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Synthesizing Patient Trust, Perceived Value, and Service Quality: A Comprehensive Review and Conceptual Model for Telemedicine Adoption in Rural India

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Abstract. *This study investigates the roles of patient trust, perceived value, and service quality in adopting referral telemedicine services in rural India. As telemedicine emerges as the proper solution for addressing the challenges of accessing healthcare services, there is a strong need to establish reasons that drive or hamper its adoption. This paper reviews the existing knowledge from prior research, draws and develops a conceptual model explaining the interrelationships, and postulates the hypothesis. The study aims to identify the determinants of perceived value, service quality, and patient trust in telemedicine, thus providing relevant insights to policymakers, practitioners, and technology developers toward effective policies. These results brought confidence in building reliable technology, clear communication, and expertise. They also suggest that the services provided through telemedicine present obvious benefits while ensuring very high standards of quality to be diffused in a wide context. This paper contributes to the fast-growing literature on digital health technology by developing a basis through which future empirical studies will validate the proposed relationships. Data from the research can be used to inform the building of telemedicine adoption strategies that have the potential to increase access and quality of care in rural India.*

Keywords *Patient Trust, Perceived Value, Rural Area, Service Quality, Telemedicine Adoption*

INTRODUCTION

Background and Context

Telemedicine has significantly changed health care, especially in rural areas where access to quality health facilities is limited (Mathur et al., 2017). The second-most populated country in the world provides unique challenges to making quality health care affordable, available, and accessible to a large, health-seeking, rural population (Chowdhury, 2021). Advancements in technology, including enhanced internet access, the proliferation of smartphones, and easy-to-use and diverse telehealth applications, have made telemedicine much more equitable and dependable (Padhan, 2023). According to Bhattacharyya and Mandke (2022), the COVID-19 pandemic highlighted telemedicine service deployment and integration into Indian practice. While once presented with a challenge to telemedicine services' wider use, this same pandemic now presents a unique opportunity. The majority population lives in rural areas, offering telemedicine as a developing way to close the healthcare access gap (Rajkumar et al., 2023). Demand for ease of access and appropriate health care costs has driven the elevation of telemedicine's acceptance in rural populations, as telemedicine allows patients to seek consultations with care specialists within the convenient distance of their homes and without additional travel costs (Holtz et al., 2022). However, based on past research, the most crucial to the successful adoption of telemedicine practices in rural populations is the patient trust and perceived value and quality of service associated with the example of telemedicine (Nesbitt et al., 2005).

This article intends to consider the interactions that arise when you combine patient trust, perceived value, and service quality as essential influencers on telemedicine adoption processes in rural India. In examining these important constructs, the article hopes to provide practical insights for policymakers, healthcare practitioners, and technology developers to design and implement effective and universally adopted telemedicine-based healthcare solutions in rural India (Chakraborty et al., 2018). Through a systematic literature review and a conceptual model, this article aims to identify significant facilitators and hurdles to telemedicine adoption in rural areas. This may also contribute to the advancement of innovative digital health technologies for those districts of India where access to health care services through telemedicine continues to be lacking (Brown, 2002).

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Research Objectives

The objectives of this research study are as follows.

- To undertake a systematic review of the relevant body of research on telemedicine adoption, with an emphasis on patient trust, perceived value, and service quality.
- To identify the core factors affecting patients through trust in telemedicine services in a rural context in India.
- To explore the determinants of perceived value and service quality related to telemedicine from the lens of patients in rural contexts.
- To address service considerations around quality with significance in the domain of telemedicine and how this impacts patient satisfaction and their adoption of telehealth.
- To develop a conceptual model to understand the relationships among patient trust, perceived value, service quality, and their adoption of telemedicine in rural India.

Theoretical Significance and Practical Importance

This research encompasses several major contributions to telemedicine research and practice. Theoretically, it extends mainstream technology adoption models by integrating psychological constructs (trust and perceived value) with service quality dimensions into one unified framework, developed in line with the rural healthcare setup in developing economies. This investigation fills the context-related gap that remains in a majority of technology adoption studies, simultaneously identifying potential moderating variables unique to rural Indian settings. Practically, the findings bring forth valuable insight that is beneficial to several sets of stakeholders. Policymakers stand to learn about the psychological and service-quality factors that should inform telemedicine implementation efforts. Healthcare practitioners acquire knowledge in building trust and developing value propositions relevant to rural patients. Technology developers gather insights on design parameters that can build perceptions of service quality and trustworthiness to increase acceptance.

LITERATURE REVIEW AND HYPOTHESIS DEVELOPMENT

Telemedicine has become the ongoing evolution of healthcare technology by filling the gap in human interaction through consultation, diagnosis, and treatment, regardless of distance (Kustwar & Ray, 2020). Perhaps not someone in the rural areas of India would have the power to say that, due to poor infrastructure, people cannot travel far for healthcare. Recently, the internet was introduced with much hype and was used only through mobile devices, that too until telemedicine came into existence (Kannoju et al., 2011). Government initiatives and telemedicine reforms have also contributed to improving the delivery of telemedicine services to the public. Other obstacles, such as digital literacy, technology reliability, and infrastructural challenges, persist, requiring ongoing refinement and optimization in attempts to discover a telemedicine solution (Scott Kruse et al., 2018).

Theoretical Foundation

The theoretical foundation involves a mixture of several perspectives to better understand the acceptance of telemedicine in rural India. This study, therefore, bases itself on Venkatesh et al.'s (2003) UTAUT because it considers the major determinants of technology acceptance, including performance expectancy, effort expectancy, social influence, and facilitating conditions. This study then builds on UTAUT by adding elements of Trust Theory proposed by McKnight et al. (2002). The trust theory accentuates that the more relevant is perceived trustworthiness to choices in technology adoption when health issues magnify the overall perception of vulnerability and risk.

Further, value perception and value co-creation during the telemedicine experience are examined with service-dominant logic (Vargo & Lusch, 2004). The blend of these theories will thus help us to inquire further into the psychological, service, and contextual issues in the decision-making process for telemedicine adoption among the rural Indian population.

Perceived Value and Patient Trust

According to Cengiz and Kirkbir (2007), perceived value refers to the relative degree of benefit a patient perceives to have gotten from healthcare services compared to what they have spent on quality of care, convenience, cost, and user experience. If they feel they are getting good value, the likelihood of staying loyal to the service provider will be higher, impacting the retention of patients (Han & Hyun, 2015). It is, however, possible to use several strategies to ensure that the perceived value of telemedicine and the patient's trust are achieved. And contracts of disclosure and privacy that are required for reassurance, especially when the information received or exchanged is health-related (Bossa et al., 2022). Those patients who perceive much value in the telemedicine services are likely to be regular users of the services, hence better health monitoring and

management. The satisfaction in most cases translates into word-of-mouth, whereby patients recommend the services to other people, hence growing and increasing the acceptance of telemedicine (Nguyen et al., 2021). Besides, strong perceived value may contribute to cost-effectiveness by way of yielding better patient outcomes at reduced costs for both patients and providers. On the other hand, quality of care is significant because if patients perceive that they are receiving the right quality of health care, even through electronic means, the service gains the patients' trust (Velsen et al., 2017). According to Montague and Asan (2012), patient trust is defined as the belief that patients have in healthcare providers, the healthcare system, and the technologies by which care is delivered. The study affirmed reliable and useful criteria of telemedicine for the patient, thus affirming other key components of telemedicine, like a short number of wait times and availability of the service (Eze et al., 2020). Patients' behavioral intentions toward video telemedicine follow-up are most strongly predicted by perceived ease of use and perceived usefulness (Li et al., 2023). The more they trust healthcare providers and technology, the more likely they will be to adopt telemedicine as a substitute for in-person visits. Moreover, it leads to high patient engagement since patients will be open, able to communicate freely, and share truthful health information, which is crucial in diagnosis and treatment (Brown et al., 2024). These two constructs are, in many ways, intertwined. For example, when patients perceive high value in telemedicine, they are much more likely to establish and maintain trust in both the technology and the service. Conversely, strong confidence can increase patients' perception of value by ensuring that they feel secure and supported in their interaction with the telemedicine platform. With enhanced trust, patients are more likely to use and become dependent on telemedicine services; then, the heightened trust received will feed a positive self-reinforcing cycle whereby higher perceived value arouses further diffusion (Orrange et al., 2021). Another characteristic is navigability; since the patient intends to use the platform, it should not cause them stress, and the more the patient gets familiar with the technology, the more they are encouraged to continue (Sawesi et al., 2016).

H1: Perceived value positively influences the increase in patient trust.

Perceived Value and Telemedicine Adoption

Perceived value is a critical factor influencing the suitability of using telemedicine in rural practice settings, where getting access to healthcare services is hampered by available health facilities, transportation, and a lack of medical personnel in most cases (Kahn et al., 2019). This perceived value includes the rewards that the rural people feel that they will receive by availing of a telemedicine service, relative to the costs and endeavors that they will be incurring (Aufa et al., 2023). These may include the convenience of accessing the health care needs of certain specialties, time and money that can be saved by travel, expeditious medical consultations, and probably a better health status (Bernarto, 2024). When rural people understand the material gains of telemedicine, like not having to travel long distances to have normal check-ups or gaining access to expertise that is not available locally, then they are going to face the hurdles and adopt it (Dantu & Mahapatra, 2013). The role of perceived value in rural telemedicine cannot be overemphasized, as it motivates patients, fosters sustained use, and actively contributes to eliminating inequalities in access to health services (Campbell et al., 2001).

H2: Perceived value positively drives increased telemedicine adoption.

Service Quality and Patient Trust

In the realm of telemedicine, researchers have identified services and trust as significant factors influencing the adoption of this technology among rural residents. It is in these areas that the population very rarely has access to healthcare services and where telemedicine presents a viable solution to the problem. According to LeRouge et al. (2014), telemedicine, if it has to be effective, has to have high levels of service quality, which in this context includes technical infrastructure, practitioners' expertise, and the ability to replicate face-to-face consultation. If patients are made to believe that the services provided via telemedicine are excellent, then the confidence they have in such a platform or providers is also likely to be boosted (Preaux et al., 2023). The readiness to respond to different questions that patients can have and the option to offer an appointment immediately play a significant role. When a telemedicine service can attend to the patient's needs at the time of their choice, then the patient has a feeling that the provider respects the time and need for the services, hence trusting the service (Flodgren, 2015). Trust can be maintained through data privacy, proving the competence of remotely practicing healthcare providers, and being transparent about the telemedicine processes. Telemedicine has the potential to benefit patients, providers, payers, and society as a whole (Ben-Jacob & Glazerman, 2021). This makes the patients trust the healthcare providers more because patients feel that they are the ones in charge; this is due to clear statements on how much something costs and what is going to be done, or could be done to help, or that there are adverse effects that might occur (Tringale & Hattangadi, 2019). If adequate trust in it is developed or maintained due to positive telemedicine experiences or interactions, the utilization of telemedicine

will be higher and integrated into the health care system and processes (Niznik et al., 2017).

H3: Service quality positively influences the increase in patient trust.

Service Quality in the Adoption of Telemedicine

According to Flodgren et al. (2015), healthcare technology reliability and communication between patient and provider, as well as the general experience accessed through services. But to help ensure that telemedicine consultations are as smooth as possible for the patient and any involved clinicians, high service quality is maintained. Perhaps the element that singles out service quality for emphasis in rural telemedicine applications has to do with its critical role in determining patient satisfaction, trust, and future usage of telemedicine services (Hoque et al., 2021). Improved service quality can penetrate the barriers of mistrust and technical barriers and make people embrace technology and integrate telemedicine in their rural health centers (Zawada et al., 2009). Thus, it becomes a significant and ongoing endeavor for healthcare professionals, policymakers, and technology developers to enhance the quality of healthcare services, to enhance the quality of telemedicine to reach its potential in the rural environment, etc., for equal distribution and efficiency in healthcare to different geographical locations (Bradford et al., 2016). H4: Service quality positively influences telemedicine adoption. 2.6 Patient Trust and Telemedicine Adoption. Trust promotes and facilitates the use of telemedicine and vice versa. First of all, the prospective patient must have confidence in the provider and the technology that the same provider wants to engage as the means through which to offer telemedicine services (Murray & McCrone, 2015). When patients rely on their faith in a specific telemedicine application, they can attain a kind of confidence in the consistency of the diagnosis, the confidentiality of the patient and medical information, and the authenticity of the doctors (Baudier, 2023). According to Kuen et al. (2023), trust is a result of the positive experiences one has had with the other, the provision of accurate information about their health, and the estimated ability of healthcare providers. On the other hand, patients can have reasons not to trust it and may be afraid to receive reduced-quality services or violate their rights to privacy by registering to access telemedicine services (Wu et al., 2021). This is a crucial consideration because, to begin with, healthcare entities are special kinds of key actors who implement a variety of security measures to process their charges' data and communicate transparency and consistency in delivering appropriate care via telemedicine platforms (Alviani et al., 2023).

H5: Patient trust leads to an increase in telemedicine adoption.

Proposed Study Model

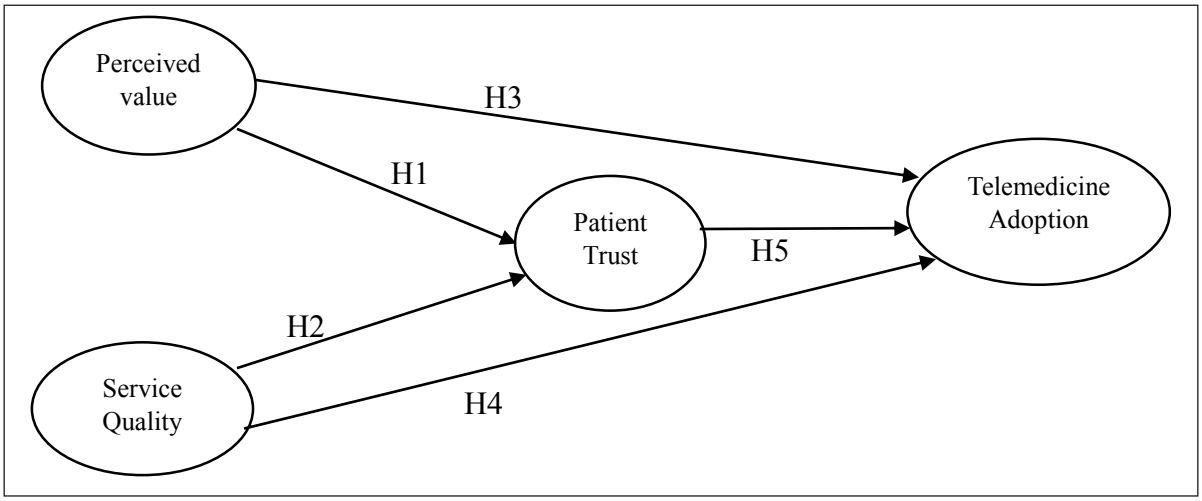

Fig. 1: Proposed Conceptual Model

RESEARCH METHODOLOGY

Specifically in the current systematic review and while developing a conceptual model for the study, the researcher adhered to a stringent approach on how best to carry out the search, selection, and inclusion of articles that addressed patient trust, perceived values, and perceived service quality in the uptake of telemedicine, particularly in rural India. The search of the database started with the literature review that utilized a variety of social science databases, including but not limited to SCIENCEDOMAIN International, EndNote, Web of Science (Emerging Sources Citation Index), Scopus, Elsevier SSRN, Wiley Online Library, Taylor & Francis Online, SpringerLink, Proquest Business Collection, and

Google Scholar. The search of the database started with the literature review that utilized a variety of social science databases, including but not limited to SCIENCEDOMAIN International, EndNote, Web of Science (Emerging Sources Citation Index), Scopus, Elsevier SSRN, Wiley Online Library, Taylor & Francis Online, SpringerLink, Proquest Business Collection, and Google Scholar. This was done using the following keywords: "trust," "perceived value," "service quality," "telemedicine adoption," and "rural area." These keywords enabled the general inclusion for the sake of research. Secondly, based on relevance, publication date, and study design, the researcher included some criteria that made a study eligible for inclusion or exclusion. The following criterion was established as the next step in determining inclusion criteria: Unlike studies that employ variables of consumer adoption behavior for telemedicine and other telecommunication services, the selected studies must relate to the extent of patient trust, perceived telemedicine value, and perceived telemedicine service quality in adoption transactions, whether in rural or non-rural settings. Criteria were put in place to remove those studies irrelevant to the set research objectives or outside the geographical scope. A structured data extraction form was developed to extract information from selected studies systematically. This form included the key. Details of the studies included, such as authors, publication year, study design, sample size, key findings, and conceptual framework or models that may be proposed. The information extracted was followed by organizing the data into thematic categories concerning patients' trust, perceived value, and service quality. This step allowed for synthesizing the main findings that emerged from each study and identifying the patterns or trends across the literature. Following this was the critical appraisal of the methodological rigor and quality of the selected studies. The limitations or biases in the existing literature were examined and discussed at great length to make this review transparent. The synthesized literature encouraged the researcher to devise a conceptual model that demonstrated the interrelationships between patients' trust, perceived value, and service quality in telemedicine adoption in rural areas. Each element of the model was justified with evidence identified from the studies that were reviewed. Following this, findings from the literature were organized following the outlined structure and presented the key insights from the review while also supporting the development of the conceptual model. The reviewer was continually revising the methodology with iterated steps as an effort to add strength and focus against the research objectives. Ethical considerations included the issues of any biases included in the studies or potential conflicts of interest that would negatively affect the integrity of the review. The researcher also consulted peers and mentors to critically review her methodology to gauge the applicability and validity of the review's findings.

Table 1: Summary of Key Findings from Literature and References

The present role of telemedicine reflects several elements, such as the perceived value as well as the trust of the patient. High perceived value, including aspects like convenience, cost-effectiveness, and the ability to access quality care from any location, increases patients' uptake of telemedicine. This is backed up by the use of experience, positive word of mouth, and effective communication to enhance trust. Most patients are willing to use telemedicine services if they are confident in the security features of the platform, the doctors' expertise level, and the legitimacy of these services.	(Cengiz & Kirkbir, 2007; Han & Hyun, 2015; Bossa et al., 2022; Nguyen et al., 2021; Montague, & Asan, 2012; Eze et al., 2020; Li et al., 2023; Brown et al., 2024; Orrange et al., 2021; Sawesi et al., 2016; Bhattacharyya & Mandke, 2022; Nesbitt et al., 2005)
The perceived value of telemedicine is now beginning to sink into the minds of the patients once they become aware of its various advantages, which include time savings due to reduced travel time, easy and quick access to specialists, and lower healthcare expenses. Because the capability of telemedicine to provide personalized, quick-and-effective care has led to increased satisfaction on the patient end, the perceived value of telemedicine will increase exponentially, thus leading to even higher adoption rates. Although the perceived value in this case is based on criteria such as convenience, accessibility, cost, and quality of care, it therefore becomes very important to strongly influence the rate of adoption.	(Kahn et al., 2019; Bernarto, 2024; Dantu & Mahapatra, 2013; Campbell et al., 2001; Aufa et al., 2023; Campbell et al., 2001; Bhattacharyya & Mandke, 2022; Nesbitt et al., 2005)
The trust will be built once the patients are treated personally and empathetically and their data privacy is assured. Patient trust can be ensured to develop as a foundation of quality service, which will eventually result in escalated telemedicine use. Only when patients are receiving quality service related to from a healthcare expert, responding quickly, and relying on technology will the patients be confident enough that telemedicine is useful and at the same time safe. This will help to create trust in people's minds, and a user-friendly platform and transparency in communication will increase their willingness to choose telemedicine as one of their regular healthcare options.	(LeRouge et al., 2014; Preaux et al., 2023; Flodgren., 2015; Ben-Jacob, & Glazerman, 2021; Tringale & Hattangadi, 2019; Niznik et al., 2017; Bhattacharyya & Mandke, 2022; Nesbitt et al., 2005)

Healthcare organizations have to be focused on the perspective of quality of service in telemedicine to further the cause and ensure continued use by more patients. Factors that go on to determine a good experience in telemedicine involve assurance of the tool's reliability, usability, and protection of privacy measures. On the contrary, low-quality service, such as technical failure, waiting in a queue, or inept consultation, tends to deter patients from using the service in the future. In the case of high-quality virtual services provided by healthcare givers, including effective diagnosis and treatment, characterized by clear communication and timely responses, it raises the levels of acceptance among patients for this method of visits.	(Flodgren et al., 2015; Hoque et al., 2021; Zawada et al., 2009; Bradford et al., 2016; Mathur et al., 2017; Bhattacharyya & Mandke, 2022; Nesbitt et al., 2005)
Trust is a key mediator in the acceleration of the process of telemedicine adoption, being that it plays a critical role in the translation from awareness to actual adoption. Such a fact hence means that the building of trust must be advanced from a realization of positive experience and clear communication on data safety and privacy measures to the perceived competence of healthcare professionals in delivering care in the event of geographical confinement. Health providers can establish trust by being transparent, showcasing expertise in virtual settings, and ensuring consistent quality of care.	(Murray & McCrone, 2015; Baudier, 2023; Kuen et al.; 2023; Wu et al., 2021; Alviani et al., 2023; Bhattacharyya & Mandke, 2022; Eze et al., 2020)

FUTURE SCOPE OF THE STUDY

Further studies on the implementation of telemedicine in rural India could try to discover how cultural factors, technological awareness, and economic factors impact these processes. This view of the service providers and the effect of health policy toward telemedicine can be taken into consideration to give further depth to the research. Otherwise, more experimental research could be combined if patient trust, perceived value, and service quality could be measured at different time intervals after accepting the use of telemedicine as an integral part of the rural healthcare system. It will not only help in understanding the factors affecting telemedicine adoption in India's rural population but will also be instrumental in formulating better intervention strategies for sustaining telemedicine services in similar contexts across the world.

LIMITATIONS OF THE STUDY

Rural areas across the globe vary in technology accessibility, health infrastructure, and cultural attitudes toward each other. Additionally, there is a possibility of unreliable interpretation of results by this research because it does not fully include all complex socioeconomic and cultural factors that affect healthcare behavior in rural India. Moreover, one more disadvantage is that telemedicine technology changes at a fast pace, and the literature review used in this study may not adequately represent the latest developments or challenges. These limitations, therefore, indicate that although the study is useful, there is a need for further investigations, especially through primary research methods, to determine telemedicine adoption in rural India, considering a wider social context.

CONCLUSION

It is established from this present study that the successful adoption of telemedicine in rural India rests on patient trust, perceived value, and service quality. It is basic common sense that for the establishment of patient trust, the technology should be reliable, communication should be clear, and health expertise should be beyond doubt. There is a need to improve perceived value by focusing on the issues of access, affordability, and quality of care through telemedicine services. Service quality encompasses not only technical reliability but also the competencies of the healthcare providers. It is basic to nurturing trust and perceived value. The proposed conceptual model in this article delineates the interconnection of the foregoing factors in that they together bear on the adoption of telemedicine. Therefore, policymakers and providers will need to take a multi-faceted approach that focuses not only on the technical infrastructure, training of health care providers, education of patients, and ensuring quality service. Further research is necessary to measure the extended effects of telemedicine in rural India and the technological and cultural factors affecting adoption.

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