REVIEW



Mapping the Impact of Telenursing on Quality and Healthcare Savings: A Scoping Review

Mapeo del impacto de la teleenfermería en la calidad y el ahorro en atención médica: una revisión exploratoria

Cut Rahmiati¹ K., Haeril Amir², Ika Wulansari³, Ida Zuhroidah⁴, Desy Dwi Cahyani⁵

¹Akademi Keperawatan Kesdam Iskandar Muda, Nursing Department, Banda Aceh, Indonesia.

 $^{\rm 2}$ Universitas Muslim Indonesia, Nursing Management. Makassar, Indonesia.

³Nursing Department, Universitas Negeri Gorontalo, Indonesia.

⁴Nursing Department, Faculty of Nursing, Universitas Jember, Indonesia.

⁵Poltekkes Kemenkes Malang, Midwifery Department, Malang Indonesa

Cite as: Rahmiati C, Amir H, Wulansari I, Zuhroidah I, Dwi Cahyani D. Mapping the Impact of Telenursing on Quality and Healthcare Savings: A Scoping Review. Salud, Ciencia y Tecnología. 2025; 5:1700. https://doi.org/10.56294/saludcyt20251700

Submitted: 20-10-2024 Revised: 09-02-2025 Accepted: 06-06-2025 Published: 07-06-2025

Editor: Prof. Dr. William Castillo-González®

Correspondence: Cut Rahmiati 🖂

ABSTRACT

Introduction: telenursing, a component of telehealth, combines information technology with nursing practice to provide care from a distance. Closing healthcare access disparities is becoming more urgent, particularly in rural and disadvantaged areas. The growing incidence of long-term health conditions and the ageing population have resulted in an increased requirement for healthcare systems to provide effective, patient-centred care. Ongoing patient care and empowerment are delivered through the remote services of telenursing, which include monitoring, educational support, and consultation

Method: this scoping review was conducted in full compliance with the PRISMA-ScR (Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews) guidelines. The search strategy entailed using relevant keywords related to telenursing on major electronic databases including PubMed, ScienceDirect, Scopus, and ProQuest.

Results: in total, nine articles were included in this review. Research reveals that telenursing represents a highly effective technological strategy for assisting nurses in meeting patient requirements, especially during the COVID-19 pandemic, through the provision of remote healthcare services. Consistently reported research indicates that telenursing is a cost-reducing strategy which also contributes to better clinical outcomes.

Conclusions: telenursing in promoting both patient independence and healthcare saving

Keywords: Telenursing; E-Health; Healthcare Saving.

RESUMEN

Introducción: la teleenfermería, un componente de la telesalud, combina las tecnologías de la información con la práctica enfermera para brindar atención a distancia. Reducir las disparidades en el acceso a la atención médica es cada vez más urgente, especialmente en zonas rurales y desfavorecidas. La creciente incidencia de enfermedades crónicas y el envejecimiento de la población han incrementado la necesidad de que los sistemas de salud brinden una atención eficaz y centrada en el paciente. La atención continua y el empoderamiento del paciente se brindan a través de los servicios remotos de teleenfermería, que incluyen monitoreo, apoyo educativo y consulta.

© 2025; Los autores. Este es un artículo en acceso abierto, distribuido bajo los términos de una licencia Creative Commons (https:// creativecommons.org/licenses/by/4.0) que permite el uso, distribución y reproducción en cualquier medio siempre que la obra original sea correctamente citada **Método:** este estudio utilizó un enfoque de revisión exploratoria, basado en el marco PRISMA-ScR (Extensión de Elementos de Informe Preferidos para Revisiones Sistemáticas y Metaanálisis para Revisiones Exploratorias). La estrategia de búsqueda consistió en el uso de palabras clave relevantes relacionadas con la teleenfermería en las principales bases de datos electrónicas, como PubMed, ScienceDirect, Scopus y ProQuest.

Resultados: se incluyeron nueve artículos en esta revisión. Las investigaciones revelan que la teleenfermería representa una estrategia tecnológica altamente efectiva para ayudar al personal de enfermería a satisfacer las necesidades de los pacientes, especialmente durante la pandemia de COVID-19, mediante la prestación de servicios de atención médica a distancia. Diversas investigaciones indican que la teleenfermería es una estrategia de reducción de costos que también contribuye a mejores resultados clínicos.

Conclusiones: la teleenfermería promueve la independencia del paciente y el ahorro en la atención médica.

Palabras clave: Teleenfermería; Salud electrónica; Ahorro en la Atención Médica.

INTRODUCTION

Advances in healthcare are fueling ongoing developments in the field of nursing science, which is adapting to changing patient requirements and healthcare patterns. Progress in nursing capabilities, scientific understanding, and the adoption of evidence-based methods within healthcare environments are driving this transformation, Melnyk and O'verholt.^(1,2,3) The adoption of healthcare technologies has become significantly more prevalent, allowing nurses to deliver care in a more streamlined and accurate way. Digital tools, such as telehealth platforms, electronic health records, and remote monitoring systems, not only make communication and data management more efficient, but also improve the quality and accessibility of nursing care in various care environments.^(4,5,6) A rapidly developing advancement in nursing care is telenursing, an innovation that utilizes technology to facilitate nurses providing care from a distance via electronic communication. Telenursing enables the remote transmission of health information and offers assistance with non-face-to-face nursing care, especially in areas with limited access to healthcare or where populations are spread across a wide geographic region.^(7,8,9) Nursing science is constantly evolving in response to shifting societal trends and advancements in healthcare infrastructure, requiring periodic updates to address the advancing requirements of patients and the increasing intricacy of patient care.⁽¹⁰⁾

This progress is characterized by ongoing enhancements in professional training, the expansion of nursing expertise and the incorporation of evidence-based practices in both hospital and community environments. ^(11,12) Integration of healthcare technology is now a key factor in expanding the responsibilities of nurses across various locations simultaneously. Technologically-enabled innovations, which combine mobile applications and telehealth platforms, are easily accessible, user-friendly, and have shown a positive impact on care quality, patient safety, and the efficiency of nursing staff.^(13,14,15)

Telenursing, as an innovative, technology-driven care model, has emerged as a promising solution to improve healthcare delivery. It not only enhances patient autonomy by enabling remote self-management but also minimizes the need for hospital visits and long waiting times for treatment.^(16,17)

Previous studies have extensively explored nurses' competencies and perceptions regarding the use of telenursing. However, there remains a critical gap in the international literature regarding patients' own perspectives on the perceived benefits and usability of telenursing interventions. Most existing research has prioritized provider or system-level outcomes, leaving the voice of patients underrepresented. This scoping review addresses this gap by specifically highlighting and mapping how patients perceive telenursing's impact on their care experiences, independence, and perceived healthcare value. By foregrounding the patient viewpoint, this review informs strategies to optimize the adoption and implementation of telenursing that are both effective and person-centered. The central review question guiding this work is: "What are the benefits of telenursing in ensuring effective and high-quality healthcare services while promoting healthcare cost savings from the patient's perspective. Aimed this study this scoping review is to identify and catalog the current research on the effect of telenursing in increasing to reducing healthcare expenses and efficient and quality health services, by highlighting the major themes, methods, and results presented in previously published studies.

METHOD

The method employed in this study follows a framework of five steps,⁽¹⁸⁾ inclusion criteria in research is open access article, english and Indonesia languange, published in a peer-reviewed journal and publications between 2014 and 2024. Exclusion criteria including review article and abstract only article and There were no exclusion criteria based on geographical locations. further refined by Peters, Godfrey:⁽¹⁹⁾

Step 1: What are the benefits of telenursing in ensuring effective and high-quality healthcare services while promoting healthcare cost savings?

3 Rahmiati C, et al

Step 2: Data was retrieved from databases such as PubMed, Scopus, ScienceDirect, and ProQuest. The search strategy employed specific keywords and Boolean operators to ensure comprehensive retrieval of relevant literature. The exact search terms included: ("telenursing" OR "tele-nursing") AND ("telehealth" OR "digital health") AND ("healthcare saving" OR "cost-effectiveness" OR "economic impact") AND ("quality of care" OR "service efficiency"). Research questions were developed using the Population, Concept, and Context (PCC) framework.⁽²⁰⁾ (Table 1). The reference sources were systematically organised within EndNote using imported data. The study adhered to the PRISMA Extension for Scoping Reviews reporting guidelines (PRISMA-ScR), incorporating a flow diagram to illustrate the selection process used in the study.⁽²¹⁾

Table 1. The population, Concept, and Context (PCC)								
Population	Concept	Context						
Advanced nursing professionals, including advanced practice nurses and nursing practitioners, possess exceptional skills with use telehealth include telenursing	Telenursing, electronic health							
*PCC: Population, Concept, and Context								

Although this review focuses on international literature, studies published in the Indonesian language were included to ensure representation of regional evidence, particularly from Southeast Asia where telenursing is emerging but remains underreported in global databases. Including Indonesian-language articles broadens the contextual relevance of the review and captures valuable data that may otherwise be overlooked due to language barriers.

Step 3: Study Selection

Authors individually examined the titles and abstracts of the chosen studies and transferred them into the EndNote software. When there were disputes, a third author served as a mediator to settle the disagreements.

Step 4: Data Mapping

This step entailed generating charts that encompassed both broad and detailed information about the evaluated literature and supplementary recommended references.⁽¹⁸⁾ Data were mapped based on the authors' names, year publication, country, objectives, methods, sample size, and a summary of the main findings.

Step 5: Organizing, Summarizing, and Reporting Data

Data were organized, interpreted, and reported in alignment with the framework.⁽²²⁾ The results are presented in Table 2, providing a structured overview of the findings.

RESULTS AND DISCUSSION

General Characteristics of the Included Articles

We identified articles from four databases: PubMed, Science Direct, Scopus, and ProQuest, spanning the years 2014-2024. The articles originated from several countries, including the Thailand (n = 1), the UK (n = 2), Denmark (n = 1), Australia (n = 2), Brazil (n = 2), and Spain (n = 1). These are presented in the PRISMA Chart below (figure 1).

Healthcare Quality

Quality and healthcare savings are indicators of good and high-quality service.^(7,32) Telenursing is a part of telehealth that can efficiently provide long-distance services without reducing quality and saving time and care costs. This technology was actually widely used during COVID-19.^(33,34) Telenursing after COVID-19 is not much different in its implementation, but it is more focused on controlling patients remotely by providing education and care consultations.⁽³⁵⁾ Santana, Pereira⁽²⁸⁾ For example, it was found that telenursing improves patient health and post-operative recovery more effectively than face-to-face. This research is also supported by Lashkari, Borhani⁽³⁶⁾ on the application of telenursing to control glycemic body mass index (BMI) in diabetes patients, proved that the patient's metabolic index increased with telenursing.

da Silva Schulz, Santana⁽²⁹⁾ Confirms the effectiveness of telenursing in identifying factors that can increase post-operative risk and assisting nurses in providing appropriate interventions to prevent delayed recovery. The findings of this systematic review study support this research Raphael, Waterworth and Gott⁽³⁷⁾ explicitly mentioned that telephone-based telenursing can improve patient health indicators. Navarro-Martínez, Martinez-Millana and Traver⁽³⁰⁾ Revealed that telenursing requires digital literacy and training to maximize service and quality.

Table 2. Summary table						
Author	Methods	Country	Title of Paper	Aim	Sample	Result
Ling, Searles ⁽²³⁾	Costing analysis	Australia	,	To compare annual costs of an intervention for acutely unwell older residents in residential age care facilities (RACFs) with usual care.	N/A	Our analysis found that approximately 981 individuals annually avoided emergency department presentations due to ACE. The ACE treatment resulted in savings of approximately A\$921 214 compared to standard care.
Voraraksa, Ongiem ⁽²⁴⁾	N/A	Thailand	3	Examines the various telecommunication technologies essential to telemedicine, encompassing video conferencing, remote monitoring equipment, and mobile health software.	N/A	This approach has a positive effect on accessibility, convenience for patients, lowering costs, reaching out to those who are not well served, and better monitoring and managing long-term health issues.
Dixon, Hollinghurst ⁽²⁵⁾	RCT	UK	for patients with raised	To investigate the cost-effectiveness of telehealth interventions for primary care patients at increased risk of cardiovascular disease (CVD).	641 participants	Evidence suggests telehealth interventions via Healthline are likely cost-effective if the cost threshold is £20,000 per QALY.
Dixon, Hollinghurst ⁽²⁶⁾	RCT	UK		Healthlines telehealth interventions for	609 participants	The intervention is unlikely to be cost-effective under current circumstances.
Witt Udsen, Lilholt ⁽²⁷⁾	RCT	Denmark	telehealthcare to patients with chronic obstructive pulmonary	telehealthcare solution, when combined with standard treatment, is more cost- effective than standard treatment	randomised to telehealthcare	Does the incremental cost-effectiveness ratio fall below the UK's threshold values of €21,068 per quality-adjusted life-year?
Santana, Pereira ⁽²⁸⁾	Quasy- Eksperimen	Brazil		compare the effectiveness of telephone versus conventional follow-up in postsurgical older adult patients.		In this study, telemonitoring was utilized to offer postoperative guidance for elderly individuals following discharge, ultimately leading to enhanced health outcomes and more effective postsurgical recovery compared to conventional in-person follow-up care.
da Silva Schulz, Santana ⁽²⁹⁾	RCT	Brazil	for laparoscopic cholecystectomy	To assess the feasibility of implementing a lifestyle-integrated functional exercise program and delivering interventions using digital technology (eLiFE).	22 participants	The experimental group showed significant outcomes, demonstrating the effectiveness of telephonic nursing interventions for these surgical patients.

Navarro- Martínez, Martinez- Millana and Traver ⁽³⁰⁾	Qualitative	Spain	negative and positive aspects	analyze the opinions of nursing professionals on the current limitations and future potential of digital tools in healthcare.	68 nurses	28 descriptive codes were obtained and subsequently categorized into positive and negative aspects include Benefits for the health system
Green, Newton ⁽³¹⁾	RCT	AUS	Essentials for men with prostate I cancer on androgen deprivation of	To evaluate the implementation of PC Essentials and its outcomes, including cost-effectiveness compared to standard care, acceptability, adoption, and sustainability.	236 orang	Cost-utility analysis provided critical economic evaluation data. Remote interventions were highly acceptable for geographically dispersed and vulnerable populations.

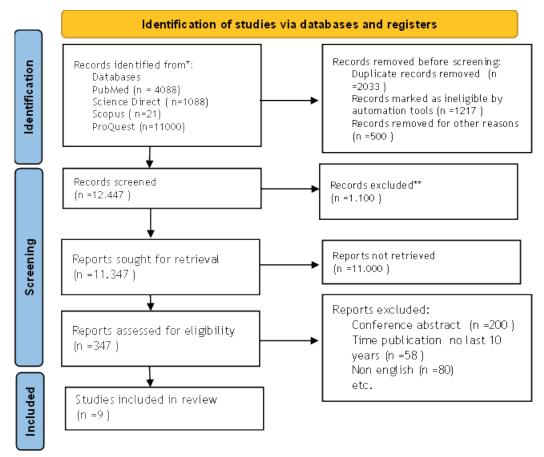


Figure 1. PRISMA Flow Chart

Healthcare saving

Ling, Searles⁽²³⁾ Considered that telephone-based telenursing compared with usual care could reduce the annual costs of elderly patients visiting the emergency department. This research is also supported by Sunner, Giles⁽³⁸⁾ who conducted a study in emergency rooms and found that telephone-based Partnerships in Aged-Care Emergency services using Interactive Telehealth (PACE-IT) conducted by nurses was proven to reduce financing costs. Voraraksa, Ongiem⁽²⁴⁾ his research also mentioned that changes in care technology, such as telenursing, have had an impact on patient comfort and reduced care costs. This situation is undoubtedly a form of transformation of nursing services in responding to rapid global developments.. Dixon, Hollinghurst⁽²⁶⁾ Explaining the effectiveness of health line-based telenursing in reducing costs and expenses, this study was also clarified by Witt Udsen, Lilholt⁽²⁷⁾ which applied telenursing to patients with chronic obstructive pulmonary disease and after 12 months was controlled through RCT design. This study found that telenursing was very effective in reducing the cost of care. RCT studies were also conducted by Green, Newton⁽³¹⁾ In patients with prostate cancer, in terms of effectiveness and costs explicitly incurred for PCEssentials hormone therapy, telenursing proved to be the most effective.

Telenursing services are expected to act as a solution for lowering healthcare expenses while enhancing patient clinical results.⁽³⁹⁾ Telenursing typically involves setting up healthcare equipment or medical devices in patients' homes to track physiological readings, with doctors and nurses able to carry out this task. Furthermore, technologies like telephones and video conferencing can be leveraged.^(40,41)

CONCLUSIONS

This scoping review investigated telenursing as a connection between nurses and patients, providing improved accessibility, greater time efficiency, and lower costs without sacrificing care quality. The generalizability of the findings should be viewed with caution because they are based on only nine studies, which may not provide a comprehensive representation of telenursing's global application. Publication bias and language restrictions may have also impacted the thoroughness of the evidence included. Significantly, existing research is characterised by a scarcity of robust data regarding the long-term cost-effectiveness of telenursing across a variety of populations, especially in low- and middle-income countries. Despite patients being the key to the success of remote healthcare, patient-reported outcomes and satisfaction metrics have yet to be thoroughly examined. Research going forward should focus on comprehensive, long-term studies that assess the long-term viability and cost-effectiveness of telenursing in various healthcare systems and among diverse demographic

7 Rahmiati C, et al

populations. Greater emphasis should be placed on investigating patient-centered outcomes, including perceived benefit, ease of use, and quality of interaction, to provide more informed policy and practice decisions.

REFERENCES

1. Melnyk BM, O'verholt EF. Evidence-Based Practice in Nursing & Healthcare: A Guide to Best Practice: Wolter Kluwer; 2018.

2. Black BP. Professional Nursing: Concepts & Challenges. 8th Edition ed: Elsevier; 2019.

3. White KM, Brown SD, Terhaar MF. Translation of Evidence into Nursing and Health Care. 3 rd edition ed: Springer; 2019.

4. Clement David-Olawade A, Olawade DB, Ojo IO, Famujimi ME, Olawumi TT, Esan DT. Nursing in the Digital Age: Harnessing telemedicine for enhanced patient care. Informatics and Health. 2024;1(2):100-10.

5. Gobburi RK, Olawade DB, Olatunji GD, Kokori E, Aderinto N, David-Olawade AC. Telemedicine use in rural areas of the United Kingdom to improve access to healthcare facilities: A review of current evidence. Informatics and Health. 2025;2(1):41-8.

6. Amir H, Hidayah N, Noor Istiqomah I, Rahmiati C, Dewi Rahayu C, Padhila NI, Dwi Cahyani D. Telenursing practice for independence and economic value: a scoping review protocol. Salud, Ciencia y Tecnologia. 2025;5.

7. Bulto LN. The role of nurse-led telehealth interventions in bridging healthcare gaps and expanding access. Nurs Open. 2024;11(1):e2092.

8. Rutledge CM, Kott K, Schweickert PA, Poston R, Fowler C, Haney TS. Telehealth and eHealth in nurse practitioner training: current perspectives. Adv Med Educ Pract. 2017;8:399-409.

9. Hidayah N, Supu NM, Latif AI, Amir H. Telehealth Model in Improving Health Service during COVID-19 Pandemic. Gaceta Medica de Caracas. 2022;130(4):873-8.

10. Melnyk BM, Gallagher-Ford L, Long LE, Fineout-Overholt E. The establishment of evidence-based practice competencies for practicing registered nurses and advanced practice nurses in real-world clinical settings: proficiencies to improve healthcare quality, reliability, patient outcomes, and costs. Worldviews Evid Based Nurs. 2014;11(1):5-15.

11. Edmealem A, Fentaw N, Bekele A, Tegegne B, Mohammed J, Liknaw T. Nurses' implementation of evidence based practice in nursing process and its associated factors in South Wollo Zone public hospitals, Northeast Ethiopia: a mixed method study. BMC Nurs. 2024;23(1):782.

12. Amir H, Hariyati RTS, Novieastari E, Pakasi TA. Continuing Professional Development (CPD) Impact to Clinical and Nursing Practice: A systematic literature review. Asia Pacific Journal of Health Management. 2024;19(2):1-9.

13. Topol EJ. A decade of digital medicine innovation. Sci Transl Med. 2019;11(498).

14. Baldassarre A, Mucci N, Padovan M, Pellitteri A, Viscera S, Lecca LI, et al. The Role of Electrocardiography in Occupational Medicine, from Einthoven's Invention to the Digital Era of Wearable Devices. Int J Environ Res Public Health. 2020;17(14).

15. Gani NF, Awaliyah R, Nurhidayah N, Hasnah H, Annas J, Mildawati T. Utilizing Telenursing to Improve Health Literacy in Pregnant Women with Chronic Energy Deficiency : A Case Study Report. An Idea Health Journal. 2025;5(02):198-203.

16. Gimenez VCA, Almeida GMF, Cyrino CMS, Lemos CS, Favoretto C, Avila MAG. Telenursing in the postoperative period: a scoping review. Rev Bras Enferm. 2024;77(3):e20240066.

17. Vaismoradi M, Rae J, Turunen H, Logan PA. Specialized nurses' role in ensuring patient safety within the context of telehealth in home care: A scoping review. Digit Health. 2024;10:20552076241287272.

18. Arksey H, O"Malley L. Scoping studies: towards a methodological framework. International Journal of Social Research Methodology 2007;8(1):19-32.

19. Peters MD, Godfrey CM, Khalil H, McInerney P, Parker D, Soares CB. Guidance for conducting systematic scoping reviews. Int J Evid Based Healthc. 2015;13(3):141-6.

20. Briggs J. Methodology for JBI Scoping Reviews: The Joanna Briggs Institute; 2015.

21. Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation. Ann Intern Med. 2018;169(7):467-73.

22. Colquhoun HL, Levac D, O'Brien KK, Straus S, Tricco AC, Perrier L, et al. Scoping reviews: time for clarity in definition, methods, and reporting. J Clin Epidemiol. 2014;67(12):1291-4.

23. Ling R, Searles A, Hewitt J, Considine R, Turner C, Thomas S, et al. Cost analysis of an integrated aged care program for residential aged care facilities. Aust Health Rev. 2019;43(3):261-7.

24. Voraraksa J, Ongiem A, Molek R, Vichitvejpaisal P. Telemedicine and telenursing: Revolutionizing remote healthcare delivery. Journal of Medicine and Health Science. 2024;31(1):128-39.

25. Dixon P, Hollinghurst S, Edwards L, Thomas C, Gaunt D, Foster A, et al. Cost-effectiveness of telehealth for patients with raised cardiovascular disease risk: evidence from the Healthlines randomised controlled trial. BMJ Open. 2016;6(8):e012352.

26. Dixon P, Hollinghurst S, Edwards L, Thomas C, Foster A, Davies B, et al. Cost-effectiveness of telehealth for patients with depression: evidence from the Healthlines randomised controlled trial. BJPsych Open. 2016;2(4):262-9.

27. Witt Udsen F, Lilholt PH, Hejlesen O, Ehlers L. Cost-effectiveness of telehealthcare to patients with chronic obstructive pulmonary disease: results from the Danish 'TeleCare North' cluster-randomised trial. BMJ Open. 2017;7(5):e014616.

28. Santana RF, Pereira SK, do Carmo TG, Freire V, Soares TDS, do Amaral DM, Vaqueiro RD. Effectiveness of a telephone follow-up nursing intervention in postsurgical patients. Int J Nurs Pract. 2018;24(4):e12648.

29. da Silva Schulz R, Santana RF, Dos Santos CTB, Faleiro TB, do Amaral Passarelles DM, Hercules ABS, do Carmo TG. Telephonic nursing intervention for laparoscopic cholecystectomy and hernia repair: A randomized controlled study. BMC Nurs. 2020;19:38.

30. Navarro-Martínez O, Martinez-Millana A, Traver V. Use of tele-nursing in primary care: A qualitative study on its negative and positive aspects. Aten Primaria. 2024;56(5):102843.

31. Green A, Newton RU, Smith DP, Tuffaha H, Galvão DA, Heathcote P, et al. Prostate Cancer Survivorship Essentials for men with prostate cancer on androgen deprivation therapy: protocol for a randomised controlled trial of a tele-based nurse-led survivorship care intervention (PCEssentials Hormone Therapy Study). BMJ Open. 2024;14(3):e084412.

32. Aggarwal A, Aeran H, Rathee M. Quality management in healthcare: The pivotal desideratum. J Oral Biol Craniofac Res. 2019;9(2):180-2.

33. Tort-Nasarre G, Espart A, Galbany-Estragués P, Álvarez B, Subias-Miquel M, Romeu-Labayen M. Experiences of Telenursing in Overcoming Challenges and Applaying Strategies by COVID-19 Patients in Home Isolation: Qualitative Study in Primary Care. Healthcare [Internet]. 2023; 11(14).

34. Bártlová S, Chloubová I, Tóthová V, Hellerová V, Kimmerová J, Dolák F, et al. Telenursing during the COVID-19 pandemic in the Czech Republic-representative sociological survey. Heliyon. 2023;9(8):e19081.

35. Park Y, Heo H, Woo K. Status of Telenursing and Future Use Intentions in Home Health Care in the Post-COVID-19 Era. Home Health Care Management & Practice. 2024;36(4):314-25.

9 Rahmiati C, et al

36. Lashkari T, Borhani F, Sabzevari S, Abbaszadeh A. Effect of telenursing (telephone follow-up) on glycemic control and body mass index (BMI) of type 2 diabetes patients. Iran J Nurs Midwifery Res. 2013;18(6):451-6.

37. Raphael D, Waterworth S, Gott M. Telephone communication between practice nurses and older patients with long term conditions - a systematic review. J Telemed Telecare. 2017;23(1):142-8.

38. Sunner C, Giles MT, Parker V, Dilworth S, Bantawa K, Kable A, et al. PACE-IT study protocol: a stepped wedge cluster randomised controlled trial evaluating the implementation of telehealth visual assessment in emergency care for people living in residential aged-care facilities. BMC Health Serv Res. 2020;20(1):672.

39. Clarke M, Fursse J, Brown-Connolly NE, Sharma U, Jones R. Evaluation of the National Health Service (NHS) Direct Pilot Telehealth Program: Cost-Effectiveness Analysis. Telemedicine and e-Health. 2017;24(1):67-76.

40. Clarke M, Shah A, Sharma U. Systematic review of studies on telemonitoring of patients with congestive heart failure: a meta-analysis. J Telemed Telecare. 2011;17(1):7-14.

41. Ignatowicz A, Atherton H, Bernstein CJ, Bryce C, Court R, Sturt J, Griffiths F. Internet videoconferencing for patient-clinician consultations in long-term conditions: A review of reviews and applications in line with guidelines and recommendations. Digit Health. 2019;5:2055207619845831.

FINANCING

None.

CONFLICT OF INTEREST

None.

AUTHORSHIP CONTRIBUTION

Conceptualization: Cut Rahmiati, Haeril Amir. Data curation: Ida Zuhroidah,Haeril Amir, Desy Dwi Cahyani. Formal analysis: Cut Rahmiati. Research: Cut Rahmiati,Haeril Amir, Ida Zuhroidah, Desy Dwi Cahyani. Methodology: Haeril Amir. Project management: Cut Rahmiati, Haeril Amir. Resources: Cut Rahmiati. Software: Cut Rahmiati. Supervision: Haeril Amir. Validation: Haeril Amir. Display: Haeril Amir, Cut Rahmiati. Drafting - original draft: Cut Rahmiati, Haeril Amir. Writing - proofreading and editing: Cut Rahmiati, Haeril Amir.