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Determination of Telemedicine Use Based on Financial Factors, Organizational Rules, and Technological Infrastructure

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ABSTRACT

Technological developments contribute significantly to advances in the field of health, including the emergence of e-health as a digital-based health information service. With the majority of the population owning smartphones, telemedicine is a solution to overcome limited health resources through audio, visual communication, and remote discussions. There are factors that influence the implementation of telemedicine, namely financial factors, organisational rules and regulations, and technological infrastructure. The purpose of this study was to determine the use of telemedicine and describe the factors that influence the use of telemedicine in the community. This study is a correlational analytic study with a cross sectional approach. The population in this study were all families (head of family) in Jatimulyo Village. The sample in this study used all families with total sampling technique. Bivariate analysis using chi-square test. The results showed statistically between financial factors on the use of telemedicine (p=0.026), regulatory factors and organisational rules on the use of telemedicine (p=0.000), technological infrastructure factors on the use of telemedicine (p=0.019). The results of this study indicate that there is an influence between financial factors on telemedicine, organisational rules and regulations factors on the use of telemedicine, technological infrastructure factors on telemedicine

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1. INTRODUCTION

The rapid development of information and communication technology (ICT) in the current digital era has brought significant changes in various aspects of life, including the health sector. One of the tangible manifestations of this transformation is the emergence of electronic health services or e-health that integrates electronic communication and information technology in the provision of health

services. Through e-health, health data can be transmitted, stored, and accessed electronically for clinical, administrative, and educational purposes (Setiyadi & Hakam, 2020). The presence of e-health is important to answer the challenges of accessibility and effectiveness of health services in the midst of limited resources, especially in developing countries such as Indonesia.

One of the real forms of e-health that is increasingly popular is telemedicine, which is a remote medical practice that utilizes audio, visual, and data communication technology. This service includes diagnosis, consultation, and online exchange of medical information between patients and health workers (Asyari, 2022). According to the World Health Organization (WHO), telemedicine has great potential in expanding access to medical services, especially in hard-to-reach areas. Its use also increased significantly during the COVID-19 pandemic, where people were required to minimize direct contact and maintain physical distance. Research by Agustina et al. (2023) shows that telemedicine has proven to be effective as a medium of medical consultation during the pandemic, especially because of its ease and efficiency in delivering health services in real-time.

This development is supported by the increasing use of smartphones and health applications in the community. According to Asyari (2022), the high growth of smartphone users has paved the way for people to access digital health services easily. This phenomenon is especially seen in urban areas that have adequate digital infrastructure. Urban communities tend to opt for digital healthcare services such as telemedicine because of their flexibility and ability to save time without having to wait in line at healthcare facilities.

However, the acceptance and utilization of telemedicine has not been evenly distributed. Riyanto (2021) noted that there are several factors that affect the adoption of telemedicine in the community, including financial factors, organizational regulations, the readiness of technological infrastructure, and the existence of situational impulses such as the pandemic. Research by Rahmasari et al. (2023) also found that some people are still reluctant to use telemedicine due to their preference to meet with doctors in person.

This condition is also reflected in rural areas such as Jatimulyo Village in Mojogedang District, Karanganyar Regency. Based on an initial survey of ten heads of families in the village, only four families had used telemedicine services for medical and beauty consultations, while the other six had never used the service. The reasons expressed vary, ranging from a lack of knowledge about the technology to other barriers that have not been thoroughly identified. This finding is interesting to research further, considering that there has been no study that specifically raises the issue of the use of telemedicine in Jatimulyo Village.

This study aims to determine the extent to which telemedicine is used as a medical consultation medium in Jatimulyo Village, focusing on identifying the characteristics of the user community, the factors that affect the use of these services, and their impact on access to health services in rural areas. By referring to previous research such as by Greenhalgh et al. (2016, in Budiyanti & Herlambang, 2021) which showed the popularity of online consultation services due to time and cost efficiency, as well as research by Kichloo et al. (2020, in Budiyanti & Herlambang, 2021) on the sustainability of online services to face-to-face meetings, this study is expected to make a theoretical and practical contribution to the development of a more digital-based health system inclusive in Indonesia.

2. METHODS

This study uses a quantitative approach with a correlation analytical design and cross-sectional method, which aims to examine the influence of financial factors, organizational regulations, and technological infrastructure on the use of telemedicine services. The research population is all heads of families (KK) in Jatimulyo Village as many as 380 families, which are also sampled through total sampling techniques. Data were collected using questionnaires that measured both independent variables (financial factors, organizational regulations, and technological infrastructure) and bound variables (telemedicine use), with each item being binarily categorized and analyzed using a minimum score of 3 as the categorical boundary.

The research instrument has been tested for validity and reliability using an initial sample of 30 respondents. The results of the validity test show that all items in the questionnaire are declared valid because the calculated r value is greater than the r of the table (0.361). The reliability test uses the Cronbach Alpha value, which all of which show a number above 0.7, indicating that the instrument used is reliable. The data collection process was carried out directly from September 20 to November 9, 2024 with the help of village officials, through a door-to-door approach to each family who is willing to become a respondent.

The data that has been collected is analyzed through the stages of editing, coding, data entry, tabulation, and statistical analysis. Univariate analysis is used to describe the characteristics of each variable, through the calculation of frequency distributions, mean values, and medians. The data processed using SPSS for Windows 25 series was compiled in the form of a distribution table and further analysis was carried out to test the relationship between independent and bound variables according to the research objectives.

3. FINDINGS AND DISCUSSION

Result

Respondent Frequency Distribution Table

The respondents in this study were all families (Heads of Families) who filled out questionnaires in the research in Jatimulyo Village with the following characteristics description:

Table 4.1
Frequency Distribution of Respondent Characteristics (n=380)

Respondent Characteristics	f	%
Education:		
No School	58	15,3
SD	74	19,5
Junior High School/Equivalent	80	21,1
High School/equivalent	151	39,7
D3	6	1,6
S1	9	2,4
S2	2	0,5
Work:		
Farmer	132	34,7
Businessman	85	22,4
Respondent Characteristics	f	%
Private Employees	91	23,9
Civil Servant	11	2,9
Miscellaneous	61	16,1
Age (years):		
15-24	8	2,1
25-44	148	38,9
45-59	128	33,7
60-74	95	25,0
>75	1	0,3

From the results of the study, the results were:

1. Based on Table 4.1, it can be seen that out of 380 respondents, the highest percentage of respondent characteristics based on respondent education in Jatimulyo Village is having a high school education level / equivalent of 151 respondents (39.7%). Meanwhile, the lowest percentage of S2 education level with a total of 2 respondents (0.5%).

2. Based on Table 4.1, it can be seen that out of 380 respondents, the highest percentage of respondent characteristics based on respondents' work in Jatimulyo Village is that they have farmer jobs with a total of 132 respondents (34.7%). Meanwhile, the lowest percentage had civil servant jobs with a total of 11 respondents (2.9%).
3. Based on Table 4.1, it can be seen that out of 380 respondents, the highest percentage of respondent characteristics based on the age of respondents in Jatimulyo Village is that 148 respondents (38.9%) have an average age of 25-44 years. Meanwhile, the lowest percentage is the age of >75 years with 1 respondent (0.3%).

Univariate Analysis

a. Independent variables

Table 4.2
Independent Variable Frequency Distribution

No	Independent Variables	Category	f	%
1	Financial Factors	Unable to Afford	156	41,1
		Can	224	58,9
2	Organizational Regulatory Factors	No Rules	329	86,6
		There are rules	51	13,4
3	Technology Infrastructure Factors	Not Supported	157	41,3
		Support	223	58,7

Based on Table 4.2, it can be seen that the frequency distribution of financial factors based on 380 respondents in Jatimulyo Village, there were 224 respondents with financial factors (58.9%) and respondents with financial factors who were unable to afford as many as 156 respondents (41.1%).

Based on Table 4.2, it can be seen that the frequency distribution of organizational rules and regulations based on 380 respondents in Jatimulyo Village, there were 51 respondents (13.4%) who had organizational rules and respondents who were not bound by organizational rules or no organizational rules as many as 329 respondents (86.6%).

Based on Table 4.2, it can be seen that the frequency distribution of technological infrastructure factors based on 380 respondents in Jatimulyo Village has respondents with technology infrastructure factors that support as many as 223 respondents (58.7%) and respondents with technological infrastructure factors that do not support as many as 157 respondents (41.3%).

b. Bound variables (use *of telemedicine*)

Table 4.3
Distribution of *Telemedicine Use Frequency*

Use of Telemedicine	f	%
Not Using	163	42,9%
Using	217	57,1%
Total	380	100%

Berdasarkan Tabel 4.3 dapat diketahui bahwa distribusi frekuensi penggunaan telemedicine berdasarkan dari 380 responden di Desa Jatimulyo terdapat 217 responden (57,1%) yang menggunakan *telemedicine* dan responden yang tidak menggunakan sebanyak 163 responden (42,9%).

Bivariate Analysis

Table 4.4 Bivariate Analysis

No	Variabel	Category	Use of *telemedicine*		*p*	CI 95%		
			Using	Does not use		*OR*	*lower*	*upper*
1	Financial factors	Can	139	85	0,026	1,612	1,404	1,925
		Unable to afford	78	78				
2	Organizational regulatory factors	There are rules	42	9	0,000	4,650	2,118	10,209
		No regulations	175	154				
3	Technology infrastructure factors	Support	139	84	0,019	1,676	1,108	2,535
		Not Supported	78	79				

There was a statistically significant influence between financial factors on the use of *telemedicine* (p=0.026). People who have financial factors in the able category have 1,612 times the opportunity to use telemedicine than people who are in the underprivileged category.

There was a statistically significant influence between regulatory factors and organizational rules on telemedicine use (p=0.000). People who have organizational regulation factors in the no-regulation category are 4,650 times more likely to use telemedicine than people who are in the no-regulation category.

There was a statistically significant influence between technological infrastructure factors on the use of *telemedicine* (p=0.019). People who have technology infrastructure factors in the supportive category have 1,676 times the opportunity to use *telemedicine* than people who are included in the non-supportive category.

Discussion

Characteristics of the Community in Jatimulyo Village

Based on the results of research conducted on the community in Jatimulyo Village, it can be seen that the majority of the education level is high school/equivalent with 151 respondents (39.7%) and the least is that the S2 education level is only 2 respondents (0.5%). The dominant high school/equivalent level of education in Jatimulyo Village is influenced by socio-economic factors that are the choice of the community in continuing education. Some families in the village still face financial limitations, with 16.1% of them working in other sectors, so education up to the high school level/equivalent is considered sufficient to meet basic knowledge needs before entering the workforce. In addition, most jobs require graduates of at least high school/equivalent. The community's assumption is also strengthened by the condition that local job opportunities available for high school graduates are one of the main reasons why most people choose to work immediately after graduating from school. These decisions are often made to help the family's economy, although in the long run, it can limit their chances of getting a better job or a higher income. According to Rahman et al., (2022) education aims to

develop abilities, skills, knowledge and attitudes through structured experiences. Education also contributes to improving the quality of human resources which in turn supports the economic and social development of the country. This is in line with the research of Asmiati et al., (2022) which revealed that the factors that cause low interest in continuing their studies are grouped into two factors, namely internal factors and external factors. Internal factors consist of low motivation and interest in children, children's inability to follow lessons. Meanwhile, external factors consist of socioeconomic conditions, school environment, and socio-cultural conditions. The 9-year compulsory education program in Indonesia requires children to complete basic education up to the junior high school level, which is generally completed at the age of 15. According to the Law of the Republic of Indonesia No. 20 of 1999 concerning the ratification *of the ILO (International Labour Organization) convention* No. 138 *concerning minimum age for administration to employment*, it is explained that for work that endangers the health, safety or morals of children, it must be pursued not less than 18 years old, except for light work must not be less than 16 years old. According to research by Dewi et al., (2024) children aged 13 to 15 years old are allowed to do light work on the condition that it does not interfere with their health, physical, mental, and social development. With additional time, written permission from the parent or guardian is required, and the employer is obliged to provide an employment contract to the child in question.

From the research data, it was found that the majority of community work in Jatimulyo Village was farmers with a total of 132 respondents (34.7%) while the least was the community with work as civil servants which amounted to 11 respondents (2.9%). According to Suswadi (2020), farmers live in the middle of an environment radically different from what exists in the city. The lives of people who work as farmers, including the life of farmer families, agricultural developments and applied farming patterns. Agriculture is a sector that is in great demand by rural people, especially in areas with large land and fertile soil. Jatimulyo Village still has a lot of land that is wide and open for agriculture supported by a suitable climate and fertile soil. In addition, agriculture also supports the economy in Jatimulyo Village. In line with the research of Astuti (2024) which discusses that Lonam Village has fertile soil quality, large land and a suitable location for agricultural activities, especially rice. Regarding the agricultural sector, it is very strategic in the Indonesian economy, in addition to being a significant source of foreign exchange, the agricultural sector also functions as the main economic source that absorbs a large number of workers.

In this study, the majority of the people of Jatimulyo Village were aged 25-44 years old as many as 148 respondents (38.9%) and at least 75 years old amounted to 1 respondent (0.3%). The majority of the population of Jatimulyo Village is in the age range of 25-44 years, which is the productive age group. This age is classified as a productive age and includes the millennial generation who have known and used to using technology well. This generation grew up in an era of rapid development of digitalization, which makes them adapt faster to various technological innovations in various aspects of life, such as communication, work, education, and digital-based health services such as *telemedicine* technology. The ease of access to technological devices, such as smartphones and the internet, further supports them in utilizing various digital applications and services. This reflects the dominance of the economically active population, managing agriculture and building families in the village. Most of them settle in villages to support economic needs, especially in the agricultural sector which is the main job. On the other hand, the age group of 75 years and above has the least number. This may be due to several factors, such as life expectancy rates, migration of the elderly to cities to live with their children, or the need for better health facilities outside the village. The difference in numbers between age groups is also influenced by the social dynamics and migration patterns of the young and old generations in Jatimulyo village. As research from Putri (2021) reveals that the age of 25-44 years is the age at which individuals enter the world of work in accordance with their abilities, so that they are able to work hard to maintain their jobs. This age is the most productive and creative period.

Univariate Analysis Results

Based on the results of research conducted on the community in Jatimulyo Village regarding financial factors, it is known that the majority of the people who are able to afford as many as 224 respondents (58.9%) and the underprivileged community amounted to 156 respondents (41.1%). Because the majority of the people of Jatimulyo Village are of productive age which is the working age. According to Rahmattullah's (2015) research, it is explained that the influence of the productive age population on Indonesia's economic growth. The results of the analysis show that the productive age population has a positive and significant effect on Indonesia's economic growth. The high productive age increases work motivation so as to show the ability of the people in Jatimulyo Village to take advantage of economic opportunities. According to research by Almutahar et al (2023), factors such as productive age, work experience, discipline, and motivation have a very important role in determining the level of worker productivity, especially in construction projects that require physical endurance, technical skills, and high work efficiency. The age of a worker can affect physical endurance and speed in completing tasks, where younger workers tend to have more energy, while more senior workers are often more experienced in handling challenges in the field. Work experience is also a key factor, because the longer a person is in the construction field, the higher his ability to complete work faster and more efficiently, and be able to overcome various obstacles that arise during the construction process. Most of the people of Jatimulyo Village also take advantage of the opportunity to work as farmers, because in the Jatimulyo Village area there are still many open lands and fertile land, so the agricultural sector is one of the economic assets. With the potential for many resources, Jatimulyo Village also has opportunities for the development of the agricultural sector. According to research by Tampi et al., (2021) with the results of research showing that the youth of Wuwuk Village have a good perception of work as farmers, even though the youth are aware that agricultural businesses have a risk of business failure. The perception of the youth towards work as a farmer makes the youth of Wuwuk Village still interested in working as farmers. The youth of Wuwuk Village still consider that work as a farmer provides sufficient income and provides benefits because farmer families are able to meet their family's needs and can even send their children to college.

From the data of research conducted on the community in Jatimulyo Village regarding organizational rules and regulations, it is known that the majority of people are not bound by organizational rules and regulations as many as 329 respondents (86.6%) and people who are bound by organizational rules and regulations amount to 51 respondents (13.4%). Some workers are bound by the applicable rules so that the community must follow the guidelines that have been set. According to Susilo (2022), the use of *telemedicine* in Indonesia is regulated by several regulations that are mainly aimed at health service providers and medical personnel. The public as service users is not directly bound by the rules of telemedicine provider companies, but must still comply with the general provisions that apply in the use of health services. However, there are also people who work without being bound by formal rules, especially people who work independently or have their own businesses, so that people have the freedom to regulate without any obligation to follow certain regulations. Because the majority of the people of Jatimulyo Village work as farmers with their own agricultural land ownership, so the majority of them are not tied to companies or outside parties.

From the results of research conducted on the community in Jatimulyo Village regarding technological infrastructure factors, it is known that the majority of people have supporting infrastructure as many as 223 respondents (58.7%) while the community that has unsupported infrastructure amounted to 157 respondents (41.3%). Even though it is in one area, the network coverage in Jatimulyo Village is uneven. This is due to the existence of certain signal towers that only cover certain areas around the village. For respondents who do not use Wi-Fi networks, they rely on certain starter packs, but not all operators have signal towers in the village, resulting in limited access to certain networks. Because the people of Jatimulyo Village, the majority of whom are of productive age and have access to modern *smartphones*, show great potential in the use of digital technology. Supported by economic conditions that allow them to buy internet quota, people have the opportunity

to access *telemedicine*. According to Yusri's research (2024), it is explained that the technological infrastructure and supporting regulations have an effect on *telemedicine* technology because it has an important role in improving access and quality of health services in Batam, especially for people in hard-to-reach areas. As for research from Jamil et al., (2022) In Indonesia, the development of *telemedicine* technology has been hampered due to the limited infrastructure and information technology services owned.

From the results of research conducted on the community in Jatimulyo Village regarding the use of *telemedicine,* it is known that the majority of people use *telemedicine* as many as 217 respondents (57.1%) and people who do not use it amount to 163 respondents (42.9%). The COVID-19 pandemic that occurred in 2020 yesterday has encouraged people to get to know and utilize online health consultation services through *telemedicine*. The use of *telemedicine* technology in Jatimulyo Village includes various services, ranging from consultation registration, follow-up with doctors, to drug prescription. In addition, some residents also use the application to buy drugs online, so that the entire health service process becomes more practical and efficient. However, in implementation there are variations in the use of applications, such as Halodoc, AloDokter, Diri and so on. However, this study still focuses on the use of *telemedicine* in general without delving into preferences for specific applications. According to the Minister of Health Regulation No. 9 of 2020 concerning guidelines for large-scale social restrictions in the context of accelerating the handling of *corona virus disease* 2019 (covid-19), restrictions on public places or facilities are exempted for health service facilities or other facilities in the context of fulfilling health services, but are implemented while still paying attention to crowd restrictions and guidelines on protocols and laws and regulations. Due to restrictions on physical contact and in-person visits, this encourages adapting to new things, such as utilizing *telemedicine* technology as an alternative to providing healthcare services without face-to-face meetings. This innovation provides easy access to medical services without the need to visit a health facility in person, making it more practical and efficient, especially in situations that require mobility restrictions. The use of *telemedicine* also opens up opportunities for the public to get health education.

Bivariate Analysis Results

The influence of financial factors on the use of *telemedicine*.

The results of *the chi square* test analysis showed that there was a statistically significant influence between financial factors on the use of *telemedicine* (*p=0.026). People who have financial factors in the able category have 1,612 times the opportunity to use telemedicine* than people who are in the underprivileged category. The majority of the people of Jatimulyo Village have financial factors that can afford and use *telemedicine*. So the financial factor here affects the use of *telemedicine* because from financial factors people can buy internet quota to access *telemedicine* services. Financial factors refer to the financial aspects related to the implementation, operation, and utilization of *telemedicine* services. As for those who have adequate financial conditions, some respondents still do not use *telemedicine* technology for various reasons, one of which is the belief that direct examinations with doctors are more effective and reliable. On the other hand, there are respondents with financial limitations, namely financial factors who are unable to afford *telemedicine*, despite facing internet network constraints. They overcome this by using *smartphones* that support the service and looking for a Wi-Fi connection in a neighbor's house. This includes various dimensions, such as initial costs, operational financing, cost savings, to payment or funding models (Niedar et al., 2022). This factor has a significant influence due to the economy which affects the ability of individuals to buy technology devices as well as to buy internet quota to access technology. Therefore, finance can be one of the factors in the use of *telemedicine*. This is in line with Riyanto's (2021) research which discusses how *telemedicine* can reduce patients' budget allocation for treatment by saving travel and time costs. This is also in accordance with research by Puspita et al., (2023) which contains costs related to the availability of *telemedicine* services aimed at providing facilities and infrastructure as well as supporting technology. The fee is determined for providing rates to service users and other costs to support *telemedicine services*.

The influence between regulatory factors and organizational rules on the use of *telemedicine*.

The results of the *chi square test* analysis showed a statistically significant influence between regulatory factors and organizational rules on the use of *telemedicine* (*p=0.000). People who have organizational regulation factors in the no-regulation category are 4,650 times more likely to use telemedicine* than people who are in the no-regulation category. Many of the people of Jatimulyo Village are not bound by the rules and rules of the organization because many of the people of Jatimulyo Village work in private property, but even though they are not bound by the rules and regulations of the organization, many people use *telemedicine*. Organizational rules and regulations have an influence on the use of *telemedicine*, this is because of compliance with the rules that apply in the organization. The organization ensures internal regulations from the company such as standard operating procedures (SOPs) and training of medical personnel, in addition to ensuring that *telemedicine* technology services can be implemented effectively and appropriately. In accordance with BPJS (Social Security Organizing Agency) Health regulation Number 4 of 2014, the membership obligation for all Indonesian citizens to register themselves and their family members in one family card as BPJS Kesehatan participants. Although currently BPJS Kesehatan does not have a special rule that requires participants who frequently change locations to use *telemedicine* services. However, BPJS Kesehatan has provided *telemedicine* services as an option for participants who need remote medical consultations, especially through *the Mobile* JKN (National Health Insurance) application.

The influence of technological infrastructure factors on the use of *telemedicine*.

The results of *the chi square test* analysis showed that there was a statistically significant influence between technological infrastructure factors on the use of *telemedicine* (*p=0.019). People who have technology infrastructure factors in the supportive category have 1,676 times the opportunity to use telemedicine* than people who are included in the non-supportive category. Most of the people of Jatimulyo Village have infrastructure that supports and uses *telemedicine*. So that the technological infrastructure factor affects the use of *telemedicine*, with supporting infrastructure such as having *a* supported *smartphone* and having a stable network coverage to be able to access *telemedicine* services. The technology infrastructure factor consists of various components that work together to provide reliable and efficient information services. These components include hardware, software, communication networks, databases, and human resources that manage and maintain these systems (Yuliana, 2021). This factor has a significant influence supported by *smartphones* with adequate specifications, stable network coverage so that users can operate *telemedicine* smoothly both from chat, telephone, and video call features. A stable network ensures *real-time* communication between patients and medical personnel, no network barriers without interruption so that consultations can run effectively. This is in line with the research of Wayan et al (2023) which explains that the readiness of technological infrastructure, such as internet networks and hardware, has a significant effect on health information systems, including *telemedicine*. Technology infrastructure is also one of the important things needed to support better health services. The use of information technology is highly dependent on internet access in providing information, as it has a wide range that can be accessed by everyone. However, this is in contrast to Lelyana's (2024) research which explains that the barriers that cause hampered telemedicine adoption in rural areas include limited access to high-speed internet, lack of technological infrastructure, and training of healthcare providers. The most prominent obstacle to *telemedicine* in rural areas is the lack of a robust technological infrastructure, high-speed internet that is essential for *telemedicine* services.

4. CONCLUSION

Based on the results of the research that has been described regarding the analysis of the use of telemedicine as a medical consultation medium in Jatimulyo Village, it can be concluded that the majority of people in Jatimulyo Village have a high school education level (39.7%), work as farmers (34.7%), and are in the age range of 25-44 years (38.9%). The majority of people have also used

telemedicine services (57.1%). Statistically, there was a significant influence between financial factors on the use of telemedicine (p=0.026), regulatory and organizational rules factors (p=0.000), and technological infrastructure factors (p=0.019), all of which showed that these aspects played an important role in driving the adoption of telemedicine services in the community.

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