ACHSM Asia-Pacific Journal of Health Management

RESEARCH ARTICLE

REMOTE PATIENT HEALTHCARE: BEHAVIORAL AND CULTURAL DETERMINANTS IN TELEMEDICINE AND DIGITAL HEALTH PLATFORMS

Bhumika Ray[1], Aishwarya Vashishtha[2], Mohit Verma[1], Shashank Mittal[1]*

1. O.P. Jindal Global University, Sonipat, Haryana, India
2. Rutgers University International Business (Management and Global Business), United States

Correspondence: Fpm12002.shashank@iimraipur.ac.in /shashankmittal1107@gmail.com

ABSTRACT

PURPOSE:

The current research analyzes the most important behavioral factors and cross-cultural factors that influence the adoption of virtual doctor consultations. The combination of behavioural and cultural approaches provides a stream of research that fills existing gaps in telehealth acceptance and provides practical implications in designing user-centred digital health solutions.

METHODS:

To develop a literature review (SLR) synthesis of the literature, this study utilized a systematic review of the literature in the fields of healthcare, psychology, business, and sociology and thus developed an integrative theoretical framework of telemedicine adoption. The review has critically analyzed empirical studies in order to establish the cognitive, emotional, social and contextual variables that affect the adoption behavior of users.

THEORETICAL SYNTHESIS:

The analysis, based on the existing frameworks, such as Technology Acceptance Model (TAM), Theory of Planned Behaviour (TPB), and Unified Theory of Acceptance and Use of Technology (UTAUT) summarizes the existing and new determinants of telemedicine usage. Besides performance expectancy, effort expectancy and facilitating conditions, the study highlights new behavioural aspects, including trust, perceived risk, contamination avoidance, psychological predispositions, habitual behaviour, and perceived severity of illness, which play a significant role in the engagement of users to virtual healthcare services.

CONCLUSION:

The research hypothesizes a model that brings together behavioural, cultural, and emergent digital-health views and leads to developing the theoretical knowledge about the adoption of telemedicine. The results provide evidence-based recommendations to researchers, clinicians, and policy-makers aiming to make telemedicine more accessible, develop user trust, and ensure the adoption of telemedicine among culturally diverse groups of people.

KEYWORDS

Telemedicine, digital healthcare platforms, behavioral and cross cultural, theoretical model, virtual healthcare services adoption.

INTRODUCTION

The rise of virtual doctor consultations has been a significant development in the digital transformation of healthcare, allowing patients to access medical services remotely. Telemedicine, along with AI and digital health platforms, aims to enhance the accessibility, affordability, and effectiveness of healthcare [1]. The COVID-19 pandemic accelerated this shift, compelling both healthcare providers and patients to opt for virtual consultations instead of traditional in-person visits [17]. However, despite the advantages, the uptake of virtual consultations remains limited due to various behavioral and psychological factors. Behavioral theories such as the Technology Acceptance Model (TAM) and the Unified Theory of Acceptance and Use of Technology (UTAUT) indicate that factors like perceived usefulness, ease of use, trust, and technological self-efficacy play a crucial role in the adoption of digital health solutions [29]. Concerns regarding data privacy, the need for physical examinations, and trust in technology-mediated interactions also pose barriers to adoption [13]. To develop effective telehealth policies and engage patients, it is essential to understand these behavioral factors. An important yet often overlooked aspect of virtual healthcare acceptance is the influence of cross-cultural factors. Elements such as individualism versus collectivism, uncertainty avoidance, and power distance can shape attitudes toward digital healthcare [9;24]. For instance, cultures with high power distance may prefer direct interactions with authoritative medical professionals rather than virtual consultations, while individualistic cultures might lean towards self-service healthcare options. Additionally, regional differences in technological literacy, legal frameworks, and social norms can impact trust in digital platforms [25]. This study aims to explore the behavioral determinants and cross-cultural influences affecting the adoption of virtual doctor consultations. By integrating behavioral and cultural perspectives, it seeks to address the global gaps in telehealth adoption and provide practical recommendations for enhancing user acceptance across diverse cultural contexts.

Additional evidence highlights the need to interpret telemedicine adoption in the context of real-world trends and system capacity. For example, World Health Organization (2021) show that 83% of high-income countries adopted telehealth policies during COVID-19, while only 50% of low-income countries do so, signifying a gap in the infrastructure and user preparedness oriented to digital health systems. Even in India, the eSanjeevani platform launched by the government has been conducting more than 200,000 consultations daily by mid-2022, demonstrating the acceptance of the modality when structural and behavioral facilitators coincide (34). Assignment of Digital Health to the General Population However, despite these auspicious signs, research shows that persisting gaps remain in how digital health is being used by the population, particularly for older, low-income users, or those who come from more culturally conservative backgrounds (31,32,33). These results highlight the importance of understanding both the behavioral and cultural aspects that contribute to differences in telemedicine adoption across different populations and settings. This broader perspective complements the theoretical contributions of TAM and UTAUT in informing the complex nature of technology acceptance in healthcare (30,35).

This review focuses on the uptake of telemedicine, as far as we know. By examining 221 research publications on the factors influencing usage intentions and their implications, researchers will gain a clearer understanding of the key elements and theories involved. This will contribute to the development of information systems and health behavior theories. The study also aids in categorizing the causes and effects related to telemedicine. Furthermore, analyzing the moderating effect of COVID-19 provides insights into what is most significant at various times. The analysis of cultural moderation also sheds light on the essential characteristics of different cultures. The structure of the study is as follows: Section 2 presents the hypotheses and reviewed literature, Section 3 outlines the research methodology, and Section 4 discusses the findings. Section 5 addresses the implications, while Section 6 concludes with the limitations and future research directions.

LITERATURE REVIEW

Factors influencing behavior such as attitude, subjective norm, perceived behavioral control, risk perception, and trust play a significant role in the adoption of telemedicine. An individual's attitude towards a behavior, such as adopting new

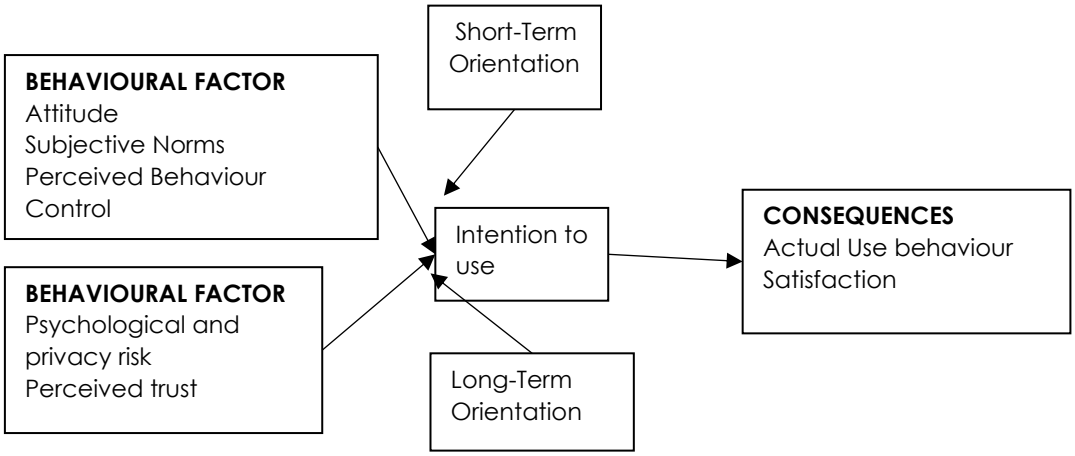
technology, can be either positive or negative. The Technology Acceptance Model (TAM) suggests that attitude is a predictor of technology usage [18]. This relationship has been validated in telemedicine and various other domains [12; 22]. A positive attitude towards telemedicine can lead to increased adoption, as users recognize its value and ease of use [10]. Subjective norm refers to the influence of family, friends, and colleagues on an individual's behavior [14]. The adoption of technology is often shaped by social expectations, as individuals tend to follow the lead of their peers [29]. When telemedicine becomes a norm within social circles, it fosters a sense of belonging. Observing peers utilizing a technology can boost self-efficacy and increase the likelihood of its adoption [5]. Given that most individuals lack medical expertise, they frequently depend on trusted sources within their networks to influence their perceptions and acceptance of telemedicine services. Perceived behavioral control (PBC) refers to an individual's belief in their ability to perform a behavior based on their resources and capabilities [29]. The Theory of Planned Behavior (TPB) posits that feeling in control over a behavior enhances the likelihood of engaging in it [21]. People who feel confident in managing their health online are more inclined to use telehealth services, making perceived behavioral control essential for telemedicine adoption. On the other hand, risk perception can impede technology adoption, particularly in online contexts where concerns about service performance, data privacy, and security arise. According to [20], risk refers to the potential for loss in the pursuit of the desired outcome of using an e-service. Recent studies indicate that risk is multifaceted, encompassing performance, financial, physical, social, and psychological aspects [19]. Trust is essential for online transactions, including the adoption of telemedicine [3]. The complexity of trust is illustrated through various types, such as knowledge-based trust, institutional trust (which includes structural assurances and situational standards), calculative trust, cognitive trust (the illusion of control), and personal truth [8]. Having credible medical professionals, secure digital environments, and effective communication can enhance consumer trust and encourage the adoption of telemedicine.

CONSEQUENCES

Telemedicine adoption influences how people use it and their overall satisfaction. Behavioral intention—essentially, a person's aim or desire to engage in a specific action—can predict actual usage [12]. In this context, behavioral intention refers to an individual's readiness to participate in medical teleconsultation. According to the Technology Acceptance Model (TAM), a person's intention to use a system plays a crucial role in its adoption [6]. [23] identified a connection between behavioral intention and the use of telemedicine technology among healthcare professionals. The success of online transactions, including telemedicine, relies heavily on trust [26]. The complexity of trust is illustrated through various forms, such as knowledge-based trust, institutional trust (which includes structural assurances and situational standards), calculative trust, cognitive trust (the illusion of control), and personal trust [8]. Having credible medical professionals, secure digital environments, and effective communication can enhance consumer trust and encourage the adoption of telemedicine. Another crucial aspect of telemedicine usage is user satisfaction. [4] found a significant correlation between customer satisfaction and the evaluation of products or services, which in turn affects ongoing usage. After a positive experience, users are more likely to return to telemedicine services. [27] emphasized that user satisfaction is a key driver of technology adoption and engagement. In the realm of mobile commerce (m-commerce). [11] discovered that satisfaction enhances users' commitment to continued use. In the context of healthcare technology, user satisfaction plays a vital role in the adoption of digital health services. According to [2] satisfaction with mobile health (m-Health) applications significantly boosts users' likelihood of utilizing them. A positive telemedicine experience—marked by ease of use, reliability, and perceived benefits—can enhance patient satisfaction and encourage further use.

CULTURAL ORIENTATION

[7] describe culture as the shared mental programming that sets one group apart from another. Cultural factors play a crucial role in shaping users' attitudes, ideas, and perceptions [15]. The cultural dimensions outlined by [9] have been used as a representation of culture. People with a short-term orientation tend to adhere to social norms while being cautious about societal changes. In contrast, long-term orientation (LTO) reflects how much individuals prioritize thrift and persistence in planning for the future [27]. Those with long-term orientations typically focus more on the future benefits they aim to achieve [16]. In this scenario, individuals may show increased sensitivity to risks, indicating that perceived risk could have a stronger impact on telemedicine adoption in cultures with a long-term orientation compared to those with a short-term orientation. The visual framework that integrates behavioral and cultural determinants is presented below:

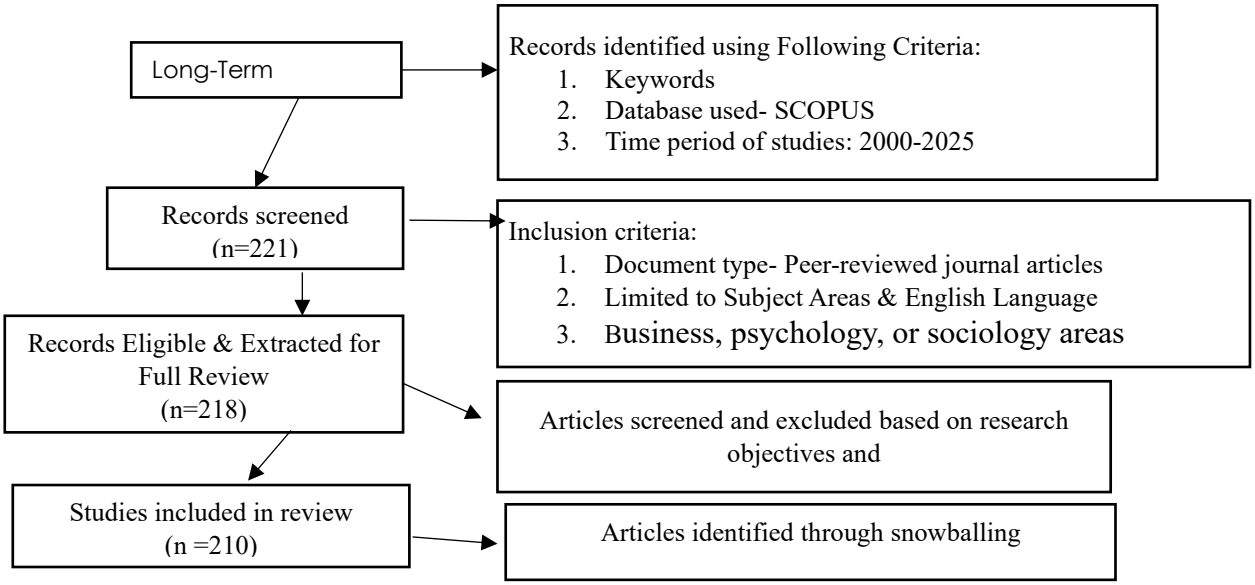


METHODOLOGY

RESEARCH DESIGN

This study follows a systematic literature review (SLR) approach to analyze existing research on the adoption behavior of telecare, telehomecare, telemedicine, telemonitoring, telehealth, physiologics, m-health, online doctors, and virtual doctors. The review is conducted to synthesize findings across business (BUSI), psychology (PSYC), and sociology (SOCI) subject areas to understand the behavioral aspects influencing adoption.

To ensure a comprehensive review, we employed a structured search strategy using the Scopus database. The search query included key terms related to telehealth technologies (e.g., "telecare," "telehomecare," "telemedicine," "telemonitoring," "telehealth," "physiologics," "m-health," "online doctor," "virtual doctor") combined with adoption and behavior-related aspects ("adoption," "behavior"). To refine the selection of relevant studies, we applied specific inclusion and exclusion criteria. The inclusion criteria encompassed peer-reviewed journal articles and conference papers published in English, with a focus on the behavioral aspects of telehealth adoption. Additionally, only studies addressing telehealth adoption within the domains of business, psychology, or sociology were included. On the other hand, studies that solely concentrated on technical development without behavioral insights, articles outside the selected subject areas (such as medicine, engineering, or computer science), and non-peer-reviewed publications like editorials, commentaries, and book chapters were excluded. Furthermore, duplicate studies or those lacking sufficient methodological details were also omitted from the final selection. This search resulted in 221 articles that were considered for further analysis. The Search Query as follows: (“telemedicine" OR "telehealth" OR "virtual doctor" OR "teleconsultation" OR "m-health") AND (“adoption" OR "acceptance" OR "behavior" OR "intention"). The PRISMA and coding table is also presented below.



Authors	Title	Year	First-order Codes	Second-order Codes	Final Theme
Chandrasekaran B.; Kundapur P.P.; Rao C.R.	Are free workplace health promotion apps adequately designed to support behavior change?	2021	Health behavior change, App usage evaluation	Behavioral determinants	Behavioral Determinants of Health Tech Adoption
Md Fadzil N.H.; Shahar S.; Singh D.K.A.; Rajikan R.	Mapping the landscape of health tech for cognitive aging	2024	Cognitive decline, Elderly users, Digital tools	Age-specific adoption barriers	Technology Use in Aging Population
Voss M.; Geniets A.; Winters N.	Strategies for Digital Clinical Teaching During COVID-19	2024	Digital health training, Tech integration	Digital literacy as enabler	General Digital Health Strategies
Duncan A.; Liddle M.; Stark L.J.	Development of Daily Living Skills App for Autism	2021	Autism, Adolescents, Skill support app	Inclusive digital health design	Behavioral Determinants of Health Tech Adoption
Huang W.; Lee G.T.; Zhang X.	Dealing with uncertainty in behavior services for ASD	2023	Psychological behavior, Uncertainty, ASD	Behavioral determinants	Behavioral Determinants of Health Tech Adoption

DISCUSSION

This systematic literature review offers a comprehensive overview of the current research on the behavioral factors that affect the adoption of virtual doctor consultations, while also examining how cross-cultural factors may moderate these relationships. The study looks into the cognitive, emotional, and social influences on the acceptance of virtual healthcare services by drawing on established behavioral theories, such as the Technology Acceptance Model (TAM), the Theory of Planned Behavior (TPB), and the Unified Theory of Acceptance and Use of Technology (UTAUT). It highlights not only well-known determinants like performance expectancy, effort expectancy, and facilitating conditions but also new behavioral factors—such as trust, perceived risk, contamination avoidance, and perceived severity of illness—that play a significant role in telemedicine adoption.

The review emphasizes the crucial role of credibility factors, particularly trust and perceived risk, in shaping how users view virtual doctor consultations. Concerns about privacy and psychological risks often impede adoption, underscoring the need for healthcare providers and platform developers to implement robust data security measures and effective communication strategies. Furthermore, social influence and subjective norms play a significant role, especially in collectivist cultures where healthcare choices are often influenced by family and community expectations. The findings reveal that users' perceptions of telemedicine services vary across different cultural contexts, with elements such as uncertainty avoidance, power distance, and masculinity-femininity significantly affecting adoption behaviors. Use of these emerging trends in digital healthcare including AI integration, wearable technology and chatbot-based telemedicine is swiftly impacting the digital healthcare industry and user adoption behaviour. While Artificial Intelligence (AI) improves diagnostic accuracy, automates triage, and makes case management recommendations, it also introduces new challenges for transparency, accountability, and trust. Wearable devices like smartwatch and fitness tracker allow real time health monitoring with patients while providing real time data that provides high perceived behavioral control and increase engagement. Likewise, the growing application of chatbots and virtual assistants to help with appointment scheduling, medication reminders, and initial symptom assessment is enhancing access to care while relieving some burden on the healthcare system. Although these technologies may provide convenience and

personalization, they evolve additional dimensions of perceived risk, data privacy, and technological trust which require consideration in both design and regulation to enable wide-scale adoption of telemedicine. The results from the systematic literature review (SLR) provide six underpinning thematic domains that affect telemedicine adoption for telemedicine: behavioural determinants, trust and privacy, digital health adoption, systemic readiness, socio-demographics and equitable digital healthcare solution. Using the Gioia method of thematic coding, first-order concepts (e.g., health behavior change, risk perception, perceived usefulness, and digital literacy) are categorized into second-order themes (and higher) (e.g., behavioral intention, institutional trust, and access barriers due to age). They, in turn, aggregate into higher-order dimensions that disentangle types of one-to-one user behaviour in digital healthcare settings. The analysis reveals that cultural values and novel digital trends, including AI-based diagnostics, wearable technologies, and chat-based interfaces, are changing familiar technology adoption behaviors such as trust, malevolence, ease of use, and self-efficacy surrounding telemedicineThis analysis shows that regarding technology supported behavioral constructs such as trust, ease of use and self-efficacy remain at the center of telemedicine adoption, there are significant changes over time as cultural values and new digital trends are reshaping user reception processes. This SLR indicates that mere technical efficiency of a digital health strategy is not sufficient, and socio-cultural sensitivities and user psychology and trust in the technology used must be taken into account. This entails creating platforms that are culturally adaptive, trustworthy and accessible to two key stakeholders, policymakers and developers, as technological advancement continues to grow within healthcare ecosystems globally, and users with different normative values face such platforms from different regions and age groups. The study provides multiple practical and theoretical implications for relevant stakeholders aligned with the digital healthcare ecosystem. The results emphasize the importance of user trust, cultural compatibility, and tailored support for telemedicine platforms, particularly in countries with low digital literacy or high levels of uncertainty avoidance. To be able to design interventions that would increase the user engagement based on the behavioral determinants identified, health care provides can tailor design such as elderly user-friendly interfaces or integrate culturally specific communication behavioral. The study highlights the need for developing regulatory systems that protect data privacy and provide algorithmic transparency, which are critical for building trust in institutions, for policymakers. In theory, the integrated framework proposed here connects behavioral approaches (for example, TAM, TPB) and cultural dimensions (for example, Hofstede´), enabling a more holistic view of telemedicine adoption over a wide range of countries and cultures.

These insights allow telemedicine providers to tailor their services to meet user expectations in different cultural and demographic contexts. By understanding the importance of behavioral factors such as perceived ease of use, performance expectancy, and effort expectancy, platform developers can create user-friendly interfaces and incorporate interactive features that boost engagement.

THEORETICAL IMPLICATIONS

Theoretical relevance of the review is that it contributes to the existing body of knowledge on the adoption of digital health and telemedicine by encompassing the behavioural technology acceptance models, socio-cultural model, and new perspectives on technology in the field. It once again confirms the pivotal role of the key TAM- and UTAUT-related variables, such as perceived usefulness, perceived ease of use, expectancy of effort, and facilitating conditions, but it also shows that these variables cannot be discussed outside of the context of the larger cultural and psychological ecosystem within which telemedicine is adopted. To follow the new administrations of TAM/UTAUT extension, the combined framework that has been created below shows the need to integrate psychosocial inhibitions, emotional reactions, perceptions of credibility, and organisational preparedness into technology-acceptance models in healthcare environments. The review also makes a theoretical contribution to the explicit connection of the behavioural constructs to the cultural framework like Hofstede dimensions (individualism collectivism, uncertainty avoidance, power distance, masculinity femininity) hence explaining how cultural values affect social influence, trust formation, perceived risk and perceived behavioural control in cross-nation settings. The review offers a dose of complexity to the emerging literature on the moderating effect of cultural values in mHealth and health-service innovation adoption by mapping culturally specific differences in adoption patterns. The second theoretical contribution is the reconstruction of trust and risk in the field of digital healthcare. Instead of considering the concept of trust to be unidimensional, as shown in the review, trust towards telemedicine is a multi-domain concept because it engages with various perceived risks, including a loss of

privacy, misdiagnosis, psychological discomfort or perceived evilness of robotic models. This multi-domain approach builds upon the new findings of trust measurement in digital health, by bringing into sight new and poorly studied constructs, such as contamination avoidance and perceived malevolent purpose of digital systems, as subsequent influences of adoption behaviour. In addition, the review includes the introduction of new trends in technology like AI-based diagnostics, dialog agents, and wearable bioelectronics to expand the traditional telemedicine paradigm that traditionally concentrated on video sessions. These emerging technologies present different behavioural processes, including algorithmic opacities, apparent fairness and machine-human complementary, that the review recommends as necessary extensions to the theoretical models of telemedicine adoption in the future. Lastly, the review supports theorising in favour of equity by showing how socio-demographic factors (age, digital literacy, income, education, rural-urban gaps) interact with cultural norms to produce stratified inequalities of telemedicine adoption. The results suggest that the traditional average user models are ineffective in explaining real-world adoption patterns and future models must include intersectional and life-course approaches in order to describe the difference in abilities, resources and cultural orientations. When taken together, the theoretical contributions made herein make the proposed integrated framework a transition between behavioural acceptance theory, cultural studies and new technological paradigms, to provide a more holistic and in-depth view of how people in different settings embrace and use virtual healthcare systems.

MANAGERIAL IMPLICATIONS

As a managerial and policy perspective, the review provides feasible information to telemedicine providers, platform developers, healthcare organisations and regulators who want to improve the user acceptance and engagement. One of the key implications is that there is an imminent necessity to design telemedicine platforms that anticipate trust, transparency and privacy in that they are always found to be main predictors of adoption. Perceived risk can be mitigated by clear communication of the encryption protocols, information practices and institutional accountability, although aspects of interfaces like explanation panels (why this recommendation?), AI confidence indicators or easy-to-understand privacy dashboard can lessen algorithmic obscurity and enhance perceived trustworthiness. The need to design platforms in a culturally adaptive manner is also emphasized in the review. The high uncertainty-avoidance or high power-distance culture will favor formal workflow, visible physician involvement, and formal communication, and the collectivist culture might be favored with the functions that provide the opportunity to involve families or caregivers. This highlights the importance of localisation strategies and not general roll-outs on the platform. The other implication relates to the existence of the digital divide: older adults, less educated people and rural residents need more specific support, which can be provided by simplified navigation with assisted onboarding through community health workers or helplines and integrating digital health literacy into communal health programs. The review also emphasizes the management significance of acting responsibly when deploying AI, chatbot and wearable technologies. By placing such tools as aids, not as substitutes, i.e., automated systems conduct general triage or reminders and refer more complex cases to human clinicians, this can be made more efficient without compromising relational trust. The managers should also develop effective procedures of escalation, human in the loop review and open communication of AI constraints. On the policy level, institutional and regulatory trust should be enhanced. Regulators ought to implement stringent data protection, require documenting of Algorithms transparency and availing systems of grievance redressal. Educating the public through communication campaigns explaining the protection of regulations in very simple language can also help to increase trust. In addition, behaviour-based intervention design can also provide avenues of enhancing the engagement: improving perceived usefulness with the help of effective communication of clinical benefits, reinforcing self-efficacy with the help of guided tutorials or live support, and eliminating contamination-related concerns with the help of transparent infection-control messaging in hybrid care structures. Lastly, it is the organisational preparedness to the implementation. Medical workers should be trained not only in technologies of telemedicine but also in effective interaction with patients in the Internet space. Incentives, workflows and quality measures need to be aligned with hybrid and digitally mediated care through internal policies, therefore, making telemedicine a fundamental part of the service delivery and not a peripheral one. Collectively, these managerial implications give a holistic roadmap on how to develop culturally inclusive, trustworthy and user-friendly telemedicine ecosystems that can empower diverse people in an ever-digitized healthcare environment.

LIMITATIONS

This systematic review, while thorough, has some significant limitations. It relies on published literature, which may overlook new or unpublished studies about the adoption of virtual doctor consultations. The behavioral factors analyzed are limited to those that have been extensively researched before, potentially missing out on new psychological or technological influences on adoption. Future studies should focus on longitudinal research to better understand how behavioral determinants change over time, particularly in the context of global health crises and technological progress.

While this systematic literature review covers a wide range of topics, it does have limitations. Consideration: The review is limited to peer-reviewed articles published in English and indexed in Scopus, potentially missing relevant literature from nonindexed or regional journals. Second, although the study finds important behavioral and culture-related domains, it does not provide a meta-analysis or other form of quantitative synthesis due to the considerable heterogeneity of methodologies and measures across studies. Third, the review does not delve into demographic subgroup analyses (e.g., adoption behaviour by gender, income or health status), that may provide additional layered understanding. Finally, speculative suggestions regarding the emerging use of technology such as AI and chatbots are made, but no empirical analysis is applied to them — an area this paper considers will need to be addressed in future through primary research and testing of digital interventions in real-world contexts.

CONCLUSION

This systematic literature review provides an in-depth analysis of the behavioral factors that influence the adoption of virtual doctor consultations, highlighting the role of cross-cultural elements. The findings reveal that technology acceptance, behavioral aspects, and credibility play a crucial role in user adoption decisions, with cultural differences significantly impacting these dynamics. This review integrates theoretical insights and empirical evidence to deepen the understanding of telemedicine adoption, offering valuable implications for researchers, healthcare providers, and policymakers who seek to enhance the accessibility and effectiveness of virtual healthcare services in diverse global settings.

References

1. Adeghe, E. P., Okolo, C. A., & Ojeyinka, O. T. (2024). A review of emerging trends in telemedicine: Healthcare delivery transformations. *International Journal of Life Science Research Archive*, *6*(1), 137-147.
2. Alam, M. Z., Alam, M. M. D., Uddin, M. A., & Mohd Noor, N. A. (2022). Do mobile health (mHealth) services ensure the quality of health life? An integrated approach from a developing country context. Journal of Marketing Communications, 28(2), 152-182.
3. Alviani, R., Purwandari, B., Eitiveni, I., & Purwaningsih, M. (2023). Factors affecting adoption of telemedicine for virtual healthcare services in Indonesia. Journal of Information Systems Engineering and Business Intelligence, 9(1), 47-69.
4. Bolton, R. N., & Lemon, K. N. (1999). A dynamic model of customers' usage of services: Usage as an antecedent and consequence of satisfaction. Journal of marketing research, 36(2), 171-186.
5. Brown, S. A., Dennis, A. R., & Venkatesh, V. (2010). Predicting collaboration technology use: Integrating technology adoption and collaboration research. Journal of management information systems, 27(2), 9-54.
6. Davis, F. D. (1989). Technology acceptance model: TAM. Al-Suqri, MN, Al-Aufi, AS: Information Seeking Behavior and Technology Adoption, 205(219), 5.
7. Denzau, A. T., & North, D. C. (1994). Shared mental models: Ideologies and institutions. KYKLOS-BERNE-, 47(1), 3-31.
8. Gefen, D., Karahanna, E., & Straub, D. W. (2003). Trust and TAM in online shopping: An integrated model. MIS quarterly, 51-90.
9. Hofstede, G. (1980). Culture and organizations. International studies of management & organization, 10(4), 15-41.
10. Hu, P. J., Chau, P. Y., Sheng, O. R. L., & Tam, K. Y. (1999). Examining the technology acceptance model using physician acceptance of telemedicine technology. Journal of management information systems, 16(2), 91-112.

11. Jain, A. ., & Ghosh, A. (2021). Novel Insights into Data Mining to Improve the Specificity of Pharmacovigilance and Prevent Adverse Drug Reactions in Psychiatric Patients. Asia Pacific Journal of Health Management, 16(3), 130-136. https://doi.org/10.24083/apjhm.v16i3.985
12. Kalinić, Z., Marinković, V., Djordjevic, A., & Liebana-Cabanillas, F. (2019). What drives customer satisfaction and word of mouth in mobile commerce services? A UTAUT2-based analytical approach. Journal of Enterprise Information Management, 33, 71–94.
13. Kamal, S. A., Shafiq, M., & Kakria, P. (2020). Investigating acceptance of telemedicine services through an extended technology acceptance model (TAM). Technology in Society, 60, 101212.
14. Kuen, L., Schürmann, F., Westmattelmann, D., Hartwig, S., Tzafrir, S., & Schewe, G. (2023). Trust transfer effects and associated risks in telemedicine adoption. Electronic Markets, 33(1), 35.
15. Kumar, P., Mittal, S., & Kumar, S. . (2024). Building Healthcare Brand: Role of service, image, and trust . Asia Pacific Journal of Health Management, 19(1). https://doi.org/10.24083/apjhm.v19i1.3333
16. Lam, T., Baum, T., & Pine, R. (2003). Subjective norms: Effects on job satisfaction. Annals of Tourism Research, 30(1), 160-177.
17. Lee, I., Choi, B., Kim, J., & Hong, S. J. (2007). Culture-technology fit: Effects of cultural characteristics on the post-adoption beliefs of mobile Internet users. International Journal of Electronic Commerce, 11(4), 11-51.
18. Lumpkin, G. T., & Brigham, K. H. (2011). Long–term orientation and intertemporal choice in family firms. Entrepreneurship theory and practice, 35(6), 1149-1169.
19. Oesterle, T. S., Kolla, B., Risma, C. J., Breitinger, S. A., Rakocevic, D. B., Loukianova, L. L., ... & Gold, M. S. (2020, December). Substance use disorders and telehealth in the COVID-19 pandemic era: a new outlook. In Mayo Clinic Proceedings (Vol. 95, No. 12, pp. 2709-2718). Elsevier.
20. Osman, R. B., Choo, P. S., & Rahmat, M. K. (2013). Understanding student teachers' behavioural intention to use technology: Technology Acceptance Model (TAM) validation and testing. International Journal of Instruction, 6(1).
21. Park, S., & Tussyadiah, I. P. (2017). Multidimensional facets of perceived risk in mobile travel booking. Journal of Travel Research, 56(7), 854-867.
22. Pavlou, P. A. (2003). Consumer acceptance of electronic commerce: Integrating trust and risk with the technology acceptance model. International journal of electronic commerce, 7(3), 101-134.
23. Ramírez-Correa, P., Ramírez-Rivas, C., Alfaro-Pérez, J., & Melo-Mariano, A. (2020). Telemedicine acceptance during the COVID-19 pandemic: an empirical example of robust consistent partial least squares path modeling. Symmetry, 12(10), 1593.
24. Razmak, J., & Bélanger, C. (2018). Using the technology acceptance model to predict patient attitude toward personal health records in regional communities. Information Technology & People, 31(2), 306-326.
25. Rho, M. J., young Choi, I., & Lee, J. (2014). Predictive factors of telemedicine service acceptance and behavioral intention of physicians. International journal of medical informatics, 83(8), 559-571.
26. Sermontyte-Baniule, R., Pundziene, A., Giménez, V., & Narbón-Perpiñá, I. (2022). Role of cultural dimensions and dynamic capabilities in the value-based performance of digital healthcare services. Technological Forecasting and Social Change, 176, 121490.
27. Sharma, R., Fantin, A. R., Prabhu, N., Guan, C., & Dattakumar, A. (2016). Digital literacy and knowledge societies: A grounded theory investigation of sustainable development. Telecommunications Policy, 40(7), 628-643.
28. Smith, A. D., & Manna, D. R. (2004). Exploring the trust factor in e-medicine. Online Information Review, 28(5), 346-355.
29. Venaik, S., Zhu, Y., & Brewer, P. (2013). Looking into the future: Hofstede long term orientation versus GLOBE future orientation. Cross Cultural Management: An International Journal, 20(3), 361-385.
30. Astik, G., Puri, A., Aguilar, F., Zhou, S., & O'Leary, K. (2022). Factors associated with use of inpatient telehealth for hospitalized covid-19 patients: an observational study of 4 hospitals in a single health system. Journal of General Internal Medicine, 37(5), 1325-1327.
31. Datta, P., Eiland, L., Samson, K., Donovan, A., Anzalone, A., & McAdam-Marx, C. (2022). Telemedicine and health access inequalities during the covid-19 pandemic. Journal of Global Health, 12.
32. Goldberg, E., Lin, M., Burke, L., Jiménez, F., Davoodi, N., & Merchant, R. (2022). Perspectives on telehealth for older adults during the covid-19 pandemic using the quadruple aim: interviews with 48 physicians. BMC Geriatrics, 22(1).

33. Jacobs, M. and Ellis, C. (2021). Telemedicine disparities during covid-19: provider offering and individual technology availability. Journal of the American Geriatrics Society, 69(9), 2432-2434.
34. Pagaling, G., Espiritu, A., Dellosa, M., Leochico, C., & Pasco, P. (2021). The practice of teleneurology in the philippines during the covid-19 pandemic. Neurological Sciences, 43(2), 811-819.
35. Yen, T., Pan, I., & Shih, Y. (2023). Impact of state telehealth policies on telehealth use among patients with newly diagnosed cancer. Jnci Cancer Spectrum, 7(5). https://doi.org/10.1093/jncics/pkad072