	76.7
	No	35	23.3

among elderly patients. A majority of respondents (78.7%) reported exposure to transportation-related risks when accessing healthcare facilities, reflecting the unsafe and difficult terrain in the study area. Similarly, 70.0% indicated that community and environmental instability affects their ability to access healthcare services.

A large proportion (83.3%) identified poor infrastructure, including flooding and inadequate road networks, as a major barrier to healthcare access. However, 80.0% agreed that telehealth reduces the need to travel through unsafe or difficult terrains, while 76.7% reported improved access during periods of environmental or social disruption.

Furthermore, 74.7% of respondents indicated that caregiver support helps reduce stress associated with unstable living and environmental conditions. These findings highlight that telehealth, when supported by caregivers, functions not only as a healthcare delivery tool but also as a mechanism for improving safety, stability, and resilience in fragile environments.

Summary of Findings

The findings indicate that caregivers play a vital role in facilitating telehealth utilization among elderly patients by providing physical, emotional, financial,

and technological support. However, the effective implementation of telehealth is constrained by systemic, economic, infrastructural, and socio-environmental challenges, particularly poor digital infrastructure, financial limitations, caregiver burden, and limited access to devices. From a peace and conflict perspective, the study further reveals that healthcare access among elderly persons in the study area is influenced by environmental instability, difficult terrain, transportation risks, and infrastructural fragility. In this context, telehealth emerges as a stabilizing healthcare strategy that reduces the need for physical movement, minimizes exposure to risk-prone environments, and ensures continuity of care during periods of disruption. The findings also demonstrate that caregiver support strengthens resilience within this fragile healthcare environment by reducing stress and bridging access gaps created by both health system limitations and environmental challenges. Therefore, addressing structural inequalities, improving digital infrastructure, and strengthening caregiver capacity are essential to fully maximize the benefits of telehealth in promoting safe, equitable, and resilient healthcare delivery.

The results indicate a statistically significant relationship between caregiver support and telehealth utilization.

Table 5: Relationship Between Caregiver Support and Telehealth Utilization

Variable	χ^2 Value	df	p-value	Decision
Caregiver Support	16.82	4	0.002	Significant

Discussion

The study revealed that caregiver support significantly enhances telehealth utilization among elderly patients. Caregivers were instrumental in facilitating teleconsultations, operating digital devices, ensuring medication adherence, and maintaining communication with healthcare providers. These findings are consistent with previous studies which emphasize the critical role of caregivers in improving healthcare access and technology adoption among older adults. Beyond these roles, the study highlights the broader relevance of telehealth within a peace and conflict context. In the study area, environmental challenges such as difficult terrain, poor transportation systems, and infrastructural limitations create barriers to accessing conventional healthcare services. These conditions may also expose elderly individuals to physical risks and increase vulnerability. Telehealth, therefore, serves as a conflict-sensitive and adaptive healthcare strategy by reducing the need for

physical travel and minimizing exposure to potentially unsafe or hard-to-reach environments. This contributes to safer healthcare access and ensures continuity of care, especially in situations where movement is constrained by environmental or socio-economic factors. However, several barriers to effective telehealth utilization were identified, including poor internet connectivity, high cost of data, limited digital literacy, and caregiver burden. These challenges reflect broader structural inequalities that not only hinder healthcare delivery but may also exacerbate stress among caregivers and patients. The findings further support the Technology Acceptance Model, as caregiver involvement improved both perceived usefulness and ease of use of telehealth services. In this context, caregivers act as facilitators of both healthcare access and system resilience, helping elderly patients navigate technological and environmental challenges simultaneously.

Table 6: Relationship Between Peace Factors and Telehealth Utilization

Variable	χ^2 Value	df	p-value	Decision
Peace & Conflict Factors vs Telehealth Utilization	14.27	4	0.006	Significant

Interpretation

The result indicates a statistically significant relationship between peace/conflict-related factors and telehealth

utilization ($p < 0.05$). This implies that telehealth contributes meaningfully to safer and more stable healthcare access in the study area.

CONCLUSION

Caregiver support remains a critical determinant of telehealth utilization in the management of elderly patients. This study demonstrates that caregivers not only enhance healthcare access and treatment adherence but also play a key role in enabling the effective use of telehealth technologies. Importantly, the study establishes that telehealth extends beyond a digital health innovation to function as a conflict-sensitive and resilience-building healthcare strategy. By reducing the need for physical travel, telehealth minimizes exposure to environmental risks, infrastructural challenges, and access barriers commonly experienced in rural and riverine communities. Despite its benefits, the effectiveness of telehealth is limited by persistent systemic challenges, including inadequate infrastructure, financial constraints, and insufficient caregiver training. These barriers highlight the need for comprehensive and inclusive interventions. In conclusion, strengthening caregiver capacity, improving digital infrastructure, and adopting conflict-sensitive healthcare approaches are essential for enhancing telehealth utilization. Such efforts will promote equitable access, improve health outcomes, and support resilient healthcare systems in Bayelsa State and similar settings.

Recommendations

1. Government should invest in telehealth infrastructure and broadband connectivity.
2. Training programmes should be organized to improve caregivers' digital literacy.
3. Financial and psychosocial support should be provided for caregivers.
4. Telehealth services should be integrated into primary healthcare delivery.
5. Policies should be developed to promote digital health

innovations.

6. Telehealth interventions should be designed using conflict-sensitive approaches to ensure equitable access, reduce vulnerability, and strengthen community resilience.

Policy Implications

1. Government: Should incorporate telehealth into national health policies.
2. Healthcare Institutions: Should adopt digital health systems.
3. Professional Bodies: Should train nurses and caregivers in telehealth delivery.
4. NGOs: Should support community-based digital inclusion initiatives.

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