

ACCEPTANCE OF TELE-MEDICINE IN HEALTH CARE CUSTOMERS OF KARACHI

BY

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**BUSINESS STUDIES DEPARTMENT
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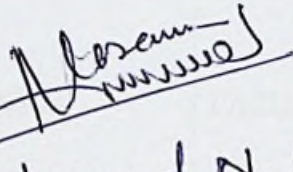
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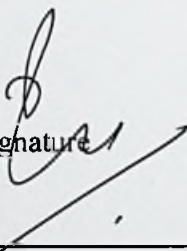
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Student's Signature

A handwritten signature in black ink, consisting of a large, stylized initial 'E' followed by a cursive name, written over a horizontal line.

Dedication

I want to dedicate my dissertation to my loving parents Mr. Ajaz Ahmed, Mrs. Zainab Ajaz and my brother Mr. Faraz Ajaz who always supported me in my curricular and extracurricular activities. They always encouraged me in taking new initiatives.

I also want to dedicate my thesis work to my friend Dr. Rubab Fatima who has been an amazing support for me throughout the journey of MBA. She also motivated me and helped me to overcome my fears.

Last but not the least, I am also dedicating my research work to my spouse Mr. Mohsin Shahbaz. Without his support, it would not have been possible to complete my thesis with imposed time constraints.

Acknowledgement

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Last but not the least, I would like to thank Bahria University, Karachi Campus that provided me this opportunity to conduct my research.

ABSTRACT**PURPOSE**

The purpose of this study is to provide meaningful information to the health care executives, marketers, entrepreneurs, physicians and other stakeholders of Karachi regarding the acceptance of telemedicine to take reasonable decision to mandate telemedicine in health-care sector of Karachi or not. It's a new emerging field and its implication after the Covid-19 virus outbreak has been seen increased in comparison to the past. Still it was just observational and only few researches have been conducted to provide meaningful information to support decision. In addition, no research has been conducted in past integrating and studying the predictor variable immune-suppression to predict the outcome variable telemedicine.

METHODOLOGY AND DESIGN:

This is an explanatory, quantitative and cross sectional research conducted at one point of time conducted with the help of adaptive research instrument. The deductive approach is used. Target population are the customers of Karachi with non-probability convenience sampling technique is used because sampling frame is not available. The sampling size is calculated by using sampling size calculation table given in Umesekran book of research.

FINDINGS:

Two independent variables are studied to predict the acceptance of telemedicine. Internet browsing has a significant relationship with the acceptance of telemedicine while immunosuppression has no relationship with the acceptance of telemedicine. To extend this study, mediating variable that is the fear of acquiring HAI is introduced to the linkage of immune-suppression and acceptance of tele-medicine but encompasses no mediating effect on the model.

CONCLUSION:

Based on the results, the hypothesis HAI is accepted since sig. value of coefficients of regression is 0.00 which is less than 0.01 see table 18. It is concluded that if internet browsing in customers is increased, acceptance of telemedicine is also increased. The hypothesis HA2 is rejected since we have a sig. value of coefficient of regression is 0.39 which is greater than constant 0.01 see table 18. It is concluded that there is no relationship between immunosuppression and acceptance of telemedicine. After Process analysis, no mediating effect of the MV fear of acquiring HAI on the linkage of predictor variable 2 and outcome variable is found see table 20, as the zero is present between the LLCI and ULCI of indirect effect of X on Y. In addition, the relationship between IV2 and DV is insignificant as p value is 0.39

which is greater than 0.05, this is against the conditions required for mediation analysis. This hypothesis is rejected (Abu-Bader & Jones, 2021).

RECOMMENDATIONS:

Based on the conclusion, it is recommended that telemedicine is not a futuristic health care plan for the population of Karachi since 31% of our sample size disbelieve that it is effective. However, 22% of our sample size believe that it is effective; among those are the male population, who are employed in high-tech organizations. Keeping in view the above facts and figures, The researcher highly suggests suggest that telemedicine should be implemented after micro marketing of the segments; among which the most prominent segments I identified are health insurance employers who are being benefited from health care organizations on the behalf of collaborative contracts between their companies and health care organizations. Health care stakeholders should keep telemedicine plan reserved for this segment of population. The most prominent limitation of this study is it is quantitative study and it introduces biasness in responses since respondents have to choose any option from the fixed set of answers. In addition, it is a cross sectional research that studies a population at one point of time. The scope of this study is limited to Karachi only leaving behind a huge chunk on population of Pakistan and the other countries. We have conducted the survey using non-random convenience sampling which is also narrowing the scope of our study. The effect of predictors, outcome and mediator is checked but the effect of moderator is not studied in this research. Lastly, this research is conducted at the student level with in a duration of four months only. Based on the results, it is recommended that telemedicine is not a good health care plan for the population of Karachi since 31% of our sample size disbelieve that it is effective. However, 22% of our sample size believe that it is effective; among those are the male population, who are employed in organizations having high tech environment. Keeping in view the above facts and figures, The researcher highly suggests suggest that telemedicine should be implemented after micro marketing of the segments; among which the most prominent segment I identified are health insurance employers who are being benefited from health care organizations on the behalf of collaborative contracts between their companies and health care organizations. Health care stakeholders should keep telemedicine plan reserved for this segment of population.

KEYWORDS:

telemedicine, telehealth, technology acceptance model, social cognitive theory, unified theory of acceptance, tele-ICU, effort expectancy, performance expectancy, self-efficacy, perceived usefulness, perceived ease of use, immunosuppression, hospital acquired infections, knowledge management, diabetes mellitus, behavioral life style intervention theory, malignant disorders, Anoikis, conscientiousness, lockdown, social networking, extroverts, electronically transmitted rapid exchange, opt mental phase of medicine, usage information privacy, virtual relationship, fragmented impersonal relationship, technological ecosystem.

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