

Healthcare Providers' Knowledge and Readiness for Telehealth-Based Follow-Up Care for Chronic Disease Management in a Nigerian Tertiary Healthcare Facility

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ABSTRACT: Telehealth is increasingly recognized as a vital strategy for improving access to routine follow-up care for patients with chronic diseases. This study assessed the knowledge and readiness of telehealth consultations for follow-up care at Federal Medical Centre, Onitsha. A descriptive cross-sectional research design was adopted. The study population comprised doctors and nurses involved in chronic disease management within the hospital. Data were collected using a structured questionnaire and analyzed using descriptive and inferential statistics with IBM SPSS version 27. Frequencies, percentages, means, and standard deviations were used to summarize the data, while chi-square analysis was used to test hypotheses at a 0.05 level of significance. Findings revealed that majority of healthcare provider's demonstrated good knowledge of telehealth consultations, with over 65% indicating adequate awareness of telehealth applications in patient care. Approximately 72% of healthcare providers expressed readiness to adopt telehealth consultations and willingness to participate in telehealth training program. However, practical knowledge regarding telehealth implementation within specific clinical departments remained moderate. Chi-square analysis revealed no statistically significant association between healthcare providers' knowledge and readiness toward telehealth consultations ($\chi^2 = 2.77, p = 0.10$). The study further revealed a statistically significant relationship between years of professional experience and knowledge of telehealth consultations. The study concluded that although healthcare providers demonstrated positive attitudes toward telehealth adoption, successful implementation would depend on adequate institutional support, digital infrastructure, technical training, and organizational preparedness. The study recommends continuous professional training, improved technological infrastructure, and supportive telehealth policies to strengthen telehealth implementation in Nigeria.

Key words: Knowledge, Readiness, Telehealth Consultation, Routine Follow-up Care, Chronic Disease Patients.

INTRODUCTION

Chronic diseases have long been a concern in global health management. They account for over 50% of global deaths, with cardiovascular diseases, diabetes, and chronic obstructive pulmonary disease (COPD) being the leading contributors (Global Burden of Disease, 2016). These conditions place a significant burden on healthcare systems, requiring ongoing monitoring and follow-up care to prevent complications and improve outcomes (World Health Organization, 2020). During the COVID-19 pandemic, telehealth became even more essential, helping to maintain continuity of care while minimizing infection risks. It also supported patients emotionally, reducing anxiety and depression during lockdowns through continued access to care (Monaghesh&Hajizadeh, 2020). Studies on telemonitoring show that nearly 90% of patients were satisfied with remote care and reported better understanding of their conditions (Nguyen et al., 2020).

In Nigeria, the adoption of telehealth is rising, though implementation still faces challenges related to infrastructure, regulation, and policy (Ezeaka, 2024). The pandemic highlighted its usefulness, prompting many healthcare providers to use virtual methods to maintain services (Olufunlayo et al., 2023). According to Utami et al. (2025), the use of virtual methods to maintain healthcare services, especially for chronic disease follow-up, remains limited in many low- and middle-income settings and continues to face regulatory and infrastructural challenges. Access and care delivery for chronic disease patients who must travel long distances and experience delays in obtaining care remain significant challenges, particularly in resource-limited settings (Smith et al., 2020). These barriers are more severe for patients in rural and underserved areas, highlighting the need for alternative models such as telehealth.

Telehealth has demonstrated promising improvements in patient-provider communication, reduction in healthcare costs, and increased treatment adherence. However, many previous studies have focused on single disease conditions such as diabetes or hypertension. In the context of chronic disease management, telehealth serves as a trans-formative innovation. Chronic conditions such as diabetes, hypertension, and cardiovascular diseases require long-term monitoring, frequent consultations, and timely medication adjustments (Shaw et al., 2021). Through telehealth, patients can connect with healthcare professionals from the comfort of their homes, receive tailored medical advice, and adhere more effectively to treatment regimens, reducing the risk of

complications. Studies have shown that telehealth interventions are associated with improved glycemic control among diabetics and better blood pressure regulation among hypertensive patients (De Groot et al., 2021; Omboni et al., 2020).

Telehealth also plays a significant role in reducing the cost and time burden associated with follow-up care. Bergmo (2015) asserted that telehealth reduces patient travel time and eliminates expenses associated with transportation and absenteeism from work. This is particularly beneficial in low- and middle-income countries like Nigeria, where infrastructure challenges and long distances to health facilities can delay timely follow-up (Agarwal et al., 2020). Furthermore, telehealth can alleviate the burden on congested hospital systems, helping redistribute resources more efficiently while maintaining quality care (Gajarawala&Pelkowski, 2021).

The feasibility of telehealth in managing chronic diseases is determined by several interrelated factors. These include the availability and reliability of digital infrastructure such as stable internet connection, telecommunication devices, digital literacy of users, supportive institutional policies, cost-effectiveness, and acceptance by both patients and healthcare providers (Vimalananda, *et al.*, 2015). According to Gajarawala and Pelkowski (2021), health systems with a supportive environment, including technical and administrative infrastructure, report higher rates of successful telehealth adoption. Olufunlayo et al. (2023) noted that poor electricity supply, inadequate internet connectivity, and limited technological infrastructure remain major barriers to telemedicine implementation in Nigeria. These infrastructural deficits often reduce the feasibility of implementing such interventions on a large scale. Institutional readiness is also critical as hospitals or clinics must have standard protocols for teleconsultations, trained staff, secure platforms for patient confidentiality, and integration with electronic health records. Olufunlayo et al. (2023) also stated that health workers in Nigerian tertiary hospitals reported that inadequate institutional support and training were major barriers to telehealth implementation despite having a positive attitude toward it.

Feasibility further encompasses patient-related factors such as access requirements like smartphones, mobile networks, and having the necessary skills to navigate virtual platforms. Age, education, and socioeconomic status can affect patient's ability to engage in telehealth services. A study by Eberly et al. (2020) reported that older adults and socioeconomically disadvantaged populations experienced greater barriers to telemedicine utilization, thereby affecting the feasibility of digital follow-up programs.

For patients, especially those living with chronic conditions such as diabetes, hypertension, and cardiovascular disease, acceptability of telehealth is influenced by ease of use, perceived benefit, privacy concerns, trust in the digital system, and overall experience with virtual interactions. Studies have shown that when telehealth is perceived as convenient, accessible, and beneficial, patients are more likely to accept and continue using it (Kruse et al., 2017). For example, in a study by Kruse *et al.* (2017), patients reported high levels of satisfaction with teleconsultations because they reduced travel time, eliminated long hospital waits, and enabled more flexible scheduling.

In the Nigerian healthcare context, patient acceptability of telehealth is influenced by factors such as digital literacy, age, access to smartphones, network reliability, and concerns about the quality of virtual interactions. These factors have been identified as important determinants of telehealth utilization in low- and middle-income countries (Gajarawala&Pelkowski, 2021; Agarwal et al., 2020). Among healthcare providers, acceptability may depend on factors such as perceived ease of integrating telehealth into workflow, availability of training, institutional support, and confidence in the quality of remote clinical interactions, familiarity with digital tools, concerns about diagnostic accuracy, or fear that technology may disrupt patient-provider relationships (Gajarawala and Pelkowski, 2021). Acceptability is a dynamic construct it may improve over time as users become more familiar with telehealth tools, or decline if challenges like poor connectivity, lack of feedback, or unsatisfactory service persist (Sekhon *et al.*, 2017). Nevertheless, evidence has shown that once initial challenges are overcome, telehealth becomes a cost-effective and efficient alternative to routine in-person visits, especially for managing chronic conditions like hypertension and diabetes (Sekhon et al., 2017; Kruse et al. 2017).

Broader research across different chronic conditions is limited (Jaana et al, 2018). There is a growing need for empirical studies that assess not just the benefits but also the feasibility that's can it be done and acceptability, will people accept it, of telehealth for chronic disease follow-up in Nigerian settings. Limited knowledge among healthcare providers regarding the principles, protocols, and potential of telehealth, as well as inadequate awareness among chronically ill patients about its availability and benefits, may significantly affect its utilization and integration into routine care.

Given these concerns, a comprehensive assessment of the feasibility and acceptability of telehealth consultations for routine follow-up care in chronic disease management is essential. This study therefore, determined the feasibility and acceptability of telehealth consultation for routine follow-up care to patients with chronic diseases patients accessing care at Federal Medical Center in Anambra State, Nigeria.

Objectives of the study

1. To assess the knowledge of healthcare providers on telehealth consultations for routine follow-up care

2. To assess the readiness of healthcare providers to implement telehealth consultations for follow-up care

Research Hypotheses

HO₁: There is no significant association between healthcare providers' knowledge and their readiness towards telehealth consultations for routine follow-up care.

HO₂: There is no significant relationship between years of experience of the healthcare providers and their knowledge of telehealth consultations

METHODOLOGY

Research Design

This study adopted a descriptive cross-sectional research design. The design enabled the researchers to collect data without manipulating variables, making it suitable for assessing current practices, relationships, and perceptions regarding telehealth consultations among healthcare providers and patients. Similar survey-based cross-sectional approaches have been used in telehealth studies assessing healthcare professionals' adoption of telehealth services (Gagnon et al., 2016). Therefore, the design was considered appropriate for the present study. The study was conducted at Federal Medical Centre Onitsha, a tertiary healthcare institution located in Anambra State, Nigeria. Onitsha is a business and industrial hub of the state that harbours mostly business men and women with few civil servants. The hospital has specialist medical doctors and nurses that render care to patients. It acts as referral hospital for private, primary, and secondary healthcare facilities in, and around Anamabra State. Some of the patients referred to the hospital come at a time when their cases have become very challenging to manage. Thus the hospital provides healthcare services to patients with various chronic illnesses requiring routine follow-up care. Population for the study comprised of doctors and nurses who work in the hospital. Information from the personnel unit of the hospital as at ... showed that a total of 48 medical doctors and 98 nurses (136) work in the hospital. These two groups of healthcare professionals participated in the study. The researchers studied the entire population but adopted census sampling method for selection of participants who met the inclusion criteria and were willing to participate in the study. Following this technique, out of the 136 population, a total of 125 (45 doctors and 80 nurses) were recruited for the study. The inclusion criteria are nurses and doctors employed in the hospital, who have worked for not less than one year, and directly or indirectly involved in chronic disease management with willingness to participate in the study were included in the study while those who met inclusion criteria but were on leave were not included in the study. Data were collected using researcher-structured questionnaire titled "Telehealth Consultation Questionnaire for Healthcare Providers" (TCQHP) which was validated by experts and pilot-tested for internal consistency with reliability index of 0.72 (via Cronbach's Alpha analysis). Following ethical approval from the hospital's Health and Research Ethics Committee and data were collected from the eligible participants using the structured questionnaires and on face-to-face basis. The researchers obtained consent from each participant before the administration of the questionnaire. Each of the respondents was met at his or her preferred time to avoid interruption in duty schedule. The administration of the questionnaire lasted between 35 to 45 minutes per participant and a total of three months were spent on data collection and organization of the data. Ethical approval for the study was obtained from the Health and Research Ethics Committee of the Federal Medical Centre Onitsha (REF.FMC.OSHA/ETH.C/073/016). Informed consent was obtained from all participants before data collection. Participants were assured of confidentiality, anonymity, voluntary participation, and the right to withdraw from the study at any stage without penalty. Data collected for the study were analyzed using the IBM Statistical Package for Social Sciences (SPSS) version 27. Descriptive statistics such as frequencies, percentages, means, and standard deviations were used to summarize the data, while chi-square was employed to test hypotheses at a 0.05 level of significance.

DATA ANALYSIS AND RESULTS

Table 1: Socio-demographic data of the participants (n=125)

Variables	Category	Frequency	Percentage (%)
Age (in years)	20-29	34	27.2
	30-39	46	36.8
	40-49	29	23.2
	50 and above	16	12.8
Gender	Male	52	41.6
	Female	73	58.4

T Role	Doctor	45	36.0
	Nurse	80	64.0
Department/Unit	Medical	61	48.8
	Surgical	38	30.4
	Others	26	20.8
Years of experience	0-5	41	32.8
	6-10	48	38.4
	Above 10 years	36	28.8

Table 1 shows that the mean age of the respondents is approximately 34.0 years with majority of them (36.8%) within the age range of 30-39 years. Females constituted a higher proportion (58.4%) of the participants. With respect to professional role, nurses represented nearly two-third of the respondents (64.0%), while doctors accounted for 36.0%. Most participants were drawn from medical units (48.8%) even as good (38.4%) had between 6-10 years of practice experience.

Table 2: The level of knowledge of healthcare providers regarding telehealth consultations (n = 125)

Variables	SA	A	D	SD	Mean	SD	Decision
I have heard about telehealth consultations as an alternative to physical hospital visits.	62 (49.6)	41 (32.8)	15 (12.0)	7 (5.6)	3.26	0.88	High
I understand the concept of telehealth and how it applies to patient care.	38 (30.4)	47 (37.6)	27 (21.6)	13 (10.4)	2.88	0.96	High
I know that telehealth can be used for managing chronic conditions.	34 (27.2)	53 (42.4)	28 (22.4)	10 (8.0)	2.89	0.90	High
I am aware of the key components involved in telehealth services (e.g., video calls, remote monitoring).	29 (23.2)	44 (35.2)	33 (26.4)	19 (15.2)	2.66	1.00	High
I have sufficient knowledge of how telehealth could function in my department.	21 (16.8)	36 (28.8)	39 (31.2)	29 (23.2)	2.39	1.02	Low
Grand Mean / Average					2.82	0.95	High

Table 2 shows that most respondents had a high level of knowledge concerning telehealth consultations, as indicated by the grand mean score of 2.82 and standard deviation of 0.95. Specifically, respondents highly agreed that they had heard about telehealth consultations as an alternative to physical hospital visits (Mean = 3.26, SD = 0.88), with 62 (49.6%) strongly agreeing and 41 (32.8%) agreeing. Similarly, respondents demonstrated a high understanding of the concept of telehealth and its application to patient care (Mean = 2.88, SD = 0.96), as 38 (30.4%) strongly agreed and 47 (37.6%) agreed.

Furthermore, respondents showed high knowledge that telehealth can be used for managing chronic conditions (Mean = 2.89, SD = 0.90), with 34 (27.2%) strongly agreeing and 53 (42.4%) agreeing. Awareness of the key components involved in telehealth services, such as video calls and remote monitoring, was also rated high (Mean = 2.66, SD = 1.00), where 29 (23.2%) strongly agreed and 44 (35.2%) agreed.

However, respondents demonstrated a low level of knowledge regarding how telehealth could function in their department (Mean = 2.39, SD = 1.02). In this item, only 21 (16.8%) strongly agreed and 36 (28.8%) agreed, while a higher proportion, 39 (31.2%) and 29 (23.2%), disagreed and strongly disagreed respectively. Overall, the findings indicate that healthcare providers possessed a generally high level of knowledge regarding telehealth consultations.

Table 3: Readiness of Healthcare Providers to Implement Telehealth (n = 125)

Variables	SA	A	D	SD	Mean	SD	Decision
I feel prepared to learn how to conduct telehealth consultations.	44 (35.2)	53 (42.4)	19 (15.2)	9 (7.2)	3.06	0.89	High
I am willing to incorporate telehealth into my routine practice.	39 (31.2)	51 (40.8)	23 (18.4)	12 (9.6)	2.94	0.95	High
I can confidently handle patient care through digital means.	27 (21.6)	38 (30.4)	41 (32.8)	19 (15.2)	2.58	0.99	High
I think my colleagues are also ready to embrace telehealth.	23 (18.4)	46 (36.8)	37 (29.6)	19 (15.2)	2.58	0.98	High
I would participate in training if offered on telehealth usage.	56 (44.8)	47 (37.6)	14 (11.2)	8 (6.4)	3.20	0.86	High
Grand Mean / Average					2.87	0.93	High

Table 3 presents the readiness of healthcare providers to implement telehealth. The overall result showed a high level of readiness among respondents, as indicated by the grand mean of 2.87 and standard deviation of 0.93.

The respondents strongly indicated willingness to participate in telehealth training if offered (Mean = 3.20, SD = 0.86), making it the highest-rated item. Respondents also expressed preparedness to learn how to conduct telehealth consultations (Mean = 3.06, SD = 0.89) and willingness to incorporate telehealth into routine practice (Mean = 2.94, SD = 0.95).

Furthermore, respondents moderately agreed that they could confidently handle patient care through digital means (Mean = 2.58, SD = 0.99) and that their colleagues were ready to embrace telehealth (Mean = 2.58, SD = 0.98). Overall, the findings indicate that healthcare providers demonstrated a generally high readiness to implement telehealth services.

Test of Hypotheses

Ho: There is no significant association between healthcare providers' knowledge and readiness towards telehealth consultations for routine follow-up care.

Table 4: Association between healthcare providers' knowledge and readiness towards telehealth consultation for routine follow up care

Variables		Knowledge		Total	df	X ² Cal.	X ² Crit.
		Good knowledge	Poor knowledge				
Readiness	Good readiness	73	10	83	1	2.774	3.84
	Poor readiness	27	15	42			
	Total	100	25	125			

Significance level=0.05, df=1, X² cal. = 2.774a, X² crit. = 3.84, p=.100

Table 4 shows Chi-square test analysis which reveals that the calculated value 2.774 is lesser than the critical value 3.84 (p=0.100), thus the null hypothesis was accepted implying that there is no significant association between healthcare providers' knowledge and readiness towards telehealth consultations for routine follow-up care.

Table 5: Relationship between years of practices experience of healthcare providers and their knowledge of telehealth consultations

Variables		Knowledge		Total	df	X ² Cal.	X ² Crit.
		Good knowledge	Poor knowledge				

Years of experience	0-5	28	13	41	2	11.353	5.991
	6-10	38	10	48			
	Above 10 years	34	2	36			
	Total	100	25				

Significance level=0.05, df=2, $X^2_{cal.} = 11.353a$, $X^2_{crit.} = 5.99$, $p=0.00$

Results

Chi-square test analysis reveals that the calculated value, 11.353 is greater than the critical value 5.99 ($p=0.00$), thus the null hypothesis was rejected implying that there is significant relationship between years of experience of healthcare providers and their knowledge of telehealth consultations.

Discussion

Socio-Demographic Characteristics of Respondents

The findings of this study revealed that the mean age of respondents was approximately 34 years, with the majority of healthcare providers within the age range of 30–39 years. This suggests that most participants were within their active professional years and may therefore be more adaptable to digital health innovations such as telehealth consultations. This finding is similar to the study conducted by Alami et al. (2019), which reported positive acceptance of telehealth among healthcare professionals and identified technological familiarity as an important factor influencing adoption. Similarly, Alami et al. (2019) found that healthcare providers within younger age categories demonstrated more positive attitudes toward telemedicine implementation.

Female respondents constituted the majority of participants in the present study, while nurses represented nearly two-thirds of the respondents. This finding may be explained by the central role nurses play in patient management, continuity of care, and telehealth service delivery, as highlighted by Gajarawala and Pelkowski (2021). However, this finding contrasts with the study by Al-Rajeh et al. (2019), where physicians represented a larger proportion of respondents compared to nurses. The difference may be due to variations in workforce composition and healthcare delivery structures between Nigeria and Saudi Arabia.

Furthermore, the finding that many respondents had between 6–10 years of professional experience corresponds with the report by Gagnon et al. (2016), which noted that healthcare providers with moderate years of practice experience are often more willing to adopt healthcare innovations because they combine practical experience with openness to technological advancement.

Knowledge of Healthcare Providers Regarding Telehealth Consultations

The findings of this study demonstrated that healthcare providers possessed a generally high level of knowledge regarding telehealth consultations. Most respondents indicated that they had heard about telehealth consultations and understood its relevance to patient care and chronic disease management. This high level of awareness may be attributed to the increased exposure of healthcare providers to digital health systems during and after the COVID-19 pandemic, as well as the growing use of smartphones and internet-based communication within healthcare settings. This finding is consistent with the study of Alami et al. (2019), which reported that healthcare providers generally demonstrated good awareness and understanding of telehealth technologies, especially following the increased reliance on digital healthcare systems during the COVID-19 pandemic.

Similarly, respondents in the present study demonstrated awareness of telehealth components such as video consultations and remote patient monitoring. This agrees with findings by Gajarawala & Pelkowski (2021), who observed that healthcare workers increasingly recognize the technological tools associated with telemedicine practice.

However, despite the generally high level of awareness, respondents demonstrated low knowledge regarding how telehealth could function effectively within their specific departments. This finding supports the study by Al-Rajeh et al. (2019), which reported that although healthcare providers possessed general knowledge of telemedicine, practical experience and implementation readiness remained limited.

In contrast, Gagnon et al. (2016) reported that healthcare providers in developed healthcare systems demonstrated higher practical knowledge of telehealth implementation due to stronger institutional support, established digital infrastructure, and continuous

professional training. The contrast between these findings and the present study may be attributed to infrastructural and technological disparities between developed countries and resource-limited settings such as Nigeria.

Readiness of Healthcare Providers to Implement Telehealth

The findings of this study revealed a generally high level of readiness among healthcare providers to implement telehealth consultations. Respondents expressed willingness to participate in telehealth training programs and incorporate telehealth into routine clinical practice. The positive readiness observed among respondents may be linked to the perceived benefits of telehealth in reducing workload pressure, improving follow-up care, and enhancing communication with patients. This finding aligns with the study by Gagnon et al. (2016), which reported that healthcare professionals demonstrated positive attitudes toward telehealth adoption when they perceived it as beneficial to patient care and service delivery. Similarly, Gagnon et al. (2016) found that healthcare providers were more willing to integrate telehealth into clinical practice when adequate organizational support and perceived usefulness were present.

However, confidence in handling patient care through digital means and perceptions regarding colleagues' readiness were only moderate in the present study. This finding is comparable to the study by Alami et al. (2020), which revealed that although healthcare providers were willing to adopt telehealth, concerns regarding technical competence, organizational preparedness, and digital literacy limited their confidence in implementation.

In contrast, studies conducted in technologically advanced healthcare settings reported higher confidence levels among healthcare providers regarding telehealth practice. For instance, Gagnon et al. (2016) found that healthcare providers in well-equipped healthcare institutions demonstrated stronger confidence and preparedness due to adequate training, technical support, and institutional readiness. The contrast may be explained by differences in infrastructure availability and institutional support systems.

Association Between Knowledge and Readiness Toward Telehealth Consultations

The present study revealed no statistically significant association between healthcare providers' knowledge and readiness toward telehealth consultations for routine follow-up care. This finding suggests that knowledge alone may not guarantee readiness for telehealth implementation. This may suggest that healthcare providers require not only theoretical understanding but also institutional support, practical exposure, and technical resources before feeling fully prepared to implement telehealth services. Other factors such as institutional support, technological infrastructure, availability of digital devices, and organizational policies may significantly influence readiness.

This finding agrees with the report of Alami et al. (2020), which emphasized that telehealth readiness is influenced more by self-efficacy, organizational preparedness, and perceived ease of use than by knowledge alone.

However, this finding contrasts with the study conducted by Gagnon et al. (2016) which found a significant positive relationship between healthcare providers' knowledge and readiness toward telemedicine implementation. The disparity may be due to differences in study settings, availability of digital resources, and healthcare policy support across regions.

Relationship Between Years of Practice Experience and Knowledge of Telehealth Consultations

The findings of this study revealed a statistically significant relationship between years of practice experience and healthcare providers' knowledge of telehealth consultations. Respondents with more years of professional experience demonstrated better knowledge of telehealth consultations compared to those with fewer years of experience. This could be because experienced healthcare professionals may have had greater exposure to evolving healthcare technologies and continuing professional development programs over time.

This finding agrees with Gagnon et al., (2016), which reported that healthcare professionals with longer years of practice tend to possess better understanding of healthcare innovations due to increased exposure to professional development opportunities and evolving healthcare technologies.

Similarly, Alami et al. (2019) found that experienced healthcare providers were more likely to appreciate the usefulness of telehealth in chronic disease management because of their extensive clinical exposure.

However, this finding contrasts with some studies suggesting that younger healthcare workers may adapt more rapidly to digital healthcare technologies because of greater technological familiarity. For example, Alami et al., (2019) reported that younger healthcare professionals demonstrated higher technological competence despite having fewer years of clinical experience. This difference may indicate that both professional experience and technological exposure independently influence telehealth knowledge and adoption.

Conclusion

The study concluded that healthcare providers possessed a generally high level of knowledge and readiness regarding telehealth consultations for routine follow-up care. The findings agree with several previous studies that reported increasing awareness and positive attitudes toward telehealth adoption among healthcare providers globally. Nevertheless, the study also highlighted important gaps in practical competence, organizational preparedness, and confidence in implementing telehealth within specific healthcare departments.

The findings further established that years of professional experience significantly influenced healthcare providers' knowledge of telehealth consultations, while no statistically significant association existed between knowledge and readiness toward telehealth implementation. This suggests that readiness for telehealth adoption depends not only on awareness but also on institutional support, infrastructure, technical competence, and organizational policies.

Overall, the findings demonstrate that telehealth consultations have substantial potential to improve routine follow-up care and chronic disease management in Nigeria. However, successful implementation will require sustained investment in digital infrastructure, continuous professional training, supportive institutional frameworks, and clear telehealth regulations.

Conflict of Interest

The authors declare that there was no conflict of interest among the authors regarding the publication of this study.

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