

Acceptance of Telemedicine in Tuguegarao City

Jay-Lord S. Achanzar¹
School of Health and Allied Sciences
University of Saint Louis
Tuguegarao City, Cagayan
jaylord.achanzar@gmail.com

Rizsel Nhozka V. Alipio²
School of Health and Allied Sciences
University of Saint Louis
Tuguegarao City, Cagayan
rnva0929@gmail.com

Melanie B. Sison³
School of Health and Allied Sciences
University of Saint Louis
Tuguegarao City, Cagayan
sisonmelanie0702@gmail.com

Abstract—Coronavirus disease 2019 (COVID-19) led to changes in the way health care is delivered. The use of information and communication technology for remote patient treatment is known as telemedicine. This study was developed to determine the acceptance of the utilization of telemedicine in Tuguegarao City.

The study used a simple random sampling to identify the participants in which the participants of this study are (a) patients who have experienced using Telemedicine at least three times and (b) physicians who are offering telemedicine services within Tuguegarao City for at least three months. This study utilized a descriptive design to determine the difference in the level of usability between patient and physician respondents when group according to their profile variables. An adapted questionnaire was used wherein the questions were modified to fit the respondents of the study. It was then distributed online using Google Forms to identified patient and physician respondents that have utilized telemedicine in Tuguegarao City with the total of 366 respondents, 215 patient respondents and 151 physician respondents.

The study found out that telemedicine has high usability between the patient and physician respondents. And between the two respondents, the usability of telemedicine is higher in patients than physician in terms of overall usability. As a result, telemedicine is a valuable tool for providing care while keeping patients and health care providers safe especially during this pandemic. This would give a more accurate and complete view of telehealth and telemedicine's involvement in clinical practice

Keywords— *Telemedicine, Acceptance, UTAUT model*

I. INTRODUCTION

Coronavirus disease 2019 (COVID-19) led to changes in the way health care is delivered (Centers for Disease Control and Prevention [CDC], 2020). There is an increase in patients seeking treatment for respiratory illnesses that could be COVID-19. It is deferring and delaying non-COVID-19 care, disruptions in supply chains, fluctuations in facility utilization, absenteeism among staff due to sickness or caregiving duties, and spikes in mental well-being conditions during the COVID-19 pandemic (Centers for Disease Control and Prevention [CDC], 2021). Healthcare needs to reduce the interaction between the patient and staff to minimize the spread of the virus. There has been a sudden need to adapt to the current situation and change the

triaging and check-up services (Centers for Disease Control and Prevention [CDC], 2020). In the middle of the virus outbreak, it's becoming clear that telehealth has the potential to play a vital role in the global response (Smith et al., 2020).

Since the issuance of Presidential Proclamation No. 922, s. 2020, under Republic Act. No. 11332 declaring a State of Public Health Emergency due to the rise of coronavirus disease (COVID-19) cases and the announcement of Proclamation No. 929, s. 2020 placing Luzon under enhanced community quarantine, the government has taken steps to provide health services, such as developing a framework for telemedicine. With hospitals and health care facilities rapidly becoming high-risk places for both patients and healthcare workers, telemedicine has been viewed as a game-changer in mobilizing resources (Disini & Disini Law Office, 2020). As stated in DOH Memorandum Circular No. 2020- 0016, patients can now receive health services even while staying at home except for patients with critical conditions, emergencies, or to access COVID-19-related health services as per standing protocols (DOH, 2020).

Telehealth is the use of digital information and communication technologies to access health care services remotely and manage your health care. Technologies can include computers and mobile devices, such as tablets and smartphones. Telemedicine is a subset of telehealth and is known to be the use of information and communication technology as one way of delivering patient care (Pasco, 2016). It is becoming a more commonly accepted and widely used means of delivering expert and timely healthcare (Hassan et al., 2018). It is a telehealth service that has the potential to improve access to care, particularly in areas with limited health-care resources, such as rural or urban areas (Lin et al., 2018).

Healthcare professionals are now seeing a surge in consultations on COVID-19. It is especially relevant in hospitals. Most of these consultations are manageable at the primary level of care. The DOH recognizes the importance of telemedicine, especially primary care teleconsultation or online consultation such as virtual appointments, online doctor consultation, web-based visits for minor illnesses that may be delivered via telemedicine in alleviating the surge and

minimizing the risks raised by needless hospital traffic, and enabling successful community quarantine (DOH, 2020).

The Unified Theory of Acceptance and Use of Technology (UTAUT) developed by Venkatesh, Thong, and Xu (2003) explains the acceptance and use of ICT innovations in a consumer context. The UTAUT is the most frequently used theoretical model in information technology and has applied to different areas, such as electronic health (eHealth) services, electronic medical record systems, and other health-related information technologies (Zhang et al., 2019). The UTAUT is regarded as the most sensitive and up-to-date tool in explaining differences in technology acceptance and its purpose. (Khatun, Palas, & Ray, 2017).

Four constructs were originally postulated to have a significant role in determining the acceptance of telehealth: performance expectancy, effort expectancy, social influence, and facilitating conditions. In addition, attitudes were included which were tested as a potential construct for technology acceptance and determined not to be a direct determinant of intention to use technology. However, attitudes toward technology appeared to be associated with telehealth initiation (Woo, 2020). Behavioral Intention is the degree to which an individual intends to use the system (Khatun, et., 2017). This theory would be helpful in the study to assess and evaluate the acceptance and implementation of health in the healthcare system. This theory would be essential in discussing the outcome of this study.

This study aimed to determine the acceptance of the patients and physicians on the use of telemedicine in Tuguegarao City. Furthermore, the study determined any significant difference in the acceptance of telemedicine use between patients and physicians. Since telemedicine has the potential to improve health care efficiency, coordination, and accessibility. The use of telemedicine is a new method and the way where new technology is used in patient care, medical health care, medical education, and healthcare administration. Technology healthcare through telemedicine improves the healthcare quality and accessibility for more people.

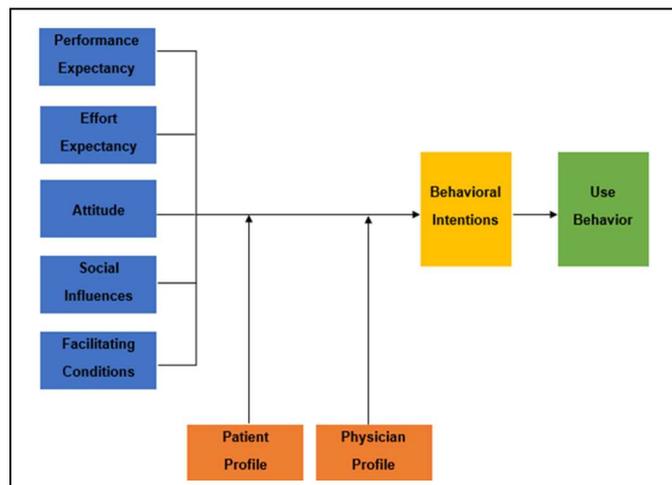


Fig. 2. Research paradigm

The figure shows the independent and dependent variables of the study. The independent variable consists of demographic profile of the physician respondents and patient respondents. And how the dependent variable includes determinants of Performance Expectancy, Effort Expectancy, Attitude, Social Influence, and Facilitating condition which affects the behavioral intention and the acceptance of the respondents.

II. METHODS

A. Research Design

A quantitative design was utilized throughout this study specifically, a descriptive research design.

B. Locale and Respondents

This study was conducted in Cagayan Valley Medical Center at Carig Sur, as well as private clinics in Tuguegarao City, Cagayan Valley, which utilized telemedicine and healthcare services following strict community guidelines.

The participants of this study were (a) patients who have experienced using Telemedicine at least three times and (b) physicians who are offering telemedicine services within Tuguegarao City for at least three months. The researchers used simple random sampling to identify the participants. The researchers wrote a letter to the department head of the Cagayan Valley Medical Center, asking about the number of physicians using Telemedicine including their contact information. The researchers conducted a preliminary survey and determined the target sample population using an exclusion criterion: a) Adequate internet connection, b) capability in answering google form, or availability of a significant other to assist them, and c) willingness to participate. The sample size of patients with an estimated three months of telemedicine usage was 215 while the physicians' sample size was 151.

TABLE I. PROFILE OF THE PATIENTS

Variables	Categories	Frequency	Percentage
Gender	Male	97	45%
	Female	118	55%
	TOTAL	215	100%
Age	21- 30	188	87%
	31 - 40	23	11%
	41 - 50	2	1%
	51 - 60	2	1%
	TOTAL	215	100%
Civil Status	Single	148	69%
	Married	66	31%
	Divorced	0	0%
	Widowed	1	0%
	TOTAL	215	100%
Highest Educational Attainment	Elementary	0	0%
	Junior High School	48	22%
	Senior High School	64	30%
	Technical Vocation	0	0%
	College Graduate	103	48%
TOTAL	215	100%	
Underlying Medical Conditions	Anemia	6	3%
	Dental check-ups	22	10%
	Overweight	3	1%
	Asthma	18	8%
	Migraine/headache	3	1%
	Anxiety	8	4%
	None/ in good Condition	4	2%

Variables	Categories	Frequency	Percentage
	Allergic rhinitis	3	1%
	Arthritis	7	3%
	Diabetes	11	5%
	High blood pressure	17	8%
	Tb	4	2%
	Cough	17	8%
	Colds	9	4%
	Malnourished	7	3%
	Anorexia	1	0%
	Flu	24	11%
	Depression	6	3%
	Pregnancy	8	4%
	Gerd	4	2%
	Hypertension/ chd	9	4%
	Covid	1	0%
	Abdominal pain / stomachache	6	3%
	Appendicitis	1	0%
	PCOS	1	0%
	Chest pains	1	0%
	Toothache	2	1%
	UTI	3	1%
	Back pain	3	1%
	Fever	6	3%
	TOTAL	215	100%
Types of Services availed	Laboratory and Diagnostic care	18	8%
	Dental care	24	11%
	Preventive care	12	6%
	Physical and occupational care	9	4%
	Mental care	15	7%
	Prenatal care	9	4%
	Pharmaceutical care	83	39%
	Nutritional support	30	14%
	Health consultation on Musculoskeletal problems	2	1%
	Pediatric medicine	0	0%
	General medicine	3	1%
	Primary health care	10	5%
	TOTAL	215	100%
Frequency of Use	1-2 TIMES	153	71%
	3-4 TIMES	50	23%
	5 TIMES OR MORE	12	6%
	TOTAL	215	100%

Table above shows the profiles of the patient respondents. Most of the respondents were female, were aged around 21-30 years old, and have college graduate as their highest educational attainment. The majority of the patient respondents have an underlying medical condition of flu consulting pharmaceutical care on what medicine they can take.

TABLE II. PROFILE OF THE PHYSICIANS

Variables	Categories	Frequency	Percentage
Sex	Male	56	37%
	Female	95	63%
	TOTAL	151	100%
Age	21- 30	47	31%
	31 - 40	63	42%
	41 - 50	32	21%
	51 - 60	9	6%
	TOTAL	151	100%
Diplomate	39	26%	

Variables	Categories	Frequency	Percentage	
Highest Educational Attainment	Fellow	10	7%	
	General practitioner	27	18%	
	On-going residency	49	32%	
	Post-residency	26	17%	
	TOTAL	151	100%	
Area of Specialization	Orthopaedics	39	26%	
	Surgery	10	7%	
	Ob-gyn	27	18%	
	Pediatrics	49	32%	
	Radiology	26	17%	
	TOTAL	151	100%	
Area of Practice	Private clinic	58	38%	
	Public hospital	72	48%	
	Private hospital	21	14%	
	TOTAL	151	100%	
Health Services offered via Telemedicine	Laboratory and diagnostic care	35	23%	
	Dental care	5	3%	
	Preventive care	6	4%	
	Physical and occupational care	6	4%	
	Mental care	22	15%	
	Prenatal care	8	5%	
	Pharmaceutical Care	5	3%	
	Nutritional support	1	1%	
	Health consultation	3	2%	
	Pediatric medicine	38	25%	
	General medicine	22	15%	
	TOTAL	151	100%	
	Duration of use	Less than 3 months	25	17%
		3 - 6 months	21	14%
		6 months - 1 year	52	34%
More than a year		53	35%	
TOTAL		151	100%	

Table above shows the profiles of the physician respondents. Many of the physician respondents were female. Also, most of them were around 31–40 years of age, and almost half of the respondents' highest educational attainment was ongoing residency. Moreover, many of them are practicing their area of specialization in pediatrics at public hospitals. Lastly, the table also shows that pediatric medicine was the most offered health service and the respondents have used telemedicine for a duration of more than a year.

C. Instrument

This study used a questionnaire to collect data from the participants composed of two parts: a) Profile of the Respondent, and b) adapted questionnaire from Pasco (2016). Wherein the questions were modified to fit the respondents of the study. Each questionnaire has two categories for the patient respondents and the physician respondents. To ensure the validity of the questionnaires to be used, the researchers will conduct face validation through 1 physician, an IT expert, and a research expert. This questionnaire is a Likert scale type questionnaire ranging from Strongly disagree (1) to Strongly agree (5). The revised version of the UTAUT-related questionnaire measures determinants of Performance Expectancy, Effort Expectancy, Attitude, Social Influence, and Facilitating condition.

D. Data Analysis

The answers of the respondents were analyzed using mean. Frequency and percentage were used to analyze the profile. Responses from the questionnaire were analyzed using mean and it was interpreted using the table below based on the questionnaire of Pasco (2016). Independent Sample T-test and ANOVA was utilized to identify the significant differences among the variables.

TABLE III. QUALITATIVE INTERPRETATION FOR MINIMUM INHIBITORY CONCENTRATIONS

Mean Score	Qualitative Description	Interpretation
4.50-5.00	Very High Acceptance	Telemedicine is very easy to use and is the best in the delivery or access to medical
3.50-4.49	High Acceptance	services.
2.50-3.49	Moderate Acceptance	Telemedicine is easy to use and very useful in the delivery
1.50-2.49	Fair Acceptance	or access to medical services.
1.00-1.49	Poor Acceptance	Telemedicine is easy to use and is moderately useful in the delivery or access to medical

E. Ethical Considerations

This study will undergo evaluation and clearance to an accredited research ethics board. The researchers will strictly adhere to the ethical considerations such as the respondents having a sufficient level of confidentiality of the research data and the obscurity of individuals and institutions who participated in the study will be secured.

Maintaining privacy of obtaining communications and endorsement from various offices will strictly be followed. The researchers will ensure that the respondents will not be put to harm in any means and that the respondents' dignity will be more important than any other things. The researchers will guarantee that full permission will be acquired from the respondents prior to the study. Eligible respondents are told of the study's intent, the voluntary nature of their involvement, and their right to withdraw at any time. Informed consent will be obtained from those who agreed to be involved in the study. The researchers will ensure that dishonesty and exaggeration about the aims and objectives of the study will be avoided.

Prior to the conduct of the study, institutional research ethical clearance and ethical clearance from the Cagayan Valley Medical Center Institutional Review Board (Level II Philippine Health Research Ethics Board accredited) was obtained.

III. RESULTS

The tables presented below show the data which was retrieved from the questionnaires floated by the researchers. Moreover, it answered the following research questions of this study whereas the study aims to determine the acceptance of telemedicine among patients and physicians in Tuguegarao City.

TABLE IV. ACCEPTANCE OF THE USE OF TELEMEDICINE AMONG PATIENTS AND PHYSICIANS

Area	Patients		Physicians	
	Mean	Interpretation	Mean	Interpretation
Performance Expectancy	4.0107	High Acceptance	3.6573	High Acceptance
Effort Expectancy	4.0048	High Acceptance	3.7372	High Acceptance
Attitude	4.1320	High Acceptance	3.6817	High Acceptance
Social Influencers	3.8488	High Acceptance	3.7200	High Acceptance
Facilitating Conditions	3.9953	High Acceptance	3.9139	High Acceptance
Behavioral Intentions	3.8620	High Acceptance	3.9425	High Acceptance
Overall Mean	3.9753	High Acceptance	3.7761	High Acceptance

Table 3 shows that patients find performance expectancy for telemedicine to have high acceptance because they find telemedicine useful, enables checkups to be accomplished more quickly and it provides for their healthcare needs. The same is true for the physicians for it was useful in their job, enables them to accomplish tasks more quickly, and increases their productivity.

As for the effort expectancy, patients and physicians find it to have a high acceptance for interaction with each other using telemedicine was clear and understandable, easy for them to adapt and be able to use telemedicine and find telemedicine easy to use.

Attitude also resulted in a high acceptance in both respondents for using telemedicine in healthcare as a good idea, making their checkups, other health services, and work more interesting. And that they like working using telemedicine and with the health services it offers.

Social Influencers resulted as well with a high acceptance rate in both respondents for people who influence their behavior (e.g. my peers, colleagues, physicians) think that they should use telemedicine, as well as people who are important to them (e.g. family members, friends), think that they should use telemedicine. In general, their local health unit (Municipal Health Office, local physician organizations) has supported the use of telemedicine.

Both respondents also rated Facilitating Conditions to have a high acceptance for they have the resources necessary to use telemedicine (e.g. reliable internet connection, gadgets, workspace). They have the knowledge necessary to use telemedicine and a person or group is available for assistance with telemedicine or are compatible with other aspects of their work.

Behavioral Intention was also rated with a high acceptance between patients and physicians resulting from their intention to use telemedicine in the next six months, predicted that they will use telemedicine in the next six months and plan to use telemedicine in the next six months.

Overall, both respondents resulted in a high acceptance of telemedicine.

TABLE V. TEST OF SIGNIFICANT DIFFERENCE IN LEVEL OF ACCEPTANCE OF TELEMEDICINE AMONG PATIENTS ACCORDING TO SEX

Categories	t-value	p-value	Decision
Performance expectancy	-5.598	.000*	Reject Ho
Effort expectancy	-4.072	.000*	Reject Ho
Attitude	-6.679	.000*	Reject Ho
Social influencers	-1.944	.053	Accept Ho
Facilitating conditions	-1.522	.129	Accept Ho
Behavioral intentions	1.012	.312	Accept Ho
Overall mean	-3.964	.000*	Reject Ho

(*) Depicts that the alpha value (p-value) is <0.05 meaning that the hypothesis was rejected, otherwise accepted.

The table shows that patients find telemedicine more useful which enables them to accomplish their checkups quickly. The effort expectancy also shows that patients find telemedicine easier to use and have clear communication with their physicians. The attitude toward telemedicine acceptance shows that patients find telemedicine more interesting to use and it is a good idea in rendering health services. Moreover, the acceptance of telemedicine between patients and physicians shows that patients find telemedicine more useful that it is easier to access to specialists, lower cost, and is not time-consuming. Physicians find it useful too, but they cannot render other health services such as laboratory examinations and communication problems.

IV. DISCUSSION

The COVID-19 pandemic has a significant influence on worldwide health care and has transformed the practice of medicine. The widespread limitation of movement, along with the extraordinary strain on the healthcare system, has hampered normal care for non- COVID-19 patients. As a result, the COVID-19 epidemic has swiftly and profoundly transformed the pattern of treatment that medical practitioners deliver to patients. To better limit and regulate the spread of COVID-19, hospitals can use telemedicine to substitute certain routine medical services and increase the efficiency of their healthcare system (Lui et al.,2021). Telemedicine employs technology to connect patients with clinicians. Facilitated virtual visits as alternatives for in-person visits are now available because of modern technology such as high-speed Internet, video conferencing solutions, and digital inspection equipment (Baker & Stanley, 2018) Telemedicine is an excellent approach to receiving care while also reducing the danger of illness transmission. While telemedicine won't totally replace in-person care, video consultation with doctors or another doctor can be beneficial. (Zimlich, 2021). Almost everyone said that telemedicine was only or largely useful in specific clinical situations. Participants, however, couldn't agree on when telemedicine should be employed. The most favorable circumstance for adopting telemedicine, according to several, including all referring physicians, was for very ill patients. Many accepting physicians and one referring physician, on the other hand, agreed that telemedicine was also beneficial for patients who were stable or whose symptoms were unclear; telemedicine

could help these patients avoid unnecessary transfers or intensive care consumption. (Sauers-Ford et al., 2019). It was found high general satisfaction with the acceptance of telemedicine, with the highest scoring domain of acceptance as useful as it relates to access to care, time savings from travel, and ability to provide for a patient's needs (Lee et al., 2021).

In the study, it resulted that attitude ranked first which means increased understanding and use of it, as well as in terms of healthcare utilization and costs, telemedicine was also encouraging. The more positive opinions toward telemedicine towards patients, the better. It was discovered that asynchronous health technology could lead to decreased wait times, fewer unnecessary referrals, and improved levels of satisfaction among patients because they don't require real-time data, and they have the same or greater diagnostic accuracy consultations. Positive results were found in other studies. In any case, our findings imply that attempts to promote telemedicine in the Philippines should be customized to the patients' specific needs (Chen et al., 2017).

Telemedicine resulted in high acceptance among patients. Telemedicine was utilized to address important health system concerns by private groups in low- and middle-income countries. Aside from that, action can be witnessed in several developing countries such as Brazil, Cambodia, Ecuador, India, Nepal, the Philippines, and South Africa are only a few examples. It has been driven by both altruistic and economic objectives and is set to enhance health and health care, especially in poor countries. However, for telemedicine to have a better and desired effect, it must address very specific and evidence-based health "needs" of each facility, region, or country, as well as the shortage of health workers and specialist services, as well as the required skills upgrading and training, allowing the developing world to establish its own critical mass of experts. This can only be accomplished by increasing public and private sector innovation and telemedicine integration awareness, understanding, and capability, as well as the coordinated political and professional will of all parties involved (Scott & Mars 2015).

Telemedicine platforms allow patients and doctors to electronically communicate papers that were traditionally given to children and their families during in-person appointments (Sequeira, et al., 2022). Gender-diverse youth's experiences and satisfaction with telemedicine for gender-affirming care during the COVID-19 pandemic. As it approximated in-person, face-to-face conversation, video conferencing proved successful in delivering online therapy and was well-accepted by patients. Patients' acceptance grew thanks to online consultation facilitators who made distant therapy more effective and convenient (Almathami & Vlahu-Gjorgievska, 2020). The perception that telemedicine allows for improved patient access, work-life balance, flexibility in providing treatment, and the ability to be at the forefront of innovative care were all important predictors of future intentions to utilize the technology more (Bunnell, et al., 2020).

Surgeons, obstetricians, and gynecologists felt their clinical skills were challenged the least, compared to providers from nonsurgical specialties (Garcia-Huidobro et al., 2022). Provider specialties vary in terms of delivery mechanism, diagnostic

process, and patient- provider interaction challenges. The deployment of telemedicine ICU is difficult. Local coordination, constant needs assessment for Tele-ICU support, staff training, creating interpersonal relationships, and system design and evaluation should all be given time and resources. Staff acceptance of this new technology is likely to be accelerated as a result of such initiatives (Moeckli et al., 2013). Although current usage of the system is minimal, health care providers have a favourable attitude regarding telemedicine. Health care personnel, particularly those in remote regions, see the telemedicine system as a beneficial tool for improving the quality of care they offer. The perceived ease of use of the telemedicine system was influenced by both the educational qualification and area in which the health care workers worked (Cilliers et al., 2014).

Compared to audio consultations, video consultations were significantly associated with physicians' confidence toward managing acute consultations and an increased ability to provide patient education during the web-based consultation. Video consultations were less likely to be associated with a reduced overall consultation time and reduced time for patient notetaking compared to face-to-face visits (Alhajri et al., 2021). Providers with greater proportions of video visits in a typical week reported greater ease of incorporating telemedicine into clinical practice and greater intention to continue telemedicine practice in 6 months (Schinasi et al., 2021). Professionals who have worked with it before are more receptive to its implementation and believe that the benefits of technology exceed the risks and drawbacks. Physicians demanded projects with appropriate funding and technology, as well as specific training to improve their technological abilities (Ruiz Morilla et al., 2017).

Physicians' area of practice and health services offered via telemedicine do not have a significance in the acceptance of telemedicine. Physicians were the most likely to use videoconferencing for several purposes, including contact with health care workers and patients across a wide range of disciplines (Kane & Gillis, 2018). The acceptance of telemedicine between patients and physicians shows a significant difference. Connection problems affect the patient's satisfaction and lower telemedicine acceptance score during their telemedicine session. A technical difficulty may be a key factor leading to lower patient perceptions of telemedicine satisfaction and acceptance (Layfield et al., 2020). Patient satisfaction with telemedicine is generally positive across medical disciplines. Telemedicine enhanced access to health care services, saved time, and met patients' overall health care needs, according to patients. The provider-patient exchanges throughout the telemedicine appointment were successful. Patients stated that they could readily communicate with, hear, and see the physician.

As for the limitation of the study, this study was conducted during the pandemic in which researchers were not able to gather data from different clinics and hospitals during the start of the use of telemedicine. However, the researchers did the following to obtain data from the respondents; researchers sought permission from different clinics from Tuguegarao. Due to a lack of internet connectivity and the pandemic, rural areas weren't accessed by the researchers. Moreover, Researchers used a cross-sectional study to collect data instead of

longitudinal study to repeatedly collect data over an extended period.

V. CONCLUSION

The study resulted that telemedicine has a higher acceptance level for patients than physicians. Patients who use telemedicine can keep their regular check-up appointments and other care schedules without having to spend money on travel. Patients think telemedicine in health care is a good idea, more interesting, and the service offered is likable. Patients sought social influencers low on their telemedicine acceptance, to enhance this category, telemedicine can be a useful tool for linking providers as well as the local government units on health with patients to ensure that they receive the help they require by providing essential and at the same time credible information to better their health. As performance expectancy is ranked low among physicians, encouraging acceptance is a necessary condition for realizing the full potential of this technology, which allows low-income countries to integrate telemedicine systems into health systems during and after pandemics. As a result, telemedicine is easy to use and very useful in the delivery of access to medical services the use of telemedicine improves the provision of health services not only for the patients who availed of telemedicine, but it can also be helpful to physicians because the overall result shows that both respondents have high acceptance of telemedicine.

VI. RECOMMENDATIONS

Since the researchers couldn't access rural areas that have lesser access to healthcare due to lack of internet connectivity and rural populations are less likely to own technologies when compared to other populations, the researchers recommend future researchers tackle collecting a larger sample of rural physicians and patients with a broader spectrum of experience and practice to discover additional barriers to telemedicine adoption. Future researchers can also widen their perspective and focus more on the factors that influence telemedicine adoption, as well as the adoption of other health technologies. This would give a more accurate and complete view of telehealth and telemedicine's involvement in clinical practice. In the different categories that ranked the lowest in the acceptance level of patients and physicians on telemedicine, such as attitude, social influencers, facilitating conditions, and overall acceptance, future researchers can focus on studying ways how to improve the use of telemedicine in these different categories as mentioned so that the respondents can have an excellent experience with the use of it. Since it resulted that patients find telemedicine as highly acceptable than physicians, the use of telemedicine can be recommended to other physicians also in the city. Since this study focused on the general assessment of the use of telemedicine, the researchers recommend assessing the specific activities to evaluate which activities can be done by physicians using telemedicine even when there are no pandemic restrictions already. Lastly, this study focused on the difference in the level of acceptance between the respondents when grouped according to the respondents' profile variables. Future researchers can also determine the correlation between it as well. Study whether patients' level of acceptance has a direct or indirect effect or correlation to the physician respondents' level of acceptance.

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