Factors influencing the acceptance of using telemedicine: A study of Jordanian public healthcare organizations

Ghada Al-Rawashdeh[a], Malak Mohammad Ghaith[b], Lana Ahmad Suleiman Alghasawneh[b], Areej Faeik Khalaf Hijazin[c], Ahmad Shaker Abdelmohde Abuabed[c], Qais Hammouri[d*] and Jassim Ahmad Al-Gasawneh[d]

[a]*Irbid National University, Amman, Jodan*
[b]*Luminus Technical University College, Amman, Jordan*
[c]*University of Granada, Spain*
[d]*Applied Science Private University, Jordan*

C H R O N I C L E	**A B S T R A C T**
	During Covid-19, organizations, particularly hospitals, encountered difficulties in providing services. Telemedicine has shown to be an alternative in service provision during these times. Based on this, acceptance of telemedicine in Jordanian public hospitals has become a very important issue to increase the attention of the health care organization toward it. A conceptual model was constructed based on previous literature. The model includes government policy, the capacity of external suppliers, and the capacity of the project team, top management support, as independent variables where their influence on the acceptance of telemedicine in Jordanian public hospitals as a dependent variable is examined. Respondents were chosen using a Purposive sampling technique. Questionnaires were delivered to 320 respondents using Google Forms. SEM was used for statistical analysis. The findings revealed that all the proposed factors including government policy, external supplier capacity, project team capacity, and top management support have a significant influence toward accepting telemedicine. The results of this study may aid Jordanian public hospitals in making the best use of the proposed factors to increase the acceptance of telemedicine in Jordanian public hospitals.

1. Introduction

Numerous variables, or elements, that affect health status are considered in the study of global health. The Office of Disease Prevention and Health Promotion provides several examples, such as poor diet and physical fitness, difficulty accessing healthcare, contact with harmful substances, and failure to follow safety and health rules (Abdellatif & Shahroury, 2022). Although global health disruptions can affect any country, developing countries are particularly susceptible due to their less robust socioeconomic infrastructures (Braveman & Gottlieb, 2014). Hospitals continue to play a significant role in the global healthcare industry, which primarily serves patients with both basic and sophisticated medical services (Farsalinos et al., 2021). Consequently, hospitals' roles are viewed as an essential component in any health system, and these functions are well-recognized. When it comes to quality, efficiency, equity, and providing people with services, hospitals are frequently the focus of change and reform (Yip et al., 2020). Due to technical services and tools, there is now more concern about how services are provided.

The advent of electronic healthcare records has removed hospitals' and physicians' sole reliance on the requirement to maintain patient physical records (Dabboor et al., 2021). Digital storage makes it simple to keep all the data, saving hospitals both money and physical space. Although some physical storage is still required. Similarly, telemedicine refers to a set of technologies that have developed from technology that can benefit both patients and organizations (Jamil et al., 2021). Telemedicine refers to the delivery of healthcare services to patients without the need for in-person visits, utilizing software and computer interfaces instead (Bokolo, 2021). This approach encompasses various healthcare activities such as follow-up appointments, chronic disease management, medication monitoring, consultations with specialists, and other forms of medical care that can be provided securely through video and audio links, enabling remote delivery of services (Pogosova et al., 2020).

Telemedicine offers a chance to continue offering high-quality routine treatment during challenging times, including pandemics (Garfan et al., 2021). Many nations have successfully implemented telemedicine initiatives. In the early 2000s, telemedicine was first made available in the Kingdom of Jordan. However, telemedicine has not been widely used or adopted in Jordan (Obeidat & El-Salem, 2021). Despite evidence from studies conducted in Jordan that telemedicine may be used to relieve pressure on the country's healthcare system, help protect frontline healthcare personnel, and give the public access to regular healthcare (Chersich et al., 2020). Therefore, telemedicine and technological tools have become essential components of the services to deliver the product and services to the end users, such as patients, especially in the last years after the pandemic, because operations all over the world were changed. Based on the foregoing discussion, this study seeks to fill the gap in the literature, particularly in Jordan, by examining the influence of factors (government policy, external suppliers' capacity, project team's capacity, top management support) on the acceptance of telemedicine.

The research is expected to offer a clear understanding of how other factors, such reimbursement policies, influence telemedicine acceptability from a theoretical perspective (government policies, top management support, project team capacity, external supplier capacity). In addition to assisting upcoming researchers who might look more closely into the connected subject. Another significant contribution is the addition of knowledge on research on telemedicine software and its effect on Jordan's health care quality.

2. Literature Review

2.1 Government Policies

Government policies play a crucial role in influencing the acceptance and adoption of telemedicine. These policies vary from country to country and are often designed to regulate, promote, and facilitate the use of telemedicine technologies within their healthcare systems (Hammouri et al., 2021). Governments establish legal and regulatory frameworks that define the scope of telemedicine practices, including licensure requirements for healthcare professionals, data privacy and security regulations, and guidelines for telemedicine reimbursement. A clear and supportive regulatory environment fosters confidence among healthcare providers and patients, encouraging them to embrace telemedicine (Hinderink & Sterkenburg, 2022; Bataineh et al., 2022).

One of the significant barriers to telemedicine adoption has been the issue of reimbursement. Government policies that include telemedicine services in healthcare reimbursement schemes, such as Medicare and Medicaid in the United States, help incentivize healthcare providers to offer telemedicine services (Belghitar, 2022). When healthcare providers receive adequate compensation for telemedicine consultations, it encourages them to integrate these services into their practice (Liu & Shaliastovich, 2022). To support telemedicine, governments may invest in improving the necessary infrastructure, such as broadband internet connectivity, especially in rural and underserved areas. This investment ensures that patients and healthcare providers have access to the required technology and can participate in telemedicine consultations seamlessly (Moser & Yared, 2022). However, government policies that foster a supportive and well-regulated environment for telemedicine can lead to greater acceptance and utilization of telemedicine services, benefiting both patients and healthcare providers. As technology continues to advance and telemedicine becomes more integral to healthcare, these policies will play an increasingly vital role in shaping the future of medical practice.

H1: Government policies have a positive impact on telemedicine acceptance.

2.2. Capacity Planning

Capacity planning is a systematic and data-driven process employed by organizations to anticipate, assess, and meet future resource requirements necessary to meet the demands of their operations, projects, or services effectively and efficiently. (Fong et al., 2021). It involves estimating the amount of resources, such as labor, equipment, facilities, and materials, required to fulfill customer requirements within a given timeframe. However, there are two types of capacity, project team capacity and external supplier capacity. Team capacity is defined as the ratio between the number of units of work that a team accepts and the number of units of work that a team can complete in a given amount of time. The project's deliverables are finished

on schedule and under budget, and they satisfy the client's requirements (Bryde et al., 2018). But it's not as simple as it seems. To succeed, project managers must carefully plan every detail and monitor performance at every level (Hardyman, 2022).

The project management environment is no different in this regard. Beginning a new project is only half the battle won (the opportunity). It can only be successful if a thorough project plan is in place with deliverables listed against each milestone. The project manager is then responsible for monitoring them at every level and taking corrective action where necessary (Papalexandris, 2021). The project's requirements include anything from specialized skills to tools, materials, and other assets. The proper human resource must be assigned to the appropriate project. The abilities and skills of your workforce, after all, are what allow you to successfully lead each activity and do each assignment justice (McDonald, 2021). Capacity planning enables one to anticipate any shortage or oversupply of resources. It prevents last-minute glitches and allows project managers to better prepare for upcoming initiatives. The project can be successfully completed with careful resource management. As a result, the capacity for team projects improves the institution or organization's capacity to accept any new innovation or change in order to further the institution's goals (Das, 2021). Based on the above literature the following hypotheses proposed:

H2: External supplier capacity has a positive impact on telemedicine acceptance.

H3: Project team capacity has a positive impact on telemedicine acceptance.

2.3 Top Management Support

Top management support refers to the endorsement, active involvement, and backing provided by the highest-ranking executives within an organization, such as the CEO, board of directors, or senior executives (Al-Qudah, 2018). In a similar vein, top management plays a crucial role in fostering innovations by creating the right atmosphere and making choices that facilitate the successful production and use of knowledge (Ma et al., 2021). Top management support is essential for the successful implementation and execution of various organizational endeavors, as it influences resource allocation, decision-making, and the overall organizational culture. top management support in addressing employees' needs for empowerment, personality development, goal-setting, and self-efficacy creates a thriving and engaged workforce. It enhances employee morale, productivity, and loyalty, leading to a more successful and sustainable organization. (Hourzad et al., 2018). Numerous scholars have noted that senior management has a big impact on how an organization performs (Akthar, 2022). Several empirical studies hypothesized that top management support is crucial in influencing how readily innovative activities are adopted in firms (Clohessy & Acton, 2019; Mu et al., 2018; Mishra et al., 2022). Based on the above literature the next hypothesis proposed:

H4: Top management support has a positive impact on telemedicine acceptance.

3. Methodology

The primary objective of this study is to examine the acceptance of telemedicine in Jordanian public hospitals. The study employed a quantitative methodology, which employs numerical data to assess individuals' attitudes and behaviours and develop predictive models. This approach is suitable for this research since it enables the data to be quantified and facilitates the utilization of statistical analysis to explore the connections between variables. The researcher utilized questionnaires to determine the extent to which telemedicine is accepted by Jordanian public hospitals.

3.1 Research Instrument

This study used a self-administered survey to test the proposed hypotheses. Research constructs were measured using 18 items adopted from previous literature with some changes to fit the study context. The three items used to measure government policy were adopted from Murphy et al., (2020). The three items of external supplier capacity were selected and reworded from the work of Saenz et al., (2014). The four items used to measure project team capacity from the work of. Bjorvatn and Wald (2018). The three items of top management support were selected from Al Shaar et al., (2015). Data was collected electronically from 320 respondents. The data was entered and analyzed using PLS-SEM version 3.2.8 and SPSS version 18.

3.2 Sample and Sampling Process

According to data from the Jordanian Ministry of Health, there will be 33 public hospitals there in 2022 (Jordanian ministry of health, 2022). A multi-stage (cluster) sampling strategy was selected to gather the study sample due to the nature of the current study. The sample was recruited from a variety of study plans in order to achieve a representative cross-section of the population. In the current study, hospitals in a local Jordanian area were sampled using cluster sampling. Jordan is divided into three districts, the north represented by the Princess Basma Teaching Hospital, the center by the Al-Bashir Hospital, and the south by the Al-Karak Hospital. The respondents were chosen from each hospital using a purposive sampling and each respondent filled the questionnaire using Google Forms, where the questionnaires were sent by email to the respondents.

4. Data Analysis

Table 1 summarizes the demographic analysis of the sample. The findings depicted that 56% of respondents were male and 44% were male. In term of department, the largest department group of respondents was formed by women department (19%), then rays department (17%). In term of job position, most of respondents were doctors (38%).

Table 1
Demographic Profile of the Sample

Measure	Items	Frequency	Percentage (%)
Gender	Male	180	56
	Female	140	44
Department	Esoteric	30	9
	Children	10	3
	Surgery	30	9
	Women	60	19
	Rays	55	17
	Anesthetization	35	11
	Emergency	20	6
	Pathology	20	6
	Pharmacy	18	7
	Lab	42	13
Job Position	A doctor	120	38
	Nurse	80	25
	Pharmacist	50	16
	Technical	70	21

4.1 Measurement Model

The measurement model underwent assessments to evaluate its validity and reliability. When it comes to reliability, one widely utilized approach is Cronbach's alpha, which gauges internal consistency. According to Hair (2011), a Cronbach's alpha value greater than 0.70 is considered desirable. In Table 2, the scale exhibited a substantial level of internal consistency, as evidenced by Cronbach's alpha values surpassing the recommended threshold of 0.70 for each construct. The model items' initial standardized factor loadings ranged between 0.757 and 0.907. These loadings were higher than the suggested cut-off value of 0.7. The values for AVE, which were also given in the table, ranged from 0.622 to 0.765. These results were more than the suggested cut-off value of 0.5, according to Hair et al. (2010). Furthermore, CR values ranged from 0.886 to 0.954 to 0.954. These results were more than the suggested cut-off value of 0.7.

Table 2
Summary Results for Reliability and Validity

First order Construct	Items	Factor loading	CR	AVE
Government policy	GP1	0.906		
	GP2	0.900	0.939	0.721
	GP3	0.903		
External suppliers' capacity	ES1	0.858		
	ES2	0.907	0.922	0.765
	ES3	0.872		
Project team's capacity	PC1	0.829		
	PC2	0.840		
	PC3	0.851	0.954	0.622
	PC4	0.883		
Top management support	TS1	0.881		
	TS2	0.898	0.945	0.731
	TS3	0.852		
Acceptance of telemedicine	AC1	0.865		
	AC2	0.878		
	AC3	0.857	0.886	0.754
	AC4	0.856		
	AC5	0.757		

In addition, HTMT is utilized to determine whether the overall measurement model is discriminately valid. The HTMT values for the latent constructs in the whole framework were all between 0.131 and 0.791, as seen in Table 3. The readings were lower than the suggested tolerable value of 0.90, according to Henseler et al. (2015). In other words, discrimination was present in every latent concept assessment. It is possible to conclude that the overall measurement model has attained both convergent validity and discriminant validity based on all the results gathered. The measuring scale can therefore accurately and reliably assess the constructs and the items that correspond to them in the overall model.

Table 3
Discriminant Validity

	GP	EC	PC	TS	AC
GP					
EC	0.565				
PC	0.733	0.545			
TS	0.734	0.131	0.177		
AC	0.754	0.443	0.791	0.231	

4.2 Structural Model

The action conducted following the confirmation of the measurement model's validity and reliability was the SEM evaluation. A structural model that shows the relationships between the constructs was assessed. Edwards and Bagozzi (2000) asserts that the structural model shows the specifics of each independent variable's interaction with each dependent variable. Table 4 summarizes the results of the hypothesis testing. The findings showed that the value of R^2 is 53.1%; such value means that the proposed model showed that 53.1% of the variance of acceptance to use telemedicine was explained. The findings revealed that government policy has a direct significant influence on telemedicine acceptance ($\beta = 0.225$, $p < 0.01$), thus supporting H1. In addition, the findings also revealed that external supplier capacity and project team capacity are predictors influencing the acceptance of telemedicine ($\beta = 0.633$, $p < 0.001$) and ($\beta = 0.244$, $p < 0.01$) respectively, thereby supporting H2 and H3. The results of the study indicated that top management support plays a significant role as a predictor for the acceptance of telemedicine ($\beta = 0.341$, $p < 0.01$). Consequently, this finding supports the hypothesis H4 (see Fig. 1).

Table 4
Hypotheses Testing Results

	Path	Beta	S. DV	T-value	P-value	R^2	Q^2		Result
H1	GP → AC	0.225	0.069	3.260	0.003	0.531	0.321	3.211	Supported
H2	EC → AC	0.633	0.256	2.472	0.000			3.321	Supported
H3	PC→ AC	0.244	0.047	5.191	0.002			2.153	Supported
H4	TS→ AC	0.341	0.122	2.795	0.000			2.213	Supported
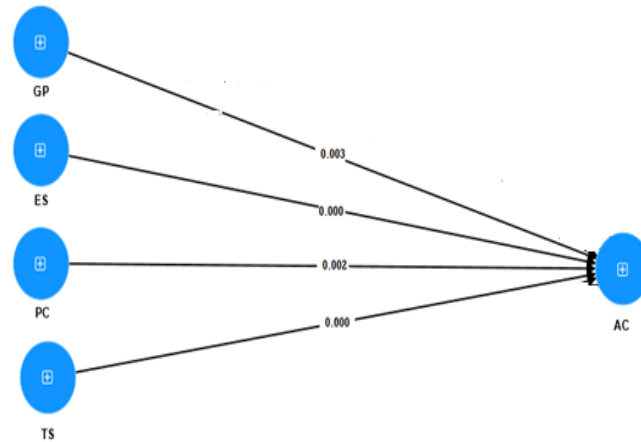
Fig. 1. Structural Model

5. Discussion

The study has aimed to understand the factors influencing employees' intentions to accept telemedicine among public hospitals in Jordan. It was empirically validated that government policy, external supplier capacity, project team capacity and top management support were significant in predicting the acceptance of telemedicine. However, consistent with prior studies, the findings of this research confirmed the significance of governmental policy in predicting employees' intentions to accept telemedicine (Liu & Shaliastovich, 2022; Zhang et al., 2022). Such finding means that government facilitation of processes makes technology adoption simple and acceptable, particularly in hospitals like telemedicine programs. The second construct that predicts employees' intention to accept telemedicine is external supplier capacity. This finding concurs with studies conducted by (Gillman-Wells et al., 2022; Papalexandris, 2021). This finding means that if the external suppliers could connect the equipment and transfer it through the supply chains, this aids in its arrival in the target country. This is also reflected in the internal institutions' confidence that such technology will be easily accessible. Project team capacity was the third variable influencing employees' intentions to accept telemedicine. This finding is in line with the results of the studies conducted by

(Gillman-Wells et al., 2022; Zailani et al., 2014; Bidmead et al., 2020). This result suggests that if the project team is skilled and capable, this will make duties easier and, as a result, make the process of embracing the use of technology easier. Finally, this research also approved the relationship between the top management support and employees' intention to accept telemedicine. This finding concurs with previous studies conducted by (Mu et al., 2018; Mishra et al., 2022). This result suggests that the acceptance of telemedicine can be made smoother when senior management and hospital managers provide support to employees. This support can be in the form of encouraging the use of modern technology and facilitating employees' participation in courses that enhance their capabilities in utilizing such technology.

6. Conclusion

The acceptance of telemedicine in Jordanian public hospitals has become crucial to draw the attention of healthcare organizations towards its implementation. To explore this issue, a conceptual framework was developed based on existing literature. The model considers government policy, the capacity of external suppliers, the capacity of the project team, and top management support as independent variables. The findings indicate that all the proposed factors significantly influence the acceptance of telemedicine. The results of this study can assist Jordanian public hospitals in effectively utilizing these factors to enhance the acceptance of telemedicine.

6.1 Practical Implications

The study's conclusions broaden our understanding of how government policy interacts with the capacities of external suppliers, project teams, and top management in Jordanian public hospitals. As a result, the findings from the testing of hypotheses offer insight into how widely telemedicine is accepted in Jordanian public hospitals. As a result, the managers of Jordan's public hospitals may find this study helpful in boosting patient acceptability of employing new technologies. Moreover, decision-makers in the health sector must focus on factors that may increase acceptance of telemedicine through trained specialists in order to facilitate the process of dealing with the system, as well as increasing the functional culture by holding training workshops in hospitals in cooperation with the Ministry of Health While demonstrating the necessity and importance of using this system and showing its advantages, taking into account some factors such as (experience, job title, and department).

6.2 Limitations and Future Work

Despite the thorough literature evaluation that was done for this investigation, the present study has some limitations just like previous studies. The sample size and unit of analysis are the initial restriction. The study concentrated on government hospitals. Therefore, rather than focusing primarily on public hospitals, future studies may want to undertake similar research on both private and public hospitals. The impact of government policy, external supplier capability, project team capability, and top management support on telemedicine acceptance in public hospitals may also be examined in future research to obtain the patients' responses. Future research might also want to check whether the links suggested in this study are appropriate in other nations. Finally, this study solely looked at how telemedicine acceptance in public hospitals was influenced by the study factors. Future research could therefore look into additional variables that might have an impact on the association.

References

Abdellatif, H., & Shahroury, F. R. (2022). Impact of COVID-19 on the Natural Environment: Evidence from Jordan. *Academy of Strategic Management Journal*, *21*(4).

Akthar, N. (2022). Top Management Support: Underlying Mechanism between Green Human Resource Management Practices and Environmental Performance. Journal of Digitainability, Realism & Mastery (DREAM), 1(02), 48-62.

Al Shaar, E. M., Khattab, S. A., Alkaied, R. N., & Manna, A. Q. (2015). The effect of top management support on innovation: The mediating role of synergy between organizational structure and information technology. *International Review of Management and Business Research*, *4*(2), 499.

Al-Qudah, S. A. (2018). The influence of strategic agility & tackling competitive challenges toward improving performance among Jordanian pharmaceutical companies. *International Journal of Academic Research in Business and Social Sciences*, *8*(5), 762-774.

Bataineh, K. B., Atoum, M. S., Alsmadi, L. A., & Shikhali, M. (2021). A silver lining of coronavirus: Jordanian universities turn to distance education. *International Journal of Information and Communication Technology Education (IJICTE)*, *17*(2), 138-148.

Belghitar, Y., Moro, A., &Radić, N. (2022). When the rainy day is the worst hurricane ever: the effects of governmental policies on SMEs during COVID-19. Small Business Economics, 58(2), 943-961.

Bidmead, E., Lie, M., Marshall, A., Robson, S., & Smith, V. J. (2020). Service user and staff acceptance of fetal ultrasound telemedicine. *Digital Health*, *6*, 2055207620925929.

Bjorvatn, T., & Wald, A. (2018). Project complexity and team-level absorptive capacity as drivers of project management performance. *International Journal of Project Management*, *36*(6), 876-888.

Bokolo, A. J. (2021). Application of telemedicine and eHealth technology for clinical services in response to COVID-19 pandemic. Health and Technology, 11(2), 359-366.

Braveman, P., & Gottlieb, L. (2014). The social determinants of health: it's time to consider the causes of the causes. Public health reports, 129(1_suppl2), 19-31.

Bryde, D., Unterhitzenberger, C., & Joby, R. (2018). Conditions of success for earned value analysis in projects. *International Journal of Project Management*, *36*(3), 474-484.

Chersich, M. F., Gray, G., Fairlie, L., Eichbaum, Q., Mayhew, S., Allwood, B., ... & Rees, H. (2020). COVID-19 in Africa: care and protection for frontline healthcare workers. *Globalization and health*, *16*, 1-6.

Clohessy, T., & Acton, T. (2019). Investigating the influence of organizational factors on blockchain adoption: An innovation theory perspective. *Industrial Management & Data Systems*, *119*(7), 1457-1491.

Dabboor, E., Al-Ghadir, H., Al-Gasawneh, J. A., Nusairat, N. M., & Hammouri, Q. (2021). Factors Affecting Physicians Prescriptions: an Empirical Study on Jordanian General Physicians. *Annals of the Romanian Society for Cell Biology*, *25*(6), 18631-18647.

Das, N., Narnoli, S., Kaur, A., Sarkar, S., & Balhara, Y. P. S. (2020). Attitude to telemedicine in the times of COVID 19 pandemic: Opinion of medical practitioners from India. Psychiatry and clinical neurosciences.

Edwards, J. R., & Bagozzi, R. P. (2000). On the nature and direction of relationships between constructs and measures. *Psychological methods*, *5*(2), 155.

Farsalinos, K., Poulas, K., Kouretas, D., Vantarakis, A., Leotsinidis, M., Kouvelas, D., ... &Tsatsakis, A. (2021). Improved strategies to counter the COVID-19 pandemic: Lockdowns vs. primary and community healthcare. Toxicology Reports, 8, 1-9.

Fong, B., Fong, A. C. M., & Tsang, K. F. (2021). Capacity and link budget management for low-altitude telemedicine drone network design and implementation. *IEEE Communications Standards Magazine*, *5*(4), 74-78.

Garfan, S., Alamoodi, A. H., Zaidan, B. B., Al-Zobbi, M., Hamid, R. A., Alwan, J. K., ... & Momani, F. (2021). Telehealth utilization during the Covid-19 pandemic: A systematic review. *Computers in biology and medicine*, *138*, 104878.

Gillman-Wells, C. C., Sankar, T. K., & Vadodaria, S. (2021). COVID-19 reducing the risks: telemedicine is the new norm for surgical consultations and communications. Aesthetic plastic surgery, 45(1), 343-348.

Hair, J. F. (2011). Multivariate data analysis: An overview. *International encyclopedia of statistical science*, 904-907.

Hammouri, Q. M., Abu-Shanab, E. A., & Nusairat, N. M. (2021). Attitudes toward implementing E-government in health insurance administration. *International Journal of Electronic Government Research (IJEGR)*, *17*(2), 1-18.

Hardyman, W., Garner, S., Lewis, J. J., Callaghan, R., Williams, E., Dalton, A., & Turner, A. (2022). Enhancing public service innovation through value co-creation: Capacity building and the 'innovative imagination'. *Public Money & Management, 42*(5), 332-340.

Henseler, J., Ringle, C. M., & Sarstedt, M. (2015). A new criterion for assessing discriminant validity in variance-based structural equation modeling. *Journal of the academy of marketing science*, *43*, 115-135.

Hinderink, J., & Sterkenburg, J. J. (2022). Agricultural commercialization and government policy in Africa. Routledge.

Hourzad, A., Pouladi, S., Ostovar, A., & Ravanipour, M. (2018). The effects of an empowering self-management model on self-efficacy and sense of coherence among retired elderly with chronic diseases: A randomized controlled trial. *Clinical interventions in aging*, 2215-2224.

Liu, Y., & Shaliastovich, I. (2022). Government policy approval and exchange rates. Journal of Financial Economics, 143(1), 303-331.

Ma, Y., Zhang, Q., & Yin, Q. (2021). Top management team faultlines, green technology innovation and firm financial performance. Journal of Environmental Management, 285, 112095.

McDonald, S. B., Privitera, M., Kakacek, J., Owens, S., Shafer, P., &Kobau, R. (2021). Developing epilepsy training capacity for primary care providers using the project ECHO telementoring model. *Epilepsy & Behavior, 116*, 107789.

Mishra, R., Singh, R. K., & Papadopoulos, T. (2022). Linking digital orientation and data-driven innovations: a SAP–LAP linkage framework and research propositions. *IEEE Transactions on Engineering Management*.

Moser, C., & Yared, P. (2022). Pandemic lockdown: The role of government commitment. *Review of Economic Dynamics, 46*, 27-50.

Mu, Y., Bossink, B., & Vinig, T. (2018). Employee involvement in ideation and healthcare service innovation quality. *The Service Industries Journal*, *38*(1-2), 67-86.

Murphy, S. A., Weippert, M. V., Dickinson, K. M., Scourboutakos, M. J., & L'Abbé, M. R. (2020). Cross-sectional analysis of calories and nutrients of concern in Canadian chain restaurant menu items in 2016. *American Journal of Preventive Medicine*, *59*(4), e149-e159.

Obeidat, A. Z., & El-Salem, K. (2021). A national telemedicine program in the Kingdom of Jordan–Editorial. Annals of Medicine and Surgery.

Papalexandris, A., Mammassis, C., &Kostopoulos, K. (2021). Absorptive Capacity and Innovation Outcomes in Teams: The Role of CEO Servant Leadership and TMT Information Exchange Frequency on Team Social Integration, Task Conflict and Knowledge Breadth. Task Conflict and Knowledge Breadth (July 26, 2021).

Pogosova, N., Yufereva, Y., Sokolova, O., Yusubova, A., Suvorov, A., & Saner, H. (2021). Telemedicine Intervention to Improve Long-Term Risk Factor Control and Body Composition in Persons with High Cardiovascular Risk: Results from a Randomized Trial: Telehealth strategies may offer an advantage over standard institutional based interventions for improvement of cardiovascular risk in high-risk patients long-term. *Global heart, 16*(1).

Saenz, M. J., Revilla, E., & Knoppen, D. (2014). Absorptive capacity in buyer–supplier relationships: empirical evidence of its mediating role. *Journal of Supply Chain Management*, *50*(2), 18-40.

Yip, W. C. M., & Fu, H. (2020). Public Hospital Reforms in China: Progress and Challenges. In Health Care Policy in East Asia: A World Scientific Reference: Volume 1: Health Care System Reform and Policy Research in China (pp. 261-280).

Zailani, S., Gilani, M. S., Nikbin, D., & Iranmanesh, M. (2014). Determinants of telemedicine acceptance in selected public hospitals in Malaysia: clinical perspective. *Journal of medical systems, 38*(9), 1-12.

Zhang, W., He, D., Wang, G., Zhu, C., & Evans, R. (2022). Analyzing national telemedicine policies in China from the perspective of policy instrument (1997-2020). *International Journal of Medical Informatics*, 104854.