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Factors Affecting the Usage of Sehhaty Telehealth Services Among Young Adults in Riyadh

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Abstract

Background: Telehealth platforms, particularly during the COVID-19 pandemic, have significantly enhanced healthcare access worldwide. In Saudi Arabia, Sehhaty has emerged as a key digital health tool; however, user engagement among young adults remains inconsistent, potentially due to trust issues, usability challenges, and interoperability barriers.

Aims: This study aims to assess the influence of trust, perceived usefulness, ease of use, satisfaction, and system interoperability on young adults' behavioral intention to use Sehhaty in Riyadh, using the Technology Acceptance Model (TAM) as a theoretical framework.

Methods: A cross-sectional survey was distributed online to Saudi residents aged 18–35 in Riyadh. A total of 314 responses were collected using convenience sampling. The survey included 30 Likert-scale items validated through previous TAM-based studies. Data were analyzed using descriptive statistics, Cronbach's Alpha, Pearson correlation, and multiple linear regression.

Results: All constructs showed good internal consistency ($\alpha > 0.75$), and perceived usefulness ($\beta = 0.75$, $p < 0.001$) was the strongest predictor of behavioral intention, followed by ease of use and trust. Interoperability showed a moderate to low correlation with satisfaction ($r = 0.40$), and open-ended responses highlighted lack of integration with other public and private hospital systems as a common concern.

Conclusion: While young users view Sehhaty positively overall, improving system interoperability and maintaining ease of use may significantly boost adoption. Findings highlight the importance of user-centered and integrated digital health strategies.

Keywords: Sehhaty; Telehealth; Trust; Technology Acceptance Model; Interoperability; Saudi Arabia.

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1. Introduction

Telehealth platforms have significantly improved healthcare accessibility, particularly during the COVID-19 pandemic. Global usage of virtual consultations surged by over 50% during this period, as reported in a 2022 CDC survey [1]. In Saudi Arabia, the Ministry of Health (MOH) launched several digital health initiatives, with Sehhaty emerging as one of the most widely used mobile applications for booking appointments, accessing test results, and consulting physicians remotely [2].

Despite the platform's broad reach and the government's backing, young adults in Riyadh have demonstrated varying levels of engagement with Sehhaty. While early research indicates that telehealth is generally perceived as convenient and useful [3], adoption is influenced by several factors including trust in the system, ease of use, perceived usefulness, behavioral intention, and overall satisfaction [4,5]. Trust also depends on digital literacy and exposure. From the provider perspective, Albarrak et al. found mixed perceptions among physicians regarding telemedicine's reliability, indicating that trust must be cultivated on both user and provider sides [6]. White et al. found that even among health profession students, barriers such as lack of experience and privacy concerns affected telemedicine adoption [7].

Moreover, one emerging barrier is interoperability — or lack thereof — between Sehhaty and other frequently used health applications such as those affiliated with private hospitals (e.g., Dr. Sulaiman Al Habib) or public sector systems (e.g., National Guard Health Affairs) [8,9]. Perceived ease of use has been shown to directly affect both perceived usefulness and behavioral intention in telehealth contexts [10], and digital competence may impact ease of use perceptions. Alghamdi et al. emphasize the growing need for 21st-century digital skills across Saudi workplaces, which likely shapes user confidence in apps like Sehhaty [11].

Despite the widespread promotion of Sehhaty, few studies have examined how interoperability and system-level integration affect behavioral intention, especially among young adults, because most research focuses on general populations or healthcare providers. Alzghaibi explored barriers among general users, our study focuses specifically on young adults, providing targeted insights into how interoperability and trust affect this digitally native group [12].

In this context, the current study seeks to assess the factors affecting young adults' usage of Sehhaty in Riyadh, focusing on validated constructs derived from the Technology

Acceptance Model (TAM). The research aims to explore not only what influences users' intentions to engage with the platform, but also where Sehhaty may fall short — especially in terms of system integration with external platforms. This study contributes to the growing body of digital health research in Saudi Arabia by focusing specifically on the perspectives of digitally literate young adults and by integrating both quantitative and qualitative insights from real users.

2. Subjects and Methods

2.1 Study design

This study employed a cross-sectional quantitative design using an online survey to assess factors influencing the adoption of the Sehhaty telehealth application among young adults in Riyadh. The study followed a structured questionnaire based on validated constructs from the Technology Acceptance Model (TAM) and additional literature on user satisfaction and interoperability.

2.2 Study Population and Sampling:

The target population included Saudi residents aged 18 to 35 years, living in Riyadh, who had prior experience using Sehhaty. The inclusion criteria were: age between 18-35 years, residency in Riyadh, prior use of the Sehhaty application, informed consent provided.

Individuals who had never used Sehhaty or were not residing in Riyadh were excluded.

A convenience sampling approach was used, distributing the survey via social media platforms (X, WhatsApp, and Telegram) to maximize reach among digitally active young adults.

2.3 Sample Size

The minimum required sample size was calculated using Cochran's formula for cross-sectional studies, assuming a 95% confidence level and 5% margin of error. The required size was 384; however, 314 complete and valid responses were collected and included in the final analysis after data cleaning.

2.4 Data Collection and Instrument

The survey instrument comprised 30 closed-ended items and 2 optional open-ended questions. It was designed to assess young adults' perceptions of the Sehhaty telehealth platform using constructs commonly applied in technology acceptance and digital health research. All items were adapted from validated sources and revised to reflect the Saudi context.

Expert reviewers in health informatics and telemedicine evaluated the instrument for clarity, cultural relevance, and content validity.

Table (1) Survey Instrument Constructs, Item Counts, Source References, Permissions

Construct	Items	Source	Permission/Declaration
Trust	8	[4]	Adapted from van Velsen et al. [4]; permission obtained via Elsevier RightsLink.
Perceived Usefulness	3	[13,14]	Adapted from TAM constructs in health informatics literature.
Ease of Use	3	[13,14]	Adapted from TAM constructs in health informatics literature.
Behavioral Intention	2	[13,14]	Adapted from TAM constructs in health informatics literature.
Satisfaction	8	[11]	Developed based on themes from Alghamdi et al.; permission granted via author email.
Interoperability	1	[8]	Developed by the authors based on local literature.

Table 1 outlines the conceptual constructs measured, the number of items per construct, and their source attribution. All items were paraphrased and contextualized for this study. Constructs such as Perceived Usefulness, Ease of Use, and Behavioral Intention are based on the Technology Acceptance Model (TAM), which explains user adoption based on expected benefits and perceived usability. Items were rated using a 5-point Likert scale ranging from 1 = Strongly Disagree to 5 = Strongly Agree.

Examples of items include:

"I trust that my medical information is secure on Sehhaty." (Trust)

"Sehhaty helps me manage my healthcare needs more efficiently." (Perceived Usefulness)

"Learning to use Sehhaty was easy for me." (Ease of Use)

"I intend to continue using Sehhaty in the future." (Behavioral Intention)

"Sehhaty works well with other healthcare platforms I use." (Interoperability)

Two optional open-ended questions were included to gather additional feedback about the platform's strengths and areas for improvement. Permissions for adapted constructs were obtained where required (van Velsen et al. [4] via Elsevier RightsLink; thematic insights from Alghamdi et al. [11] via author email).

2.5 Data Analysis

Data were analyzed using descriptive and inferential statistics. Reliability of constructs was assessed using Cronbach's Alpha. Pearson's correlation analysis was used to explore relationships between variables. A multiple linear regression model was developed to identify the predictors of behavioral intention. Additionally, t-tests and ANOVA were performed to

assess differences in satisfaction across demographic groups.

2.6 Statistical Analysis

The collected data were analyzed using appropriate statistical methods to evaluate the relationships among the study constructs. The following analyses were performed: Frequencies, percentages, means, and standard deviations were calculated for demographic variables and Likert-scale items. (Descriptive Statistics), Internal consistency of each construct (Trust, Perceived Usefulness, Ease of Use, Behavioral Intention, and Satisfaction) was assessed using Cronbach's Alpha. (Reliability Testing), Pearson's correlation coefficients were computed to assess the relationships between TAM variables and trust. (Correlation Analysis), A multiple linear regression model was constructed to identify significant predictors of behavioral intention to use Sehhaty. (Regression Analysis), Independent samples t-tests and one-way ANOVA were used to examine differences in satisfaction scores based on gender, education level, and frequency of usage. (Group Comparisons), A significance level of $p < 0.05$ was used for all inferential statistical tests.

3. Results

3.1 Overview

A total of 314 valid responses were collected and analyzed. This chapter presents the demographic profile of the respondents, internal reliability of constructs, descriptive statistics, correlation analysis, regression results, and group comparisons across demographic variables.

3.2 Demographic Characteristics

Of the 314 respondents, 173 (55.1%) were female and 144 (44.9%) were male. The most represented age group was 21–25 years, 158 (50.3%), followed by 26–30 years, 87 (27.7%). In terms of education, 196 (62.4%) held undergraduate degrees, and the majority reported using Sehhaty occasionally 179 (57.0%), followed by frequently 92 (29.3%). The usage frequency was self-reported and categorized as follows: Rarely (less than once a month), Occasionally (once every few weeks), and Frequently (weekly or more).

Table (2) Participant Demographics

Variable	Category	Frequency (n)	Percentage (%)
Gender	Female	173	55.1%
	Male	141	44.9%
Age	18–20	32	10.2%
	21–25	158	50.3%

	26–30	87	27.7%
	31–35	12	3.8%
Education	High school	41	13.1%
	Undergraduate	196	62.4%
	Postgraduate	38	12.1%
	Other	39	12.4%
Sehhaty Usage	Rarely	43	13.7%
	Occasionally	179	57.0%
	Frequently	92	29.3%

3.3 Reliability and Descriptive Statistics

All constructs demonstrated acceptable to high internal consistency, with Cronbach's Alpha scores ranging from 0.75 to 0.93. Trust had the highest internal reliability ($\alpha = 0.93$).

Table (3) Descriptive Statistics and Reliability of Constructs

Construct	No. of Items	Mean	SD	Cronbach's Alpha
Trust	8	4.12	0.59	0.93
Perceived Usefulness	3	4.00	0.65	0.75
Ease of Use	3	4.01	0.62	0.78
Behavioural Intention	2	3.96	0.71	0.83
Satisfaction	8	4.06	0.60	0.87

Participants reported generally high levels of trust and satisfaction, along with positive perceptions of usefulness and ease of use. However, interoperability received the lowest rating, with many users indicating that Sehhaty does not function well with external hospital or health record apps.

3.4 Descriptive Statistics by Item

To provide a more detailed view, Table 4 presents the mean and standard deviation for each survey item across all constructs.

Table (4) Descriptive Statistics of Individual Survey Items

Construct	Survey Item	Mean	SD
Trust	I trust that my personal health data on Sehhaty is secure.	4.66	0.64
	I feel confident in the privacy measures implemented by Sehhaty.	4.59	0.71
	Sehhaty provides clear and transparent information about how my data is used.	4.44	0.84
	I believe the healthcare professionals using Sehhaty are competent and reliable.	4.50	0.80
	Sehhaty ensures consistent and reliable service availability.	4.56	0.77
	I trust the recommendations provided through Sehhaty's telehealth services.	4.51	0.80
	Sehhaty maintains confidentiality when sharing my data with healthcare providers.	4.62	0.70
	I feel secure sharing my medical information on Sehhaty.	4.64	0.76

Perceived Usefulness	Using Sehhaty enhances my ability to access healthcare services.	4.52	0.81
	Sehhaty makes it easier for me to manage my health.	3.97	1.00
	I trust Sehhaty to provide accurate information regarding my health status.	4.48	0.83
Ease of Use	I find Sehhaty easy to use for scheduling appointments or consultations.	4.55	0.79
	The features of Sehhaty are well-integrated and easy to access.	4.39	0.83
	Sehhaty is compatible with the devices I commonly use.	4.45	0.83
Behavioural Intention	I intend to continue using Sehhaty for my healthcare needs.	4.47	0.82
	Learning to use Sehhaty is easy for me.	4.63	0.68
Satisfaction	I am satisfied with the quality of the telehealth services provided by Sehhaty.	4.42	0.84
	Sehhaty's services are accessible and convenient for my healthcare needs.	4.34	0.82
	I am satisfied with the responsiveness of Sehhaty in addressing my healthcare issues.	4.21	0.85
	Sehhaty meets my expectations for a telehealth service platform.	4.14	0.89
	The notifications and reminders provided by Sehhaty are helpful.	3.58	1.15
	I find it easy to navigate Sehhaty's features to meet my healthcare needs.	4.56	0.79
	I am satisfied with the availability of Sehhaty services at any time of the day.	4.58	0.82
	Sehhaty's telehealth services reduce the time and effort needed for healthcare visits.	4.81	0.59
Interoperability	Sehhaty integrates well with other healthcare services I use.	2.98	1.44

3.5 Correlation Analysis

Pearson correlation analysis revealed statistically significant positive correlations among all constructs. The strongest correlation was found between Perceived Usefulness and Behavioral Intention (r = 0.81), where behavioral intention refers to the user's willingness or likelihood to continue using the Sehhaty platform for healthcare services in the future, followed by Ease of Use and Satisfaction (r = 0.78).

Table (5) Pearson Correlation Matrix

	Trust	PU	EUO	BI	Satisfaction
Trust	1.00	0.66	0.64	0.62	0.65
PU		1.00	0.78	0.81	0.72
EUO			1.00	0.70	0.78
BI				1.00	0.67
Satisfaction					1.00

3.6 Regression Analysis

A multiple linear regression model was used to examine how trust, perceived

usefulness, and ease of use predicted behavioral intention to use Sehhaty. The model was statistically significant ($F(3, 310) = 216.9$, $p < 0.001$) and explained 67.7% of the variance in behavioral intention ($R^2 = 0.677$).

Table (6) Multiple Linear Regression Predicting Behavioral Intention

Predictor	β	SE	t	p-value
Trust	0.15	0.06	2.74	0.007
PU	0.75	0.07	11.20	<0.001
Ease of Use	0.17	0.06	2.69	0.008
Model R^2				0.677

3.7 Group Comparisons

Independent t-tests and ANOVA tests were used to assess whether satisfaction varied by gender, education level, or frequency of Sehhaty usage. No significant difference in satisfaction was found between males and females ($t = -0.23$, $p = 0.817$). Satisfaction differed significantly by education level ($F = 3.83$, $p = 0.010$) and frequency of usage ($F = 4.22$, $p = 0.016$).

Table (7) Group Differences in Satisfaction

Grouping Variable	Test	Statistic	p-value
Gender	t-test	-0.232	0.817
Education Level	ANOVA	F = 3.83	0.010
Sehhaty Usage	ANOVA	F = 4.22	0.016

3.8 Interoperability and Satisfaction

Perceived interoperability—measured by the extent to which users felt Sehhaty integrated well with other health platforms—showed a moderate positive correlation with satisfaction ($r = 0.40$) and a weaker but significant correlation with behavioral intention ($r = 0.14$). Open-ended feedback supported these findings, with many participants mentioning difficulty syncing Sehhaty with private hospital apps or public EHRs.

4. Discussion

This study investigated the factors influencing the use of the Sehhaty telehealth platform among young adults in Riyadh. Drawing on the Technology Acceptance Model (TAM), the analysis explored how trust, perceived usefulness, ease of use, satisfaction, and perceived interoperability influenced behavioral intention to use Sehhaty. The findings contribute to the understanding of telehealth engagement in Saudi Arabia, particularly among digitally literate youth.

4.1 Interpretation of Key Findings

The results showed that participants generally reported high levels of trust, satisfaction, and perceived usefulness of the Sehhaty application. The multiple linear regression model explained 67.7% of the variance in behavioral intention, confirming the strong predictive capacity of TAM in this context. Specifically, perceived usefulness was the strongest predictor ($\beta = 0.75$, $p < 0.001$), followed by ease of use ($\beta = 0.17$, $p = 0.008$), and trust ($\beta = 0.15$, $p = 0.007$)

These findings align with previous research applying the Technology Acceptance Model (TAM) in healthcare settings, where perceived usefulness consistently emerges as a key predictor of behavioral intention to use technology [14,15]. More recent studies conducted in the Gulf region, including Saudi Arabia, have further emphasized the importance of trust and usability as critical factors influencing user engagement with telehealth platforms [5]. Correlation analysis further supported these relationships, showing strong positive associations between PU and BI ($r = 0.81$), and between trust and all other variables. This highlights that trust not only functions as a standalone factor but also enhances the overall perception of system usability and satisfaction.

4.2 Perceived Interoperability: A Practical Barrier

A notable contribution of this study is the inclusion of perceived interoperability as a factor in understanding user satisfaction and intention. While not part of the regression model, interoperability showed a moderate correlation with satisfaction ($r = 0.40$) and a weaker but statistically significant association with behavioral intention ($r = 0.14$).

Open-ended responses supported this finding: participants expressed dissatisfaction with Sehhaty's lack of integration with external platforms, particularly private hospital apps such as MyChart (used by Dr. Sulaiman Al Habib Medical Group), and public sector systems such as the MNGHA Care app (operated by the Ministry of National Guard Health Affairs). These real-world barriers are supported by evidence from recent studies, which emphasize that interoperability and system integration are critical yet often lacking in Saudi Arabia's digital health infrastructure. While Alzghaibi and Hutchings (2025) reported that technical limitations, weak coordination between institutions, and inconsistent system standards were key barriers to the implementation of electronic health records in primary healthcare centers [8]. On the other hand, Abonyan et al. emphasize the positive impact of digital health on patient engagement in

pharmacy contexts, supporting our argument that seamless digital experiences—like those Sehhaty aims to offer—are key to sustained adoption [9].

Similarly, Alsalman et al. (2021) found that many hospitals in the Eastern Province had only partially implemented health information systems, with limited interoperability and integration across departments and facilities [16].

These insights suggest that interoperability should be considered as a potential extension to the original Technology Acceptance Model (TAM), particularly in national e-health platforms like Sehhaty, where patients interact with multiple providers across fragmented systems.

4.3 Demographic Differences

Group analysis revealed that satisfaction with the Sehhaty application was significantly associated with education level and frequency of use, but not with gender. Respondents possessing undergraduate or postgraduate education reported higher satisfaction levels, as did those who utilized Sehhaty more frequently. These findings align with a cross-sectional study by Sayed et al., which demonstrated that higher education levels and increased usage frequency are predictors of enhanced telehealth usability and satisfaction among adults in Saudi Arabia [14].

The absence of significant gender differences in satisfaction supports prior evidence suggesting that interface usability and service access in telehealth platforms are generally perceived as equitable across genders in digitally advanced populations. Sayed et al. reported that female participants were more likely to report higher telehealth usability, indicating that gender may not be a limiting factor in telehealth satisfaction within the Saudi context [14].

4.4 Comparison with Previous Research

This study reinforces and extends existing research on telehealth adoption in Saudi Arabia. For instance, Alghamdi et al. identified that digital health platform adoption is influenced by factors such as digital literacy, perceived privacy, and system design, which significantly affect trust and satisfaction in virtual consultations [5]. Wider readiness for digital transformation, as Althubaiti et al. suggest, must also include training healthcare professionals to adopt and promote platforms like Sehhaty.

Our findings corroborate these conclusions and further highlight system-level

challenges—notably interoperability—that have not been extensively addressed in previous TAM-based models [17].

By focusing specifically on young adults in Riyadh, this study fills a gap in regional research, offering nuanced insights into how digitally literate populations evaluate government-backed health platforms. The combination of quantitative metrics and qualitative user feedback provides a more comprehensive picture of the user experience, offering practical implications for future digital health improvements.

5. Conclusion

This study highlights that young adults in Riyadh are more likely to use the Sehhaty telehealth platform when they perceive it as useful, easy to use, and trustworthy. While overall satisfaction was high, many users expressed concerns about the platform's limited integration with other healthcare systems, which may hinder long-term engagement. To support sustained adoption, developers and policymakers should prioritize improving interoperability and maintaining user-friendly design. These findings emphasize the need for patient-centered digital health solutions that align with users' expectations and everyday healthcare experiences.

6. Declarations

6.1 Conflict of Interest Statement

The authors have no conflict of interests to declare.

6.2 Funding Disclosure

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

6.3 Ethical Considerations

Participation was voluntary, and informed consent was obtained from all respondents prior to beginning the survey. Data were collected anonymously and used solely for academic research purposes. Ethical approval for this study was obtained from the Institutional Review Board of King Abdullah International Medical Research Center (KAIMRC). Approval No. 00000141225.

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