

# GEORGIAN MEDICAL NEWS

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ЕЖЕМЕСЯЧНЫЙ НАУЧНЫЙ ЖУРНАЛ

Медицинские новости Грузии  
საქართველოს სამედიცინო სიახლენი

## GEORGIAN MEDICAL NEWS

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**GMN: Georgian Medical News** is peer-reviewed, published monthly journal committed to promoting the science and art of medicine and the betterment of public health, published by the GMN Editorial Board since 1994. GMN carries original scientific articles on medicine, biology and pharmacy, which are of experimental, theoretical and practical character; publishes original research, reviews, commentaries, editorials, essays, medical news, and correspondence in English and Russian.

GMN is indexed in MEDLINE, SCOPUS, PubMed and VINITI Russian Academy of Sciences. The full text content is available through EBSCO databases.

**GMN: Медицинские новости Грузии** - ежемесячный рецензируемый научный журнал, издаётся Редакционной коллегией с 1994 года на русском и английском языках в целях поддержки медицинской науки и улучшения здравоохранения. В журнале публикуются оригинальные научные статьи в области медицины, биологии и фармации, статьи обзорного характера, научные сообщения, новости медицины и здравоохранения. Журнал индексируется в MEDLINE, отражён в базе данных SCOPUS, PubMed и ВИНТИ РАН. Полнотекстовые статьи журнала доступны через БД EBSCO.

**GMN: Georgian Medical News** – საქართველოს სამედიცინო სიახლენი – არის ყოველთვიური სამეცნიერო სამედიცინო რეცენზირებადი ჟურნალი, გამოიცემა 1994 წლიდან, წარმოადგენს სარედაქციო კოლეგიისა და აშშ-ის მეცნიერების, განათლების, ინდუსტრიის, ხელოვნებისა და ბუნებისმეტყველების საერთაშორისო აკადემიის ერთობლივ გამოცემას. GMN-ში რუსულ და ინგლისურ ენებზე ქვეყნდება ექსპერიმენტული, თეორიული და პრაქტიკული ხასიათის ორიგინალური სამეცნიერო სტატიები მედიცინის, ბიოლოგიისა და ფარმაციის სფეროში, მიმოხილვითი ხასიათის სტატიები.

ჟურნალი ინდექსირებულია MEDLINE-ის საერთაშორისო სისტემაში, ასახულია SCOPUS-ის, PubMed-ის და ВИНТИ РАН-ის მონაცემთა ბაზებში. სტატიების სრული ტექსტი ხელმისაწვდომია EBSCO-ს მონაცემთა ბაზებიდან.

### WEBSITE

[www.geomednews.com](http://www.geomednews.com)

## К СВЕДЕНИЮ АВТОРОВ!

При направлении статьи в редакцию необходимо соблюдать следующие правила:

1. Статья должна быть представлена в двух экземплярах, на русском или английском языках, напечатанная через **полтора интервала на одной стороне стандартного листа с шириной левого поля в три сантиметра**. Используемый компьютерный шрифт для текста на русском и английском языках - **Times New Roman (Кириллица)**, для текста на грузинском языке следует использовать **AcadNusx**. Размер шрифта - **12**. К рукописи, напечатанной на компьютере, должен быть приложен CD со статьей.

2. Размер статьи должен быть не менее десяти и не более двадцати страниц машинописи, включая указатель литературы и резюме на английском, русском и грузинском языках.

3. В статье должны быть освещены актуальность данного материала, методы и результаты исследования и их обсуждение.

При представлении в печать научных экспериментальных работ авторы должны указывать вид и количество экспериментальных животных, применявшиеся методы обезболивания и усыпления (в ходе острых опытов).

4. К статье должны быть приложены краткое (на полстраницы) резюме на английском, русском и грузинском языках (включающее следующие разделы: цель исследования, материал и методы, результаты и заключение) и список ключевых слов (key words).

5. Таблицы необходимо представлять в печатной форме. Фотокопии не принимаются. **Все цифровые, итоговые и процентные данные в таблицах должны соответствовать таковым в тексте статьи**. Таблицы и графики должны быть озаглавлены.

6. Фотографии должны быть контрастными, фотокопии с рентгенограмм - в позитивном изображении. Рисунки, чертежи и диаграммы следует озаглавить, пронумеровать и вставить в соответствующее место текста **в tiff формате**.

В подписях к микрофотографиям следует указывать степень увеличения через окуляр или объектив и метод окраски или импрегнации срезов.

7. Фамилии отечественных авторов приводятся в оригинальной транскрипции.

8. При оформлении и направлении статей в журнал МНГ просим авторов соблюдать правила, изложенные в «Единых требованиях к рукописям, представляемым в биомедицинские журналы», принятых Международным комитетом редакторов медицинских журналов - <http://www.spinesurgery.ru/files/publish.pdf> и [http://www.nlm.nih.gov/bsd/uniform\\_requirements.html](http://www.nlm.nih.gov/bsd/uniform_requirements.html) В конце каждой оригинальной статьи приводится библиографический список. В список литературы включаются все материалы, на которые имеются ссылки в тексте. Список составляется в алфавитном порядке и нумеруется. Литературный источник приводится на языке оригинала. В списке литературы сначала приводятся работы, написанные знаками грузинского алфавита, затем кириллицей и латиницей. Ссылки на цитируемые работы в тексте статьи даются в квадратных скобках в виде номера, соответствующего номеру данной работы в списке литературы. Большинство цитированных источников должны быть за последние 5-7 лет.

9. Для получения права на публикацию статья должна иметь от руководителя работы или учреждения визу и сопроводительное отношение, написанные или напечатанные на бланке и заверенные подписью и печатью.

10. В конце статьи должны быть подписи всех авторов, полностью приведены их фамилии, имена и отчества, указаны служебный и домашний номера телефонов и адреса или иные координаты. Количество авторов (соавторов) не должно превышать пяти человек.

11. Редакция оставляет за собой право сокращать и исправлять статьи. Корректур авторам не высылаются, вся работа и сверка проводится по авторскому оригиналу.

12. Недопустимо направление в редакцию работ, представленных к печати в иных издательствах или опубликованных в других изданиях.

**При нарушении указанных правил статьи не рассматриваются.**

## REQUIREMENTS

Please note, materials submitted to the Editorial Office Staff are supposed to meet the following requirements:

1. Articles must be provided with a double copy, in English or Russian languages and typed or computer-printed on a single side of standard typing paper, with the left margin of 3 centimeters width, and 1.5 spacing between the lines, typeface - **Times New Roman (Cyrillic)**, print size - 12 (referring to Georgian and Russian materials). With computer-printed texts please enclose a CD carrying the same file titled with Latin symbols.

2. Size of the article, including index and resume in English, Russian and Georgian languages must be at least 10 pages and not exceed the limit of 20 pages of typed or computer-printed text.

3. Submitted material must include a coverage of a topical subject, research methods, results, and review.

Authors of the scientific-research works must indicate the number of experimental biological species drawn in, list the employed methods of anesthetization and soporific means used during acute tests.

4. Articles must have a short (half page) abstract in English, Russian and Georgian (including the following sections: aim of study, material and methods, results and conclusions) and a list of key words.

5. Tables must be presented in an original typed or computer-printed form, instead of a photocopied version. **Numbers, totals, percentile data on the tables must coincide with those in the texts of the articles.** Tables and graphs must be headed.

6. Photographs are required to be contrasted and must be submitted with doubles. Please number each photograph with a pencil on its back, indicate author's name, title of the article (short version), and mark out its top and bottom parts. Drawings must be accurate, drafts and diagrams drawn in Indian ink (or black ink). Photocopies of the X-ray photographs must be presented in a positive image in **tiff format**.

Accurately numbered subtitles for each illustration must be listed on a separate sheet of paper. In the subtitles for the microphotographs please indicate the ocular and objective lens magnification power, method of coloring or impregnation of the microscopic sections (preparations).

7. Please indicate last names, first and middle initials of the native authors, present names and initials of the foreign authors in the transcription of the original language, enclose in parenthesis corresponding number under which the author is listed in the reference materials.

8. Please follow guidance offered to authors by The International Committee of Medical Journal Editors guidance in its Uniform Requirements for Manuscripts Submitted to Biomedical Journals publication available online at: [http://www.nlm.nih.gov/bsd/uniform\\_requirements.html](http://www.nlm.nih.gov/bsd/uniform_requirements.html)  
[http://www.icmje.org/urm\\_full.pdf](http://www.icmje.org/urm_full.pdf)

In GMN style for each work cited in the text, a bibliographic reference is given, and this is located at the end of the article under the title "References". All references cited in the text must be listed. The list of references should be arranged alphabetically and then numbered. References are numbered in the text [numbers in square brackets] and in the reference list and numbers are repeated throughout the text as needed. The bibliographic description is given in the language of publication (citations in Georgian script are followed by Cyrillic and Latin).

9. To obtain the rights of publication articles must be accompanied by a visa from the project instructor or the establishment, where the work has been performed, and a reference letter, both written or typed on a special signed form, certified by a stamp or a seal.

10. Articles must be signed by all of the authors at the end, and they must be provided with a list of full names, office and home phone numbers and addresses or other non-office locations where the authors could be reached. The number of the authors (co-authors) must not exceed the limit of 5 people.

11. Editorial Staff reserves the rights to cut down in size and correct the articles. Proof-sheets are not sent out to the authors. The entire editorial and collation work is performed according to the author's original text.

12. Sending in the works that have already been assigned to the press by other Editorial Staffs or have been printed by other publishers is not permissible.

**Articles that Fail to Meet the Aforementioned  
Requirements are not Assigned to be Reviewed.**

## ავტორთა საქურაღებოლ!

რედაქციაში სტატიის წარმოდგენისას საჭიროა დაიცვათ შემდეგი წესები:

1. სტატია უნდა წარმოადგინოთ 2 ცალად, რუსულ ან ინგლისურ ენებზე დაბეჭდილი სტანდარტული ფურცლის 1 გვერდზე, 3 სმ სიგანის მარცხენა ველისა და სტრიქონებს შორის 1,5 ინტერვალის დაცვით. გამოყენებული კომპიუტერული შრიფტი რუსულ და ინგლისურენოვან ტექსტებში - **Times New Roman (Кириллица)**, ხოლო ქართულენოვან ტექსტში საჭიროა გამოვიყენოთ **AcadNusx**. შრიფტის ზომა – 12. სტატიას თან უნდა ახლდეს CD სტატიით.

2. სტატიის მოცულობა არ უნდა შეადგენდეს 10 გვერდზე ნაკლებს და 20 გვერდზე მეტს ლიტერატურის სიის და რეზიუმეების (ინგლისურ, რუსულ და ქართულ ენებზე) ჩათვლით.

3. სტატიაში საჭიროა გაშუქდეს: საკითხის აქტუალობა; კვლევის მიზანი; საკვლევი მასალა და გამოყენებული მეთოდები; მიღებული შედეგები და მათი განსჯა. ექსპერიმენტული ხასიათის სტატიების წარმოდგენისას ავტორებმა უნდა მიუთითონ საექსპერიმენტო ცხოველების სახეობა და რაოდენობა; გაუტკივარებისა და დაძინების მეთოდები (მწვავე ცდების პირობებში).

4. სტატიას თან უნდა ახლდეს რეზიუმე ინგლისურ, რუსულ და ქართულ ენებზე არანაკლებ ნახევარი გვერდის მოცულობისა (სათაურის, ავტორების, დაწესებულების მითითებით და უნდა შეიცავდეს შემდეგ განყოფილებებს: მიზანი, მასალა და მეთოდები, შედეგები და დასკვნები; ტექსტუალური ნაწილი არ უნდა იყოს 15 სტრიქონზე ნაკლები) და საკვანძო სიტყვების ჩამონათვალი (key words).

5. ცხრილები საჭიროა წარმოადგინოთ ნაბეჭდი სახით. ყველა ციფრული, შემაჯამებელი და პროცენტული მონაცემები უნდა შეესაბამებოდეს ტექსტში მოყვანილს.

6. ფოტოსურათები უნდა იყოს კონტრასტული; სურათები, ნახაზები, დიაგრამები - დასათაურებული, დანომრილი და სათანადო ადგილას ჩასმული. რენტგენოგრამების ფოტოასლები წარმოადგინეთ პოზიტიური გამოსახულებით **tiff** ფორმატში. მიკროფოტოსურათების წარწერებში საჭიროა მიუთითოთ ოკულარის ან ობიექტივის საშუალებით გადიდების ხარისხი, ანათალების შედეგის ან იმპრეგნაციის მეთოდი და აღნიშნოთ სურათის ზედა და ქვედა ნაწილები.

7. სამამულო ავტორების გვარები სტატიაში აღინიშნება ინიციალების თანდართვით, უცხოურისა – უცხოური ტრანსკრიპციით.

8. სტატიას თან უნდა ახლდეს ავტორის მიერ გამოყენებული სამამულო და უცხოური შრომების ბიბლიოგრაფიული სია (ბოლო 5-8 წლის სიღრმით). ანბანური წყობით წარმოდგენილ ბიბლიოგრაფიულ სიაში მიუთითეთ ჯერ სამამულო, შემდეგ უცხოელი ავტორები (გვარი, ინიციალები, სტატიის სათაური, ჟურნალის დასახელება, გამოცემის ადგილი, წელი, ჟურნალის №, პირველი და ბოლო გვერდები). მონოგრაფიის შემთხვევაში მიუთითეთ გამოცემის წელი, ადგილი და გვერდების საერთო რაოდენობა. ტექსტში კვადრატულ ფხიხლებში უნდა მიუთითოთ ავტორის შესაბამისი N ლიტერატურის სიის მიხედვით. მიზანშეწონილია, რომ ციტირებული წყაროების უმეტესი ნაწილი იყოს 5-6 წლის სიღრმის.

9. სტატიას თან უნდა ახლდეს: ა) დაწესებულების ან სამეცნიერო ხელმძღვანელის წარდგინება, დამოწმებული ხელმოწერითა და ბეჭდით; ბ) დარგის სპეციალისტის დამოწმებული რეცენზია, რომელშიც მითითებული იქნება საკითხის აქტუალობა, მასალის საკმაობა, მეთოდის სანდოობა, შედეგების სამეცნიერო-პრაქტიკული მნიშვნელობა.

10. სტატიის ბოლოს საჭიროა ყველა ავტორის ხელმოწერა, რომელთა რაოდენობა არ უნდა აღემატებოდეს 5-ს.

11. რედაქცია იტოვებს უფლებას შეასწოროს სტატია. ტექსტზე მუშაობა და შეჯერება ხდება საავტორო ორიგინალის მიხედვით.

12. დაუშვებელია რედაქციაში ისეთი სტატიის წარდგენა, რომელიც დასაბეჭდად წარდგენილი იყო სხვა რედაქციაში ან გამოქვეყნებული იყო სხვა გამოცემებში.

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## A STUDY ON FACTORS AFFECTING THE INTENTIONS TO ACCEPT TELEMEDICINE SERVICES IN INDIA DURING COVID-19 PANDEMIC

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### Abstract.

The goal of the current study is to comprehend the factors that influence a decision to use telemedicine for healthcare. India saw a massive surge in the use of telemedicine services in the year 2020-21, with teleconsultations increasing by almost 300%. Lockdowns and Covid-19 limitations sped up the introduction of telemedicine services. The advantages of telemedicine healthcare services, however, have not yet reached the vast majority of the population. A pilot survey is done, and a study framework is suggested, to better understand the factors that influence people's decisions to use telemedicine healthcare services. The following variables are taken into account for the study: personal norms, telemedicine use expectation, knowledge, telemedicine usage, initial satisfaction, and covid phobia -19 (CP-19). The suggested framework is then put to the test using SEM (Structural equation modelling), and a good model fit was found. Policymakers and marketers can use the findings to increase the acceptance of telemedicine healthcare services among the general public in order to promote convenience, accessibility, and healthy living.

**Key words.** Telemedicine healthcare services, SEM (Structural equation modelling), Personal norms, Telemedicine user expectation, knowledge, Telemedicine usage, Intention to adopt, Covid phobia -19 (CP-19).

### Introduction.

Hospital access has been hampered by the overstretched healthcare infrastructure caused by steadily rising Covid-19 infections. Lockdowns at the national and/or local levels have made it harder for individuals to visit hospitals for treatments and consultations. In addition, people's psychological difficulties as a result of their dread of COVID-19 have caused panic and discrimination [1]. Yet, this anxiety has encouraged patients to seek out alternative healthcare delivery systems and has sped up the development of telemedicine healthcare services (THS), which was in its infancy in most of the world's nations, including India. The fear of COVID-19 has influenced people's behavioural intentions towards THS adoption. Any medical procedure including an element of distance can be included under the umbrella of telemedicine [2]. Telemedicine services use communication technologies to deliver healthcare to participants/patients who are geographically distant [3]. About two thirds of Indians live in rural regions, thus telemedicine might be a blessing in providing them with access to high-quality healthcare. In primary care, telemedicine typically takes the form of phone conversations in which patients ask their doctors for guidance on non-urgent health issues. When in-

person consultation is required, telemedicine is not intended to be used in place of it but rather as a supplement.

The primary function of telemedicine nowadays is to save time for both patients and doctors by eliminating the need for an in-person consultation or treatment. Compared to waiting to visit a doctor or other healthcare practitioner, the cost is far lower.

After hours, when a doctor's office is closed, telemedicine can assist with certain essential calls. It's extremely helpful for monitoring people with long-term conditions like diabetes, high cholesterol, or high blood pressure. People who are generally healthy but could use some assistance with things like dosage adjustments, lifestyle regimens, medication refills, or even just access to a support group can take advantage of telemedicine.

The provision of telemedicine services through satellite was used to meet the medical requirements of those affected by the earthquakes in Mexico City in 1985 and Soviet Armenia in 1988 [3]. When a tsunami disrupted daily life on a larger scale in the Andaman-Nicobar region of India in 2004, telemedicine services were also utilized there [4]. Simply put, telemedicine in the medical field is not new, but adoption rates are still low [3]. Since the first half of the 20th century, electrocardiogram (ECG) transmission through telephone lines has demonstrated the use of technology in health care and has the potential to provide virtual consultations [4]. Currently, the implementation obstacles for telemedicine services have been significantly lowered by the development of wireless broadband and the almost universal usage of the internet. Yet, there is still end user resistance, which requires research [3].

According to a June 2020 article in Indian Express, India had a 500% increase in healthcare teleconsultations, with 80% of users being first-time users (Indian Express, 2020). Also, it was reported that during March to May 2020, 5 crore People used the internet to receive healthcare services [5].

Meanwhile, a Statista analysis from October projects that the global market for telemedicine will reach \$5410 million USD in 2020, an increase of nearly five times the amount spent today [6].

The enormous population of India can have its healthcare needs/requirements met thanks to telemedicine. So, it becomes of paramount importance to research the variables influencing people's behavioural intention to use telemedicine. To begin with, pilot research is carried out to identify the components. The proposed framework, which is based on the pilot study, takes into account the following variables and their effects on the intention to adopt telemedicine (IAT) healthcare services: User expectation (UE), knowledge (KN), telemedicine usage (Tu), initial satisfaction (IS), covid phobia (CP-19), and Personal norms (PN).



## Theoretical foundation and theories.

**Telemedicine-usage TU:** Consumer experience is important in behavioural research (Hoch and Deighton, 1989). Customers gain knowledge and adapt from their consumption of products and services, building a body of information that results in the formulation of expectations and future behavioural intentions [7].

**H1:** Telemedicine usage positively affects users' knowledge of the service.

**H2:** Telemedicine usage effects users' Experience of telemedicine service adoption favourably.

**Knowledge (KN)** Knowledge is defined as a user's familiarity with a product or service that inspires further learning, investigation, and usage [8]. High level of familiarity relates to initial understanding and experience, which in turn results in deeply ingrained opinions and expectations regarding THS [8].

**H3:** KN has a beneficial impact on users' uptake(expectation) of telemedicine services.

**Initial-Satisfaction (IS)** According to [6] initial-satisfaction refers to a person's initial interactions with a service. Positive past experiences increase satisfaction levels [6].

The development of expectations for the THS is further influenced by customer satisfaction with the service [9].

**H4:** The IS with the telemedicine service effects the user experience of the adoption of telemedicine healthcare services favourably.

### Personal Norm (PN).

The personal norm is the social acceptance of a behaviour [9]. The societal structure of friends, family, and acquaintances affects a person's behaviour when performing a specific task [10], The likelihood that a person will accept telemedicine healthcare services is most likely to be positively impacted by society's initial happiness with a service.

**H5:** PN has a favorable impact on telemedicine users' expectations.

**H6:** PN influences users' IAT (Intention for adopting Telemedicine.) in a favourable way.

### The Covid-19 phobia (CP-19).

Although fear is a bad thing, it has occasionally served as inspiration to act morally. In 2010, Algie and Rossiter discovered that fear of punishment encourages drivers to abide by traffic laws, improving road safety [10]. To stop the rise of Covid-19 cases, Ahorsu and his study team expressed a dread of Covid-19 scale in 2020 [11]. Negative emotions like fear have the power to significantly alter expectations and prompt adoption behaviour.

**H7:** CP-19 has a beneficial impact on users' expectations.

**H8:** CP-19 has a beneficial impact on users' IAT (Intention for adopting Telemedicine).

### User Expectation (UE).

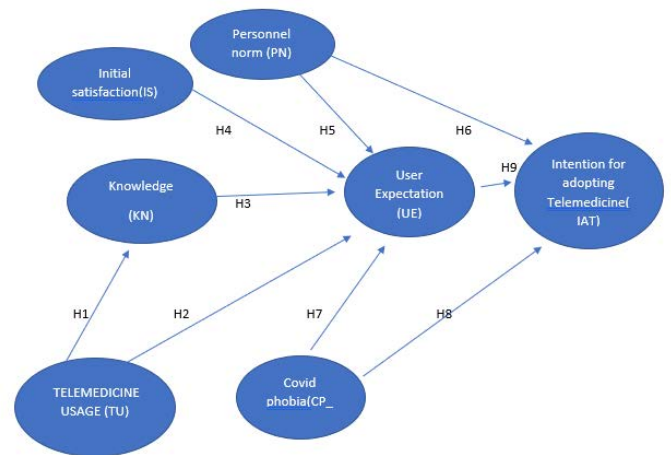
It has been proven that expectations influence behaviour. It is characterized as a person's previously expressed opinions regarding a good or service [12].

Expectations are also the likelihood that an event will occur depending on how consumers perceive it [13]. It serves as a basis for the development of attitudes that influence decisions about levels of satisfaction .Since IOT-enabled technologies are

more standardized and compliant, they are better suited to meet people's expectations. As a result of the foregoing discussion, it is possible to speculate that expectations favourably affect IAT (Intention for adopting Telemedicine) telemedicine healthcare services.

**H9:** UE has a favourable impact on IAT telemedicine medical services.

The suggested conceptual framework is represented in Figure 1 and is based on the developed hypotheses mentioned above.



**Figure 1.** Conceptual framework for intentions to adopt telemedicine services.

## Methodology/Sampling.

The sample for the current study was made up of volunteers from Mohali, Jalandhar, Delhi, and Amritsar, which are all significant north Indian cities. Due to budgetary restrictions, the convenience sampling approach was used, and the questionnaire was sent via email. The study was open to participants who had previously used telemedicine services for medical care. There were 560 total responses, 450 of which were complete and useful.

## Measures.

The seven-point Likert scale, with values ranging from 7 for strongly agree to 1 for strongly disagree, was used for the study. For this study, validated and standardised scales from earlier studies were modified. Three knowledge-related measures, four telemedicine-related items, two initial satisfaction-related items, and three User expectations-related items were adapted from initial studies [13]. Cobelli, Cassia, and Burro's work was used to modify three items of personal norm and three items of intention to use. Finally, six items related to covid phobia were adopted from Ahorsu and authors' research [11].

## Results.

**Regularity and Typical Method Bias:** 24 observable variables and 6 hidden variables made up the model. Herman's single factor test was used to evaluate common technique bias. It was determined that the data were free of common method bias because the variance explained by the single factor was less than 50% [14]. When the Mahala Nobis distance was used to determine if the data were normally distributed, it was found that 90.6% of the values fell between two sigma levels [14].

**Table 1.** Cross-loading of items.

Item Code	Factor Loading	Composite Reliability	Cronbach's Alpha	AVE (average variance extracted)
TU1	0.940	0.893	0.912	0.910
TU2	0.967			
TU 3	0.966			
TU 4	0.840			
KN1	0.864	0.902	0.89	0.848
KN2	0.937			
KN3	0.854			
IS1	0.875	0.844	0.862	0.738
IS2	0.886			
IS3	0.896			
UE1	0.946	0.864	0.773	0.734
UE2	0.880			
UE3	0.885			
UE4	0.823			
PN1	0.921	0.955	0.912	0.899
PN2	0.926			
PN3	0.928			
CP-19-1	0.810	0.952	0.914	0.782
CP-19-2	0.992			
CP-19-3	0.822			
CP-19-4	0.888			
CP-19-5	0.925			
CP-19-6	0.859			
CP-19-7	0.862			
IAT1	0.873	0.813	0.816	0.724
IAT2	0.824			
IAT3	0.793			

**Table 2.** Square root exceeds the correlation across components.

Constructs	TU	KN	IS	UE	PN	CP	IAT
<b>TU</b>	<b>0.932</b>						
<b>KN</b>	0.677**	<b>0.931</b>					
<b>IS</b>	0.535**	0.533**	<b>0.844</b>				
<b>UE</b>	0.556*	0.534**	0.512*	<b>0.842</b>			
<b>PN</b>	0.566**	0.674**	0.582**	0.666**	<b>0.955</b>		
<b>CP</b>	0.526*	0.663**	0.551**	0.560**	0.744**	<b>0.854</b>	
<b>IAT</b>	0.544*	0.073	0.657**	0.615**	0.541**	0.744**	<b>0.860</b>

**Table 3.** Path relationship of sem.

Hypothesis	Structural path	Standardized coefficient (p-value)	Relationship
H1	TU -> KN	0.35**	Support is There
H2	TU -> UE	0.24*	Support is There
H3	KN ->UE	0.34**	Support is There
H4	IS -> UE	0.44*	Support is There
H5	PN -> UE	0.20*	Support is There
H6	PN -> IAT	0.04 NS	Not Supported in relation
H7	CP-19 -> UE	0.03 NS	Not Supported in relation
H8	CP-19 -> UE	0.23**	Support is There
H9	UE-> IAT	0.53**	Support is There

Note: \*p<0.01 \*\*p<0.001; NS = Not significant

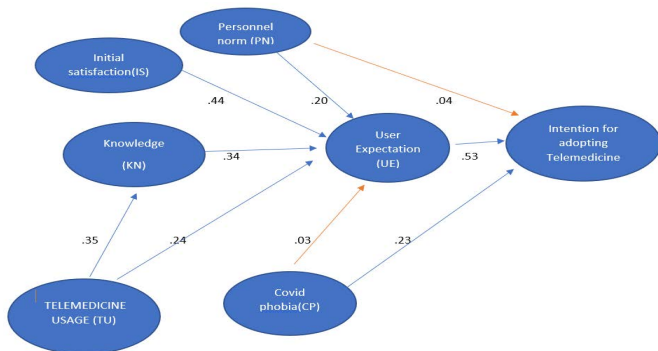


Figure 2. Structural model for conceptual framework.

**Validity and Reliability:** Confirmatory factor analysis was used to prove the data's validity and reliability. Cronbach's alpha was used to establish inter-item reliability, while composite reliability was utilised to establish construct reliability. Construct reliability and inter-item reliability are proven since the value of the Cronbach's alpha and composite reliability were over the threshold limit of 0.7 (Table 1) [15]. Factor loadings and average extracted variance that were over the limits of 0.6 and 0.5 were analysed for convergent validity, and the results are reported in Table 1 (Hair et al. 1998). Moreover, discriminant validity is demonstrated by the fact that AVE's (average variance extracted) square root exceeds the correlation across components (Table 2) [13].

### Discussion.

Modelling Measurement and Testing Hypothesis The measurement model was evaluated using SEM with the AMOS 20 version. The following model fit indices showed a good model fit:  $\chi^2 = 384.592$ ,  $2/df = 2.371$ ,  $GFI = 0.911$  (acceptable  $>0.9$ ; Bagozzi & Yi, 1988);  $TLI = 0.912$ ;  $CFI = 0.932$ ;  $IFI = 0.928$ ;  $RMSEA = 0.06$  (acceptable 0.08; Hair et al., 1998). In figure 2, the structural model is displayed.

Table 3 displays the outcomes of the hypotheses test. Except for H6 and H7, all of the hypotheses are significant at the 0.05 level of significance. At a significant level of 0.001, H1, H3, H8, and H9 are significant, while H2, H4, and H5 are significant at a level of 0.01.

### Conclusion.

The goal of the current study is to comprehend what motivates Indian consumers to use telemedicine as a kind of treatment. The proposed framework is supported by the model test results, and all of the elements are seen to have a sizable direct or indirect impact on IAT. With a coefficient value of 0.53, user expectation or anticipation is seen to have a considerable positive direct impact on IAT. The standardised and compliant nature of communication technology results in higher satisfaction of expectations, which raises IAT [14]. With a coefficient value of 0.23, CP-19 is found to have a direct, significant positive impact on IAT. CP-19 is a motivation resulting from fear to adhere to COVID-19 safety regulations while still obtaining the essential services through other channels [11]. Another essential element that is seen to have a strong beneficial impact on UE and play a crucial part in expectation development is IS, KN, and PN. Although PN is not significant at the 0.05 level of significance, it is observed to have a beneficial impact on IAT. Nonetheless, PN is crucial for the development of expectations and hence

may have an effect on IAT via UE. CP19 is observed to posit a positive impact on UE but is not significant at 0.05 level of significance.

This study may give marketers and policy makers vital information about how to sell and promote services to influence consumer behaviour and the desire to use telemedicine for healthcare.

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