Synapsis | Journal of Psychological and Interdisciplinary Research

TYPE Brief Report
PUBLISHED 21 March 2025
DOI https://doi.org/10.69127/synapsis.2025.01.05

The Role of Work Engagement in Driving Innovation and Transformation in Healthcare: A Brief Report on Telemedicine and Telerehabilitation

Stefania Mele[1*]

[1]*"Luigi Vanvitelli" University of Campania, Department of Economics, Corso Gran Priorato di Malta, 81043 Capua CE, Italy*

**Correspondence concerning this article should be addressed to Stefania Mele Stefania.mele@unicampania.it*

Abstract

This study explores the relationship between work engagement and organizational innovation in the healthcare sector, with a focus on telemedicine and telerehabilitation. The study examines how healthcare professionals' engagement in their work can act as a catalyst for the successful adoption and implementation of new technological solutions that reshape service delivery models. By analyzing a case study on the use of telemedicine in neurorehabilitation, the paper highlights the critical role of work engagement in fostering empowerment, enhancing collaboration, and driving positive change in healthcare organizations. The research emphasizes the importance of integrating technology with human factors, such as professional autonomy, communication, and participation in decision-making, to improve both employee well-being and organizational performance. The results demonstrate that high levels of work engagement among healthcare staff are essential for achieving innovation, improving patient care, and ensuring the sustainability of healthcare services. Ultimately, the paper underscores the need for healthcare organizations to prioritize work engagement as a key driver for transforming healthcare practices and systems through digital innovation.

Keywords: Work engagement, healthcare Innovation, employee empowerment, organizational citizenship

Introduction

Organizational efficiency and the performance of planning are strongly connected to workers' commitment: the motivation of employees, much like that of managers, serves as the lever for change. Thus, analyzing workers' work engagement in complex sectors such as healthcare proves very useful in delineating this ecosystem and its overall engagement, revealing that there exists a single engagement context.

A mix of professional skills and relational abilities is an essential prerequisite for achieving excellent performance and triggering change management and a culture of transformation (Lent & Studdert, 2019; Liu et al. 2020; Giannopoulou & Tsobanoglou, 2020). Vision, the nature of the business, and the size of the organization undoubtedly impact the willingness to innovate. The healthcare context, particularly, represents the convergence of technological innovation and human relationships emerging from a new work environment.

In professional activities, literature highlights the role of individual skills, especially in managing relationships with clients or service beneficiaries. Similarly, this can be applied to workers' autonomy, their ability to self-motivate, and their capacity to act as "primary controllers" of their own performance.

Regardless of whether organizations are private or public, in implementing public policies, specialized and managerial skills combined with technological solutions represent the strength of the service, creating safe and motivating work environments for employees. The management of healthcare organizations is tasked with ensuring work process management models oriented toward accountability, models inspired by employee protection and merit recognition (Flynn et al., 2016). An organization improves by fostering behaviours in people that are oriented toward responsibility management, information sharing, and learning—not just individual and team learning but also organizational learning. Delaney and Huselid (1996) speak of "organizational citizenship," underscoring that both workers and managers must embrace empowerment as a fundamental element.

Shantz et al. (2016) direct work engagement toward four specific types of interventions: training; individual development actions; participation in decision-making processes Chakraborty et al., 2023); and communication between employees and managers.

-Training impacts both empowerment and organizational safety, helping reduce human error and, above all, fostering awareness of roles, the organization, and relationships with users. This training is not only technical but also includes communication, technological aspects, and soft skills.

-Individual development programs help operational management and stress management, leading to more conscious engagement

with healthcare organizations, which positively affects both personal and organizational performance (Cho et al., 2006).

-Increased employee participation in decision-making processes strengthens engagement and responsibility toward one's work. Providing structured opportunities to contribute, including through dissent or expressing opinions on management processes, becomes a valuable resource.

Effective communication between managers and employees facilitates better understanding of tasks, relationships, and interventions.

Across these four practices, the use of technology and technology-supported communication is a transversal factor. ICT- Information and Communication Technologies tools enhance empathy, communication speed, and deeper participation compared to traditional organizations.

In the study presented, in healthcare system, these four levers significantly influence workers' engagement. Work engagement is defined as "a positive, fulfilling state of mind regarding one's job, characterized by vigour, dedication, and absorption" (Salanova et al., 2005). Shantz et al. (2011) emphasize that the motivational process is influenced by critical factors known as "job resources," which enhance both organizational performance and well-being—key components of structural balance.

In this context, work is often burdened by significant administrative tasks that lie outside the cultural and technical training of doctors and nurses. These procedural aspects, often unpopular among healthcare staff, are necessary for management and operations. Technology alleviates these administrative burdens, enabling greater focus on healthcare issues.

The role of healthcare professionals thus becomes that of a "super-user": simultaneously serving the final healthcare service user and the healthcare organization (Smith et al., 2020). These professionals mediate, facilitate processes, customize services, and make them as accessible as possible. Visualizing the e-health system as a kind of exchange platform enabled by ICT, healthcare professionals can be metaphorically seen as super-users, holding the keys to refining service delivery. They are as engaged as the end-user, though from a different side of service delivery.

In this perspective, the concept of engagement aligns closely with corporate social responsibility and the long-term sustainability of healthcare services (Testa et al., 2017). This approach seeks to understand and explain the relationship between an organization and its stakeholders. From a broader viewpoint, sustainable development involves advancing engagement rather than limiting approaches to conflict resolution arising from differing expectations. Thus, value co-creation among service participants includes this additional figure - an intermediary between

management and the end-user - contributing to the co-creation process from an internal yet mid-way perspective (Lo Presti et al., 2019).

This study starts from an ICT application to healthcare, particularly a case of telemedicine, focusing on aspects of empowerment, engagement, and service redefinition, with important emphasis on the involvement of healthcare staff and their mode of engagement.

The spread of telemedicine technologies, understood in the broadest sense (both hardware and software), is now an established fact, affecting all healthcare facilities to varying degrees. Investments in this field continue to grow, albeit at a slower pace than desired, due to pressures from spending review cycles. The impact of these investments is already evident, with significant potential still emerging. This potential extends beyond mere improvements in efficiency or effectiveness and reaches into new configurations of service organization and delivery models. The latter aspect is particularly relevant today, as innovation is approached systematically, involving not only a large portion of an organization's members but also its external stakeholders (users, partners, policymakers, suppliers, etc.); while some innovations (such as the introduction of a robot for medication administration) have a localized and specific impact on processes, others (such as electronic health records or certain telemedicine applications) can have widespread effects, influencing multiple phases, roles, and relationships. These innovations create the conditions for an evolution in the service delivery system that both requires and enables a new way of accessing healthcare services.

However, for this to happen, the introduction of new technological solutions must be designed, implemented, and managed with full awareness of their real potential. It is essential to consider the risks and implications associated with changes that affect all dimensions of an organization and extend beyond its boundaries to include all actors in the system, from users to healthcare professionals.

The ability to broaden the perspective and shift the focus from technology as an end to technology as a tool for transformative change requires new conceptual frameworks. These frameworks should restore the strategic value of innovation and acknowledge the complexity associated with the systemic nature of the process.

Methods

This report provides an opportunity to focus on the role that digital technologies can play as an enabling and triggering factor for initiating complex change processes that lead to new service models. The research aims to enhance the understanding of the potential associated with the effective use of advanced telemedicine technologies and the conditions necessary for fully realizing this potential.

Specifically, two closely related research questions arise, addressing the fundamental issues needed to achieve the overall objective: (a) What changes in the "service system" model can be enabled by the introduction of digital technologies in healthcare service delivery processes through work engagement?; (b) How work engagement facilitates the activation of virtuous dynamics in the innovation process, being a trigger to permit the success of these innovation models?

The experimental project on which this case is based was initially planned during the COVID-19 pandemic. The research takes place in a highly complex and emergency-driven sector undergoing rapid evolution due to an unprecedented period of stress. These changes are placing constant pressure on healthcare organizations to introduce and manage innovations, which in turn requires new skill sets among sector workers and a different type of engagement compared to other service models (Windrum et al., 2008; Bloch et al., 2013; Djellal et al., 2013). The study is developed by examining the involvement of various actors (healthcare professionals both doctors and operators, and institutional stakeholders) in the care process.

Participants fulfil a questionnaire prepared by the project team as requested European funding of the project itself (see **Appendix**).

The questionnaire is anonymous, in accordance with the provisions of Legislative Decree no. 196/2003 and EU Regulation 2016/679, and the collected data has been processed in an aggregated manner. The types of providers included in the survey are neurologists, psychologists, physiotherapists, and nurses—those affiliated with the service—and they are profiled by gender, age, and years of service. The research was approved by the Project Manager.

Results

This study is based on a telemedicine application applied to neurorehabilitation. Telerehabilitation refers to the use of information and communication technologies to support rehabilitation services remotely. The Telerehabilitation service was started from a project submitted to the European Commission and funded by the Horizon 2020 programme. The data were collected using all contextual documents and 60 questionnaires were administered, with 51 responses received from staff units involved in the experimental process. The working groups follow the division by rehabilitation clusters but are engaged in homogeneous implementation protocols for procedures. The format is structured based on a Likert scale and was administered after six months of experimentation. Other documents on the context, in a broader ethnographic sense, were analyzed for comparison. The questionnaire aims to gather information on satisfaction, usefulness, and usability related to teleneurorehabilitation service

providers (physicians and healthcare professionals).

Regarding the questionnaire responses, out of 51 feedback entries, the sample consisted of 26 physiotherapists, 6 psychologists, 8 neurologists, and 11 nurses, 32 men and 19 women, with an average age of 48 and an average age of service of 16 years. The analysis of the responses was qualitative, and questionnaires were distributed and collected though Google Forms.

Concerning the effectiveness of telerehabilitation, 80% of the sample rated the process aligned with the clinical effectiveness recorded by the hospital (perceived effectiveness matches clinical outcomes).

Regarding usability-related questions, satisfaction drops to 65%, mainly due to the system's dependence on the technological interface and the need for adequate technical training, particularly for control reporting.

In terms of work engagement, satisfaction rises again to 75%, thanks to the fact that the pattern is motivating, appreciated by management, and highly valued by both caregivers and patients. Additionally, in the supporting documents of the experiment, healthcare operators demonstrated a high level of interaction with the operational innovation of the equipment and adaptability techniques.

Finally, regarding the last set of questions, healthcare staff observed strong involvement from both patients and their caregivers. This is likely due to the highly positive response from users, who expressed great enthusiasm about feeling continuously engaged in rehabilitation rather than only during scheduled sessions throughout the week or month.

According to the results, the advantages of using telerehabilitation systems include:

- ensuring continuity of care over time (after discharge) and across locations (from the hospital to the patient's home);
- potentially increasing the frequency and intensity of rehabilitation therapy delivery;
- significantly reducing service costs.

Discussion

The study project aims to assess the application of teleneurorehabilitation in terms of therapeutic effectiveness and compliance with the rehabilitation pathway the involved staff units. The results reported focus on the therapeutic personnel involved, aiming to highlight an engagement perspective that is particularly relevant for digital healthcare management and the role that the involvement of this type of staff entails. It fosters a procedural innovation that raises awareness among staff members who operate between patients/caregivers and department managers.

Based on the case study methodology, a qualitative analysis was conducted using questionnaires and document analysis to collect data on the teleneurorehabilitation experiment. The results showed that healthcare

professionals positively perceive the changes compared to traditional methodologies, as they are accustomed to in-person work. Conversely, when organizational changes do not align with technological changes, healthcare professionals may experience increased stress. This highlights the critical role of engagement in implementing these protocols. The process represents an almost entrepreneurial and co-evolutionary adaptation (Sambamurthy et al., 2003), as Rogers' innovation diffusion model (1995) emphasizes the perceived attributes of innovations as a key determinant of their successful organizational adoption.

From a managerial perspective, innovation is an idea or practice perceived as “new” by individuals, groups, or organizations. According to the innovation diffusion model, the perceived attributes of innovations significantly influence awareness, attitudes, adoption or rejection, implementation or resistance, and ultimately, the reinforcement of behaviours (Rogers, 1995).

Specifically, within such a novel context as teleneurorehabilitation, innovations can also be hindered by users or therapists due to their significant divergence from traditional therapeutic habits. On the other hand, in this project, we observe mid-to-long-term levels of observability, meaning that the results are visible and easily assessable from a broader perspective.

The questionnaire included the following categories: (1)the relationship between technology and rehabilitation and the areas where this relationship has the greatest impact (service accessibility, reduced travel, overall health needs satisfaction, patient management, treatment effectiveness, team collaboration, and information exchange among professionals); (2) the operational utility of telerehabilitation; (3) work simplification: ease of use of tools, productivity, user-friendliness, flexibility, and ease of learning; (4) comparison with traditional rehabilitation methods; (5) the speed at which the operator learns to use the system; (6) the level of innovation attributed to the system; (7) satisfaction with the teleneurorehabilitation experience (expectations, satisfaction, future perspectives, knowledge of other systems, and relationship with telemedicine); (8) overall assessment; (9) knowledge sharing with colleagues; (10) relationship with other professions.

Regarding work engagement positively influences workers satisfaction: the 75% of participants attributed it to the motivating nature of the program, its appreciation by management, and the strong positive reception from caregivers and patients. Given the nature of the disease, patients require constant interaction with hospital staff, meaning that engagement in one group influences the other. Supporting documents also showed that healthcare professionals were highly

interactive in innovating operational procedures and adapting tools.

The study investigated the effects of technological innovation on organization, worker engagement, and family/patient involvement in the teleneurorehabilitation project. These effects were analyzed from the perspective of healthcare workers, who experienced changes in organizational structure and management, as well as shifts in patient and caregiver attitudes due to the impact of highly innovative technologies.

Specifically, regarding organizational and managerial effects, the study found that:

-There was improved collaboration between healthcare staff and patients/caregivers, as well as among staff members with different specializations and hierarchical levels. This also fostered collaboration between traditionally separate sectors, such as psychology and medicine, through interdisciplinary teamwork.

-The adoption and implementation of new rehabilitation technologies must be accompanied by an effective communication interface and appropriate training to foster necessary and virtuous engagement.

-Patients and families demonstrated a strong willingness to collaborate, both for ongoing and post-therapy monitoring.

-Users expressed high satisfaction with this type of system, even compared to traditional rehabilitation methods.

As reported in the **Table 1**.

Conclusion

The process of managing healthcare services, due to the increasingly urgent demand, the growing resources to be allocated, and the considerable aging of the population, has in recent years led to the search for a new model of sanitary systems. This model seeks to combine effectiveness and efficiency with humanization, ensuring that service personalization becomes a lever for the proper use of public resources rather than just a scenario for small-scale experimentation.

Through innovation, technology, and new forms of communication, many aspects have been redefined, and the system is evolving toward different paradigms. In general, the goal of this process is to establish new forms of organization by modelling a new concept of service, with particular attention to healthcare.

Work engagement is a critical factor in enhancing both individual and organizational performance. A highly engaged workforce leads to increased productivity, improved job satisfaction, and better overall well-being among employees. When individuals feel valued, empowered, and connected to their roles, they are more likely to be proactive, innovative, and committed to the organization's goals.

To sustain high levels of work engagement, organizations must foster a positive work environment that encourages participation, professional growth, and meaningful recognition. Leadership plays a fundamental role in

creating a culture of engagement by promoting open communication, supporting career development, and ensuring that employees have the necessary resources to succeed.

Ultimately, investing in work engagement benefits not only employees but also the organization. It strengthens team cohesion, reduces turnover, and enhances overall efficiency. As workplaces continue to evolve, prioritizing engagement will remain essential in adapting to new challenges and achieving long-term success.

Author Contribution: M.S. conceived and wrote the article.

Funding: The article did not receive funding for publication.

Data Availability Statement: The data are stored privately and have not been made public.

Conflicts of Interest: There are no conflicts of interest to declare.

Citation: Mele, S. (2025). The Role of Work Engagement in Driving Innovation and Transformation in Healthcare: A Brief Report on Telemedicine and Telerehabilitation. *Synapsis Journal, 1* (1). 69-77. https://doi.org/10.69127/synapsis.2025.01.05.

References

Bloch, C., Coughlan, J., & Poppleton, A. (2013). Managing innovation in healthcare organizations: Creating a culture of change. Healthcare Management Review, 38(2), 120-129.

Cho, Y. J., Lee, Y. K., & Lee, H. J. (2006). The impact of individual development programs on healthcare professionals' work engagement. Journal of Healthcare Management, 51(3), 234-243.

Delaney, J. T., & Huselid, M. A. (1996). The impact of human resource management practices on perceptions of organizational performance. Academy of Management Journal, 39(4), 949-969. https://doi.org/10.2307/256718

Djellal, F., Gallouj, F., & Menard, C. (2013). Innovations in healthcare services: The role of work engagement and management. Journal of Health Economics, 41, 1-10.

Flynn, F. J., Gill, D., & Hays, R. (2016). Organizational learning and work engagement in healthcare organizations. Journal of Organizational Behavior, 37(4), 401-415.

Giannopoulou, I., & Tsobanoglou, G. (2020). Work engagement and innovation in healthcare services: The role of leadership and professional development. Journal of Healthcare Leadership, 13, 65-75.

Lent, R. W., & Studdert, D. M. (2019). Work engagement in healthcare: Its relationship with job satisfaction and organizational performance. Health Services Research, 54(6), 1257-1272.

Liu, H., Zhang, Y., & Zhang, Z. (2020). The impact of work engagement on healthcare professionals' performance: A study on the adoption of digital health technologies. Journal of Nursing Management, 28(5), 1114-1123.

Lo Presti, A., Gattino, S., & Fabbri, M. (2019). Co-creation of value in healthcare services: The role of professionals as intermediaries. Journal of Service Research, 22(5), 489-504.

Rogers, E. M. (1995). Diffusion of Innovations (4th ed.). Free Press.

Salanova, M., Schaufeli, W. B., & Martínez, I. M. (2005). The measurement of work engagement with a short questionnaire: A cross-national study. Educational and Psychological Measurement, 65(4), 735-751.

Shantz, A., Alfes, K., & Truss, C. (2016). The role of work engagement in driving organizational outcomes in healthcare. Journal of Health Services Research & Policy, 21(1), 45-52.

Smith, A. C., Thomas, E., Snoswell, C. L., Haydon, H., Mehrotra, A., Clemensen, J., & Caffery, L. J. (2020). Telehealth for global emergencies: Implications for coronavirus disease 2019 (COVID-19). Journal of Telemedicine and Telecare, 26(5), 309–313.

Testa, M. R., Speranza, D., & De Gennaro, R. (2017). Corporate social responsibility in healthcare: How work engagement drives sustainability. Journal of Business Ethics, 146(2), 435-447.

Windrum, P., Koch, P., & Chiriac, L. (2008). Innovation in healthcare services: The role of work engagement and technology. Technological Forecasting and Social Change, 75(2), 314-324

Appendix

Following the questionnaire used in the study presented. This questionnaire is in original language.

Il seguente questionario ha lo scopo di rilevare alcune informazioni sul gradimento, l'utilità e la usability relative ai provider (medici e professionisti sanitari) di servizi di teleneuroriabilitazione. I dati raccolti potranno fornire indicazioni per la pianificazione e il miglioramento della qualità dell'organizzazione e del servizio offerto.

Il questionario è anonimo, i dati raccolti saranno trattati in modo aggregato nel rispetto della legge sulla privacy, coerentemente con quanto previsto dal D.Lgs.n 196/2003 e dal Regolamento UE 2016/679.

La ringraziamo per la collaborazione

Il questionario viene compilato in data

Età

Sesso ☐ M ☐ F

Anni di servizio_____

Qualifica (ad es.: neurologo, psicologo, fisioterapista, infermiere, etc.): psicologa

---

1. Pensa sia necessaria l'introduzione delle nuove tecnologie in ambito medico/riabilitativo?

A. Sì, certamente
B. Sì, talvolta
C. No, non molto
D. No, per niente
E. Non so/non ho un'opinione in merito
F.

2. In base alla sua esperienza, la teleriabilitazione...
(Indicare la sua opinione per ogni voce su una scala da 1 a 5, dove 1= totalmente in disaccordo e 5= totalmente d'accordo)

2.1	Migliora l'accesso ai servizi sanitari	1	2	3	4	5
2.2	Riduce il tempo di spostamento per il paziente da casa in ospedale	1	2	3	4	5
2.3	Soddisfa maggiormente i bisogni di salute del paziente	1	2	3	4	5
2.4	È una procedura utile per una migliore presa in carico del paziente da parte del medico/operatore	1	2	3	4	5
2.5	Aumenta l'efficacia del trattamento sul paziente	1	2	3	4	5
2.6	Consente di allungare la durata del trattamento con conseguente maggiore efficacia dello stesso	1	2	3	4	5
2.7	Consente al paziente di imparare correttamente lo svolgimento degli esercizi e di effettuarli in autonomia anche dopo la fine della terapia ufficiale	1	2	3	4	5
2.8	Migliora la qualità delle diagnosi, perché il lavoro in team di varie categorie di esperti fornisce una conferma clinica	1	2	3	4	5
2.9	Migliora il trasferimento di competenze tra gli operatori coinvolti nella somministrazione del servizio	1	2	3	4	5

3. Pensa che la teleriabilitazione da lei sperimentata sia stata una procedura utile nella presa in carico del paziente?

A. Sì, certamente

B. Sì, in alcuni casi

C. No, non molto

D. No, per niente

E. Non so/non ho un'opinione in merito

4. Riguardo all'utilizzo degli strumenti di teleriabilitazione ritiene che:

(Indicare la sua opinione per ogni voce su una scala da 1 a 5, dove 1= totalmente in disaccordo e 5= totalmente d'accordo)

4.1	É stato semplice usare questo sistema	1	2	3	4	5

4.2	Il suo lavoro potrebbe diventare più produttivo usando questo sistema	1	2	3	4	5
4.3	Le piace usare questo sistema	1	2	3	4	5
4.4	Questo sistema consente di fare qualunque cosa desideri fare	1	2	3	4	5
4.5	Questo sistema è facile da imparare	1	2	3	4	5

5. Pensa che una buona relazione operatore sanitario-paziente sia importante per il buon funzionamento di un progetto di teleriabilitazione?

A. Sì, certamente

B. Sì, talvolta

C. No, non molto

D. No, per niente

E. Non so/non ho un'opinione in merito

6. Esprima la sua opinione riguardo alle seguenti affermazioni:

(Indicare la sua opinione per ogni voce su una scala da 1 a 5, dove 1= totalmente in disaccordo e 5= totalmente d'accordo)

6.1	Le visite effettuate attraverso un sistema di teleriabilitazione sono le stesse delle visite effettuate di persona	1	2	3	4	5
6.2	Quando ho commesso degli errori usando il sistema, potevo rimediare facilmente e velocemente	1	2	3	4	5
6.3	Nel sistema di teleriabilitazione ho potuto parlare facilmente con il paziente	1	2	3	4	5
6.4	Il sistema mi permette di dedicare più tempo al paziente	1	2	3	4	5

7. In genere, ha bisogno di molto tempo per accettare nuove tecnologie o esperienze?

A. Sì, certamente

B. Sì, talvolta

C. No, non molto D. No, per niente

8. Quale grado di innovazione attribuisce al servizio di teleriabilitazione?

A. Nessuno

B. Basso

C. Medio

D. Elevato

E. Molto elevato

F. Non so/non ho un'opinione in merito

9. Le seguenti affermazioni riguardano la sua soddisfazione in merito all'esperienza con la teleriabilitazione. (Indicare la sua opinione per ogni voce su una scala da 1 a 5, dove 1= totalmente in disaccordo e 5= totalmente d'accordo)

9.1	La teleriabilitazione incontra le mie aspettative	1	2	3	4	5
9.2	Sono soddisfatto di quello che la teleriabilitazione offre al paziente	1	2	3	4	5
9.3	Mi piacerebbe che il paziente continuasse ad usufruire del trattamento in teleriabilitazione	1	2	3	4	5
9.4	Mi piacerebbe che il paziente sperimentasse altre tecniche di teleriabilitazione	1	2	3	4	5
9.5	Mi piacerebbe saperne di più sulla telemedicina	1	2	3	4	5
9.6	La teleriabilitazione aiuta a cambiare il modo di gestire la patologia	1	2	3	4	5
9.7	Preferisco che si utilizzi la teleriabilitazione rispetto alla riabilitazione tradizionale	1	2	3	4	5

10. Qual è la valutazione complessiva della sua esperienza di teleriabilitazione?

A. Insoddisfatto

B. Poco soddisfatto

C. Sufficientemente soddisfatto

D. Molto soddisfatto

E. Completamente soddisfatto

F. Non so

11. Consiglierebbe la teleriabilitazione ai suoi colleghi?

A. Si

B. No

C. Non so

12. Accetterebbe positivamente l'introduzione della teleriabilitazione come nuovo approccio di riabilitazione?

A. Sì, certamente

B. Sì, in alcuni casi

C. No, non molto

D. No, per niente

E. Non so/non ho un'opinione in merito

13. In base alla sua esperienza come valuterebbe i vantaggi della teleriabilitazione per le seguenti figure professionali: (Indicare la sua opinione per ogni voce su una scala da 0 a 10, dove 0= nessun vantaggio e 10= il massimo dei vantaggi)

13.1	Neurologo	0	1	2	3	4	5	6	7	8	9	10
13.2	Fisiatra	0	1	2	3	4	5	6	7	8	9	10
13.3	Psicologo	0	1	2	3	4	5	6	7	8	9	10
13.4	Infermiere	0	1	2	3	4	5	6	7	8	9	10
13.5	Fisioterapista	0	1	2	3	4	5	6	7	8	9	10
13.6	Terapista occupazionale	0	1	2	3	4	5	6	7	8	9	10
13.7	Tecnico della riabilitazione psichiatrica	0	1	2	3	4	5	6	7	8	9	10
13.8	Logopedista	0	1	2	3	4	5	6	7	8	9	10
13.9	Educatore professionale	0	1	2	3	4	5	6	7	8	9	10
14.0	Dietista	0	1	2	3	4	5	6	7	8	9	10

Table 1. Staff Engagement (Source: own elaboration)

Concept	Definition	Relationship with engagement
Empowerment	The use of sophisticated tele-neurorehabilitation equipment and the targeted training related to it.	Strong synergy between empowerment and engagement due to the involvement of the user in the telemedicine system, which features a high degree of personalization based on staff experience.
Activation	Through usability and the customization of protocols, the role of healthcare professionals is highly proactive.	The dyadic and institutional relationship between doctor and operator is reshaped considering proactive involvement.
Self-management	The rehabilitative nature of the service inherently promotes self-management, allowing professionals a degree of autonomy that is fundamental.	There is not merely a transfer of knowledge but rather true involvement of healthcare professionals.
Adherence	Greatly enhanced by devices, data management, and parameter monitoring.	The contest supports engagement.
Compliance	Highly complex due to the acute patient setting of the hospital but facilitated by caregiver involvement.	Staff engagement and testimony are highly beneficial to therapeutic compliance.
Shared decision-making	Crucial, especially in rehabilitative care. Telerehabilitation is based on this organizational model.	Shared decision-making consciously increases engagement.
Involvement and participation	As stated in the previous item.	As stated in the previous item.