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Evaluating the Effectiveness of Telehealth Services in Community Nursing Practice

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Abstract: Telehealth, using digital platforms to provide remote healthcare, has the potential to address geographic and systemic barriers, especially in resource-constrained settings like Nepal. This quantitative study assessed the efficacy of telehealth in community-based nursing care in hospitals of Sudurpaschhim Province, Nepal. A purposive sample of 422 outpatients aged over 18 years was surveyed using a structured questionnaire. Data were collected through face-to-face interviews, ensuring ethical approval, informed consent, and confidentiality. Responses were recorded via Kobo Toolbox and analyzed with SPSS using descriptive statistics, chi-square tests, and logistic regression, with significance set at $p < 0.05$. Most respondents were male (64%), aged 30–39 years (40.5%), from rural areas (88.9%), and 73.9% had smartphone or internet access. Awareness of telehealth was low, with 58.5% never having heard of it and only 34.6% correctly identifying it as health services via phone or internet. Utilization was minimal, mainly for health advice (11.6%) and prescription refills (4.0%), while preventive and specialized care were rarely used. Acceptance was motivated by convenience, time, and cost savings, but limited by poor connectivity, privacy concerns, and preference for in-person care. The findings highlight the need for targeted education, awareness programs, improved digital infrastructure, and governance to enhance telehealth utilization and integration into healthcare delivery.

Keywords: Community; Digital Platforms; Hospitals; Telehealth

Declaration: There is no conflict of interest, and the research was conducted by adhering to all research ethics.

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Introduction

Telehealth, encompassing both clinical and non-clinical services, utilizes information technologies to provide healthcare remotely, aiming to overcome geographic and systemic barriers to care (Gajarawala & Pelkowski, 2021; Haleem et al., 2021). Over the years, terminology such as telemedicine, telecare, online health, and e-health has evolved, with "telehealth" increasingly becoming the preferred term due to its broader scope and acceptance (Bitar & Alismail, 2021). The adoption of telehealth has grown globally, particularly in resource-limited countries, with notable surges during the COVID-19 pandemic as lockdowns and movement restrictions highlighted its potential (Koonin et al., 2025; Pujolar et al., 2022). Despite this growth, knowledge and exposure to telehealth remain limited among medical students and healthcare professionals, and its use in nursing, especially telenursing, is still in its infancy in low- and middle-income countries like Nepal due to limited technological infrastructure and insufficient training (Kong et al., 2020; Snoswell et al., 2020).

In Nepal, the challenges of telehealth adoption are compounded by geographic diversity, inequitable distribution of healthcare resources, low digital literacy, and limited technological access, particularly in rural areas (Parajuli et al., 2022; Wasti et al., 2023). In addition, unclear policies, inadequate training of nurses, patient resistance, and concerns about confidentiality further hinder the effective delivery of remote healthcare (Ftouni et al., 2022; Kats & Shmueli, 2024; Klee et al., 2023). Although initiatives like the rural telemedicine program across thirty district hospitals have been launched to improve access to specialist care (Bhatta et al., 2015), the full potential of telehealth in community-based nursing remains largely unexplored (Pandey & Gautam, 2020). Considering these challenges, the main objective of the study is to assess the efficacy of Telehealth in community-based nursing care.

Methodology

This study employed a quantitative research design to assess the efficacy of telehealth in community-based nursing care, conducted in hospitals of Sudurpaschim Province, Nepal. The study population included outpatient patients aged above 18 years, while patients with disabilities were excluded. Hospitals were purposively selected, and the sample size of 422 was calculated using Cochran's formula with a 10% non-response rate. Data were collected using a structured questionnaire through face-to-face interviews following ethical approval and informed consent from participants. Privacy and confidentiality were maintained, and data were securely stored for study purposes only. Quantitative data were captured via Kobo Toolbox, checked daily for errors, and analyzed using SPSS. Descriptive statistics were used for univariate analysis, while chi-square tests and logistic regression examined associations, with significance set at $p < 0.05$.

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Result

Table 1 Socio-demographic characteristics of the respondents

Socio-demographic variables		Frequency (N)	Percent (%)
Age	20-29	110	26.1
	30-39	171	40.5
	40-49	78	18.5
	50-59	41	9.7
	60 and above	22	5.2
Gender	Male	270	64.0
	Female	152	36.0
	Others	0	0.0
Education Level	Illiterate	32	7.6
	No formal education	33	7.8
	Basic level	41	9.7
	Secondary level	141	33.4
	Bachelor's or above	175	41.5
Occupation	Farmer	95	22.5
	Service	245	58.1
	Business	42	10.0
	Homemaker	38	9.0
	Labour	2	0.5
	Other (specify)	0	0.0
Income	Less than 20,000	128	30.3
	20,000-39,000	182	43.1
	40,000-59,000	62	14.7
	60,000 and above	50	11.8
Place of Residence	Rural	375	88.9
	Urban	27	6.4
	Semi-urban	20	4.7
Access to a smartphone or internet-enabled device	No	110	26.1
	Yes	312	73.9

Source: Primary data collection

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Table 1 summarizes the respondents' socio-demographic characteristics. Most were aged 30–39 years (40.5%) and male (64.0%), with the majority holding a bachelor's degree or higher (41.5%) and working in the service sector (58.1%). Income ranged mainly between 20,000–39,000 (43.1%) most lived in rural areas (88.9%), and 73.9% had access to a smartphone or internet-enabled device, indicating notable digital connectivity despite rural residence.

Table 2 Knowledge, Awareness, and Perceptions of Telehealth Services among Respondents

Variables		**Frequency (N)**	**Percent (%)**
Heard about Telehealth before	No	247	58.5
	Yes	175	41.5
Familiar with the term "Telehealth"	Not at all familiar	225	53.3
	Slightly familiar	94	22.3
	Moderately familiar	95	22.5
	Very familiar	8	1.9
Respondent's knowledge on meaning of Telehealth	Health service using internet/phone	146	34.6
	In-person hospital care	5	1.2
	Only emergency care	11	2.6
	I don't know	260	61.6
Main source of information about Telehealth	Health worker	139	32.9
	Television/Radio	65	15.4
	Social media	142	33.6
	Friends/Family	76	18.0
Services believed to be offered via Telehealth	Health consultation	146	34.6
	Health education	110	26.1
	Prescription services	36	8.5
	Emergency care	64	15.2
	Monitoring chronic conditions	24	5.7
	Don't know	208	49.3
Services that can be provided through Telehealth	Video consultations	156	37.0
	Online prescriptions	121	28.7
	Surgery	6	1.4
	Remote health monitoring	42	10.0
	Health education	87	20.6

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Requirement to Access Telehealth Services	Mobile phone or computer	171	40.5
	Internet or mobile network	153	36.3
	Hospital ID card	11	2.6
	I don't know	200	47.4

Source: Primary data collection.

Table 2 summarizes respondents' knowledge and awareness of telehealth. Most participants (58.5%) had not heard of telehealth, and over half (53.3%) were not at all familiar with the term. Only 34.6% correctly identified telehealth as health services via internet or phone, while 61.6% did not know its meaning. Primary sources of information were social media (33.6%) and health workers (32.9%). Regarding services, respondents most commonly recognized health consultations (34.6%), health education (26.1%), and emergency care (15.2%), while awareness of video consultations (37.0%) and online prescriptions (28.7%) was higher when asked specifically about available telehealth services. Access requirements were less known, with 40.5% identifying a mobile phone or computer and 36.3% noting internet connectivity, while 47.4% did not know how to access these services, reflecting limited overall understanding.

Table 3 Respondent's perceptions and trust towards Telehealth services

Variables		**Frequency (N)**	**Percent (%)**
Telehealth services provider	Only doctors	54	12.8
	Qualified health professionals (doctors, nurses, counselors)	168	39.8
	I don't know	200	47.4
Telehealth can be used without visiting a hospital	No	27	6.4
	Yes	171	40.5
	Not sure	224	53.1
Possible to get health advice through audio or video calls in Telehealth	No	20	4.7
	Yes	173	41.0
	Not sure	229	54.3
Telehealth is a safe way to receive healthcare	No	21	5.0
	Yes	147	34.8
	Not sure	254	60.2
Personal health information is safe during Telehealth consultations	No	25	5.9
	Yes	161	38.2
	I don't know	236	55.9

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Telehealth is regulated by the government or health organizations	No	85	20.1
	Yes	59	14.0
	Not sure	278	65.9

Source: Primary data collection.

Table 3 shows respondents' perceptions and trust in Telehealth services. About 39.8% correctly identified qualified health professionals as providers, 12.8% thought only doctors provided services, and 47.4% were unsure. While 40.5% believed Telehealth could be used without visiting a hospital, 53.1% were uncertain. Similarly, 41.0% recognized health advice via audio/video calls, with 54.3% unsure. Only 34.8% considered Telehealth safe, 38.2% felt personal health information was secure, and just 14.0% were aware of government or organizational regulation. Overall, most respondents had limited knowledge of providers, safety, and oversight, highlighting the need for greater education and awareness.

Table 4 Utilization and Perceived Benefits of Telehealth Services among Respondents

Variables		**Frequency (N)**	**Percent (%)**
Used Telehealth services for disease prevention (e.g., health education, screening)	No	370	87.7
	Yes	52	12.3
Used Telehealth support during illness or post-treatment follow-up	No	381	90.3
	Yes	41	9.7
If yes, frequency of Telehealth services used for managing health	Rarely	4	0.9
	Sometimes	45	10.7
	Very often	3	0.7
Types of Telehealth services used	Health advice	49	11.6
	Prescription refill	17	4.0
	Chronic disease monitoring	3	0.7
	Health education	15	3.6
	Mental health counseling	1	0.2
Telehealth has helped me manage my health conditions more effectively	Disagree	7	1.7
	Neutral	8	1.9
	Agree	36	8.5
	Strongly Agree	2	0.5
	Strongly Disagree	5	1.2

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Using Telehealth has reduced the number of times I visit health facilities	Disagree	10	2.4
	Neutral	17	4.0
	Agree	19	4.5
	Strongly Agree	2	0.5

Source: primary data collection

The merged data show that overall telehealth utilization among respondents was low. Only 12.3% used Telehealth for disease prevention, and 9.7% used it for illness management or post-treatment follow-up, with the majority engaging infrequently ("sometimes" 10.7%, "rarely" 0.9%, "very often" 0.7%). Most services accessed were basic, including health advice (11.6%) and prescription refills (4.0%), while chronic disease monitoring (0.7%) and mental health counseling (0.2%) were minimal.

Regarding perceived benefits, respondents generally acknowledged that Telehealth helped manage health conditions (mean = 3.62, SD = 0.765), though its impact on reducing health facility visits was moderate (mean = 3.06, SD = 1.045). These findings indicate that while Telehealth has potential for improving health management, its adoption and utilization for preventive, therapeutic, and specialized care remain limited, highlighting the need for awareness, accessibility, and education initiatives.

Table 5 Factors Affecting Telehealth Adoption and Challenges in Implementation

Variables		**Frequency (N)**	**Percent (%)**
Factors that encourages the use of Telehealth	Convenience	154	36.5
	Cost-saving	128	30.3
	Time-saving	177	41.9
	Lack of nearby healthcare facility	87	20.6
	Recommendation from health worker	43	10.2
Factors that discourage the Use of Telehealth	Poor internet access	208	49.3
	Privacy concerns	129	30.6
	Preference for in-person care	161	38.2
	Lack of trust in remote care	65	15.4
	Unavailability of necessary devices	97	23.0
Factors that can improve Telehealth use	Better internet access	248	58.8
	Affordable devices	137	32.5
	Public awareness programs	181	42.9

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	Training for health workers	125	29.6
	Local language support	122	28.9
	Government policy and support	109	25.8
Major challenges in Telehealth implementation	Lack of electricity/internet	248	58.8
	Cost of smartphones/data	110	26.0
	Unfamiliarity with technology	124	29.4
	Inadequate support from health workers	87	20.6
	Limited government focus	78	18.4

Source: Primary data collection

Table 5 collectively shows that telehealth acceptance is mainly driven by practical benefits but constrained by infrastructural and perceptual barriers. Key motivating factors include time-saving, convenience, and cost-saving, indicating that efficiency and affordability strongly encourage telehealth use. Conversely, poor internet access, preference for in-person care, and privacy concerns are the major reasons for resistance, highlighting both technological and trust-related issues.

To enhance telehealth utilization, respondents emphasized better internet connectivity, public awareness programs, affordable devices, and training for health workers. However, persistent challenges such as lack of electricity and internet, unfamiliarity with technology, high device or data costs, and limited institutional support continue to hinder adoption. Overall, the findings suggest that improving digital infrastructure, affordability, awareness, and policy support is essential for increasing telehealth acceptance and sustained use.

Discussion

The study reveals that respondents' awareness and understanding of telehealth are generally limited. More than half of participants (58.5%) had never heard of telehealth, and 53.3% were completely unfamiliar with the concept, with only 34.6% accurately recognizing it as a service delivered via the internet or phone. Similarly, a study among Nepalese medical students found 22.6% lacked awareness of "eHealth," "telemedicine," or "mobile health," with only 8.8% having formal training (Kunwar et al., 2022). Low awareness is also reported internationally: in rural India, only 2.2% knew about government teleconsultation services, relying primarily on social

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media or personal networks (Parameshwarappa & Olickal, 2023), and in Bangladesh, fewer than 17% had used telehealth, with knowledge mostly informal (Kabir et al., 2024). Respondents demonstrated limited understanding of telehealth services and access requirements, with only 37% recognizing video consultations and 28.7% online prescriptions, highlighting the need for structured education, health worker-led programs, and community campaigns to increase telehealth literacy and uptake in Nepal.

Although awareness and usage were low, respondents acknowledged certain benefits of telehealth, particularly for managing health conditions. Most participants had not utilized telehealth for preventive care (87.7%) or illness management (90.3%), with engagement largely limited to basic health advice (11.6%), prescription refills (4.0%), and health education (3.6%). The perceived effectiveness of telehealth for managing health received a moderately positive score (M = 3.62), while its impact on reducing facility visits was lower (M = 3.06). These findings align with international evidence showing that patients appreciate telehealth for convenience, cost-effectiveness, and flexibility in managing chronic conditions, but adoption is hindered by low digital literacy, technological challenges, and trust issues (Hendy et al., 2025; Lee & Nam, 2025; Lewinski et al., 2022; Razi et al., 2024).

Respondents identified convenience, time-saving, and cost reduction as key motivators for using telehealth, whereas poor internet access, preference for in-person care, privacy concerns, device limitations, and low confidence were major barriers (Siddiquee et al., 2020). Only 34.8% perceived telehealth as safe, 38.2% trusted the security of personal health data, and 65.9% were unaware of regulatory oversight, reflecting uncertainty about providers, safety, and governance. Socio-demographic characteristics, including age, gender, education, occupation, and income, significantly influenced attitudes and usage patterns (Lam et al., 2020; Scott Kruse et al., 2018). These findings suggest that successful telehealth adoption requires improving digital literacy, building trust, strengthening policy and governance frameworks, and ensuring equitable access to technology, alongside awareness campaigns and user support initiatives (Arora et al., 2024; Mamuye et al., 2023; Shaw et al., 2017).

Conclusion

The study demonstrates that awareness, understanding, and utilization of telehealth among respondents remain limited, with many being unfamiliar with its services, access requirements, and safety protocols. Despite low usage, participants acknowledged its benefits, particularly for

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managing health conditions and providing convenient, cost-effective care, though its impact on reducing in-person visits was perceived as moderate. Key factors influencing telehealth adoption included digital literacy, trust, technological accessibility, socio-demographic characteristics, and perceptions of privacy and safety. The findings highlight the urgent need for targeted interventions, including structured educational programs, awareness campaigns, improved digital infrastructure, and robust governance, to enhance knowledge, confidence, and equitable utilization of telehealth services. Strengthening these areas could foster greater acceptance and more effective integration of telehealth into routine healthcare delivery, ultimately supporting better health outcomes.

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