IANNA JOURNAL OF INTERDISCIPLINARY STUDIES, Volume 7, Issue 2, June 2025
Journal's website: <a href="https://iannajournalofinterdisciplinarystudies.com">https://iannajournalofinterdisciplinarystudies.com</a>
Article History: Received, 18 February 2025; Revised, 7 April 2025; Accepted, 22 April 2025



# Gender Preference in Doctor Selection on Telemedicine: Patient Trust and Comfort Analysis

\*Muhammad Rio Fariza

https://orcid.org/0009-0006-8707-6703

Tita Melia Milyane

https://orcid.org/0000-0003-1723-3014

# Muhammad Al Assad Rohimakumullah

https://orcid.org/0000-0002-2245-4025

School of Communication and Social Sciences, Telkom University, Indonesia \*Corresponding Author Email: muhammadriofariza@telkomuniversity.ac.id

#### **Abstract**

**Background:** Telemedicine lets people choose physicians according to several criteria, including gender. Few studies, however, investigate how doctor gender affects patient comfort, trust, and preferences.

**Objectives:** This paper investigates the impact of doctor gender on patient preferences in telemedicine and important elements influencing confidence and comfort.

**Method:** This research employed a qualitative method, using in-depth semi-structured interviews with 10 participants who had prior experience using telemedicine services. The interviews were conducted online, lasting 30–60 minutes each, and focused on patient experiences, gender preferences, and perceptions of doctor credibility. The data were transcribed and analyzed using thematic analysis to identify recurring patterns and themes.

**Results:** The results suggest that, particularly in sensitive medical environments, doctor gender affects patient preferences. While male patients give professionalism and trustworthiness top priority, female patients choose female physicians for mental health and reproductive issues because of comfort. Experience, patient evaluations, and communication approaches shape patient trust.

**Conclusion:** While gender affects patient preferences, credibility, professionalism, and effective communication are crucial in building trust and comfort in telemedicine.

**Unique contribution**: This study provides new insights into gender's role in doctor selection and emphasizes the importance of communication and credibility in telemedicine.

**Key recommendation**: Telemedicine platforms should offer gender-inclusive options, increase transparency, and improve doctor-patient communication to enhance patient trust and comfort.

**Keywords:** Telemedicine; doctor gender; patient preferences; source credibility; interpersonal communication.

## Introduction

Telemedicine emerged in the early 20th century with the transmission of telegraphic medical data, such as electrocardiograms, in 1906. Telemedicine allows remote use, mentoring, and consultation (Raison et al., 2015). Nowadays, telemedicine has transformed healthcare services by utilizing modern communication technology to provide telemedicine services. While its rapid growth has many benefits, sustained efforts are needed to address technology, regulatory, and accessibility challenges to ensure its continued development and integration into the global healthcare system. Although developed countries have adopted telemedicine rapidly, developing countries are also increasingly using it to address healthcare challenges (Ikwu et al., 2021).

The use of information and communication technology enables remote medical services, including diagnosis, treatment, monitoring, and consultations between doctors and patients. Telemedicine has transformed how doctors and patients communicate, offering many benefits, such as improved accessibility and patient satisfaction (McBride et al., 2024). However, telemedicine also presents challenges, including communication barriers and technical issues. Addressing these challenges through better training for doctors, better technological infrastructure, and robust data security measures can further improve the effectiveness of telemedicine. In addition, telemedicine consultations sometimes lack empathy and personal touch, such as in face-to-face interactions (Attila, 2017).

In addition to its convenience, telemedicine is often praised for saving patients time and travel costs. This convenience is highly appreciated by patients in remote areas or those with mobility issues (Pow et al., 2022). The quality of doctor-patient communication during telemedicine consultations was similar to that of face-to-face consultations, with patients expressing satisfaction with doctors' convenience and manner of communication during telemedicine consultations (Gupta et al., 2023). Other research also revealed no difference in the duration of telemedicine consultations compared to face-to-face consultations (Agha et al., 2009). Doctors who show personal involvement and empathy for patients build stronger trust (Gopichandran, 2019). Physician behaviour, including being respectful, humane, and non-prejudiced, increases patient comfort and trust (Sepako & Molwantwa, 2023).

Telemedicine-related research has been conducted, such as some of the reports above. However, there is a gap in research regarding how patients' gender preferences in choosing a telemedicine doctor affect their trust and comfort. Most studies focus on technical aspects and general satisfaction without delving deeper into the psychosocial factors that can shape a patient's preference for a physician's gender. This study aims to analyze how doctors' gender affects patients' decisions in choosing doctors on telemedicine platforms and identify the main factors that affect patient trust and comfort in these services. By understanding these dynamics, this study is expected to provide insights for telemedicine service providers in improving doctor-patient communication strategies to create a more comfortable and reliable patient experience. Academically, this research enriches the literature on health communication and gender communication in the digital context. On the other hand, the findings of this study might provide suggestions for telemedicine service providers and physicians to establish improved interactions with patients depending on their requirements and preferences

## **Literature Review**

A significant development in health communication, telemedicine provides advantages, including better quality of treatment, economic efficiency, and more access. Nevertheless, to fully maximize telemedicine, it also offers difficulties that must be solved. Implementing telemedicine into healthcare systems depends on effective communication, patient participation, and constant technological adaptation (Drossman et al., 2021; Paelet et al., 2022). A medical consultation's comfort is a multifaceted, personal experience shaped by several elements, including patient strategy, family presence, professional attitude, and ambient surroundings. Improving patient comfort requires effective communication, empathy, and emotional support. Better experiences and results for patients in healthcare environments may result from knowledge of and addressing these elements (Wensley et al., 2017).

Gender communication is people's vocal and nonverbal interactions depending on their gender. It is an essential feature of daily living that influences social dynamics and personal interactions. Several aspects of the study of gender communication investigate how gender affects our interactions. Fostering good and equitable communication in many different environments depends on an awareness of these processes. Men and women's differing communication styles often cause misinterpretation. Men, for instance, are more action-oriented and competitive; women are more cooperative and relationship-oriented. (Coffman & Marques, 2021).

Developed by Hovland and Weiss in 1951, the Source trustworthiness Theory holds that the apparent trustworthiness of the source considerably affects the persuasiveness of a message (Hovland & Weiss, 1951). Originally developed to fit many media settings and circumstances, this theory has become the cornerstone of communication studies. According to this view, credibility mainly consists of knowledge, confidence, and good faith. Expertise is the source's apparent knowledge or competency; trust is related to perceived integrity and honesty; goodwill is the source's intended action in the audience's best interests. The trustworthiness of a source might be more or less effective depending on its context, message type, communication channel, and audience characteristics (Gubalane & Ha, 2023; Han & Balabanis, 2024). In the telemedicine framework, this idea explains why patients might favour physicians of a specific gender. Then, this research may show how the doctor's gender influences patients' perceived credibility and how knowledge, trust, and goodwill influence patients' choices in selecting physicians on telemedicine platforms.

# Methodology

## **Research Design**

This research used qualitative approaches to investigate the elements influencing patient preferences in selecting physicians depending on gender in telemedicine services. Under a telemedicine platform, the phenomenological method investigated the patient's experience selecting a doctor depending on gender. This method was selected as it lets one investigate the patient's experiences, viewpoints, and reasons in great detail (Creswell & Creswell, 2023). It emphasizes how the patient experience fosters confidence and comfort in online doctor's consultations.

# **Sampling and Requirement**

The purposive sampling method (Creswell & Creswell, 2023; Seawnght & Gerring, 2008). helped to choose the informants for this project. The requirements for informants are: 1) patients who have used telemedicine services during the last six months. 2) Be at least eighteen and have telemedicine experience consulting male and/or female physicians. There were as many as twenty informants in this research from different backgrounds, including differences in age, gender, and the kind of medical treatments applied.

## **Data Collection**

In-depth interviews conducted online via Zoom or Google Meet and in-person interviews from December 2024 to January 2025 comprised the data collection method for this research. With around thirty to sixty minutes for each participant, the semi-structured interviews provide the freedom to delve deeply into the person's experience. Every interview is videotaped with participants' permission and transcribed for further study. The interview guide addresses many topics, including the first experience with telemedicine services, the primary determinant of a telemedicine doctor chosen, and the doctor's gender impact on the comfort and trust in the consultation.

## **Data Analysis**

This study's data analysis used multiple methodical phases (Creswell & Creswell, 2023). Data familiarisation starts the process by rereading the interview transcript to identify the overall trends from the participants' responses. Initial coding then helps pinpoint the primary themes in the data. Following that, collecting the discovered codes into a larger category helps to complete the theme search step. A review of the themes guarantees they are relevant to the data and the study goals at the following level. Following the confirmation of the primary topic, the name and explanation of the theme are provided in an attempt to create a narrative grounded in the categorized results. Finally, in preparing the report, the analytical findings are presented as rich narratives with images in direct quotations from individuals to enhance the understanding of the data.

#### Result

# **Gender Preference in Telemedicine Doctor Selection**

The study's results showed a variation in the gender preferences of patients when choosing a doctor in telemedicine services. From the in-depth interviews conducted, it was found that patients were divided into three main categories: informants who preferred male doctors, informants who preferred female doctors, and informants who did not have unique preferences. Some informants preferred male doctors for female patients, especially in specific contexts such as general health and non-intimate medical consultations. The main reason cited was the perception of technical competence, where some participants felt that male doctors were more assertive in providing medical diagnoses and solutions. As revealed by informant 3, a 20-year-old female patient, revealed that she often uses telemedicine in the last 6 months. While using telemedicine to consult with doctors related to the health problems she experienced, she often chooses male doctors for reasons that are firmer and faster in providing diagnoses and able to overcome the complaints she feels. In this case, informant three revealed that the service she uses is a consultation with a general practitioner who complains of common illnesses such as fever, flu, etc.

"In the last 6 months, I often use telemedicine because it is easy and without having to go to a clinic or hospital. I consult a general practitioner and have regular complaints of pain, such as flu, fever, etc. To choose a doctor, I often choose a male doctor because I think it is faster and more decisive in advising on the complaints I feel" (Informant 3).

In addition, some attribute this choice to positive previous experiences interacting with male doctors. As revealed by Informant 7, a 29-year-old female patient revealed that she chose a male doctor. After all, she felt suitable. She had had several consultations, so she continued to choose the doctor when she wanted to get services on telemedicine.

"I often use telemedicine daily because it is practical and can be done anywhere. As long as I use telemedicine, I always choose the same male doctor as the previous consultation the reason is because I feel it matches the advice and prescription of the drug given so that when I want to do another consultation I choose the same doctor, namely the doctor and the male gender" (Informant 7).

On the other hand, a large number of female informants stated that they were more comfortable consulting female doctors, especially for health problems related to the reproductive system, maternal and child health, and mental health. The main factor underlying this choice is female doctors' more significant sense of comfort and empathy, as revealed by Informant 1, a 28-year-old female patient who often uses telemedicine during pregnancy. She always chooses a female doctor for convenience and flexibility in consultation.

"During pregnancy, I often use telemedicine because if there are complaints that I feel, I can immediately consult anywhere. For doctors, I choose doctors with female gender and obstetricians because I am more open if I communicate with fellow women regarding the complaints I feel" (Informant 1).

The same thing was also expressed by informant 5, a 32-year-old female patient who often chooses a female doctor when consulting via telemedicine because of flexibility in submitting complaints about feminine matters.

"If I consult with a doctor through telemedicine, I always choose a female doctor because it is more flexible, especially regarding consultation with feminine complaints. If asked for a photo of the body part included in the complaint, I feel I am not reluctant and more comfortable with a female doctor so that the diagnosis and advice given will be more accurate" (Informant 5).

In contrast to all male informants and other female informants, they stated that the gender of doctors was not the main factor in their selection. They prioritize aspects of professionalism, experience, and reviews from other patients over gender factors. For this group, the credibility factor of doctors in telemedicine is more important than the gender aspect as long as the doctor can provide transparent, responsive, and solution-oriented consultations. As revealed by informant 12, the 25-year-old male patient did not choose a doctor based on gender but rather on the doctor's rating and experience.

"During the time I used telemedicine, I never chose a doctor based on gender. Yes, I looked more at the satisfaction rating of the doctor's services and the experience displayed on the personal profile of the telemedicine doctor; in this case, I consulted with several services, such as general practitioners and specialist doctors related to the complaints I felt" (Informant 12).

Informant 15, a 33-year-old male patient who had used the services of a dermatologist and venereologist, also expressed the same thing. He said that he did not consider gender in choosing a doctor, even though he had gender-related complaints. He preferred a doctor with the best rating and professionalism in providing services.

"I have used telemedicine to consult with specialist doctors with gender-related complaints; in choosing a doctor, I do not look at gender but the best rating and professionalism of the doctor in conveying the diagnosis and advice in the complaints he feels" (Informant 15).

The results show that various factors, including convenience, perception of competence, previous experience, and the type of medical services needed, influence gender preferences in selecting telemedicine doctors. Female patients tend to choose male doctors for general consultations because they are considered more decisive and quicker in giving diagnoses. At the same time, for health problems of an intimate nature, they are more comfortable with female doctors because of the empathy and security factors. In contrast, male patients generally do not consider gender as the main factor but rather consider professionalism, experience, and doctor reviews. These findings confirm that although gender influences patient preferences, the credibility and competency factors of physicians remain the more dominant aspects in decision-making.

# **Trust Factors in Telemedicine Doctors**

Trust is a crucial factor in the selection of doctors in telemedicine services, where the doctor's gender, perception of credibility, and other external factors play a role in shaping the patient's level of trust. In-depth interviews revealed that patients have various views on male and female doctors and other factors that affect their confidence in the competence of doctors in the digital environment.

The results showed that doctors' gender had a varying influence on patients' level of trust, depending on medical needs and previous experience. Some patients feel more confident in doctors of a particular gender for reasons of comfort and perception of competence. For example, female patients are more likely to trust female doctors on reproductive health or mental health issues. As revealed by informant 10, a 29-year-old female patient who consulted with reproductive health services said that she trusts female doctors more because she is in the same position and must have what the patient has.

"I have consulted with doctors on telemedicine with complaints related to reproducible health, and of course, I chose female doctors because I believe more because female doctors have the same things as I have so that I think I can provide more accurate answers and suggestions related to the questions I ask" (Informant 10)

Informant 8, a 22-year-old female patient who had complaints related to feminine diseases, also expressed the same thing. She said that she trusts female doctors more because they know more about the female side, so they can provide more accurate and specific answers to patients' questions.

"I always choose a female doctor for consultations related to women's complaints; yes, lately, I often consult telemedicine services because I have complaints; the reason I trust what female doctors say is because they are both women and can give more specific answers to the complaints I raise" (Informant 8).

However, most patients who are more professionally oriented stated that trust depends more on the competence and reputation of the doctor rather than his gender. Most male patients express this. Other factors affecting that trust include reviews of other patients, doctors' professional experience, and communication styles. This was revealed by informant 17, a 28-year-old male patient who trusts the doctor alone not because of gender but the extent of the doctor's experience; for example, he trusts a specialist doctor more than a general practitioner on specific complaints.

"My trust in the doctor is not because of gender, but because the doctor has experience; so far, I trust the services of specialist doctors more than general practitioners on the complaints I feel because the experience of specialist doctors is undoubtedly more than general practitioners. (Informant 17).

Informant 14, a 24-year-old male patient, also expressed the same thing; according to him, trust in the doctor comes not from gender but from experience and how the doctor's message can convince the patient.

"My trust in doctors is not because of the doctor's gender, but rather how the message conveyed by the doctor can believe me, besides that the experience displayed on the doctor's profile in telemedicine also affects my trust in the doctor" (Informant 14).

The results showed that patients' trust in doctors in telemedicine services was influenced by the doctor's gender, perception of competence, and other external factors such as other patients' experiences and reviews. Female patients tend to trust female doctors more in reproductive and feminine health issues because they feel more biologically and emotionally understood. In contrast, male patients are more professionally oriented, where the main factors in building trust are experience, specialization, and the way the doctor conveys information convincingly. Thus, although gender influences patient trust, the credibility and communication of doctors remain the dominant factors in determining the level of trust in telemedicine services.

## **Patient Comfort Factor in Telemedicine Consultation**

Convenience is an important aspect of the success of a telemedicine consultation. The results of this study show that patient comfort is influenced by several primary factors, namely the doctor's gender, the type of medical complaint, and previous experience. These three factors play a role in determining how patients are comfortable sharing information and receiving medical advice in a digital environment.

The results of in-depth interviews showed that the gender of doctors significantly influenced the comfort level of patients, especially in discussions related to specific health topics. Many female patients feel more comfortable consulting with a female doctor, especially when discussing personal health issues, such as menstruation, pregnancy, or sexual health issues. Informant 9, a 24-year-old female patient, revealed that she had consulted with female and male doctors; she said that she was more comfortable interacting with female doctors than men regarding feminine complaints such as menstruation.

"I have consulted with both female and male doctors, but I am more comfortable with female doctors if the complaints I feel are related to femininity, such as menstruation, because my fellow women can share experiences that male doctors cannot feel" (Informant 9).

Informant 6, a 20-year-old female patient who had received telemedicine services from a psychiatrist, expressed the same. She said she was more comfortable with female doctors than men because she had experienced the services provided by both female and male doctors. She revealed this because she got more empathy from female doctors than men.

"If my comfort is more comfortable with female doctors, not only because of my fellow women, this is also true, but the communication style of female doctors is more acceptable to me because it seems soft, especially when I consult regarding psychiatric complaints" (Informant 6)

However, some patients stated they felt comfortable consulting with male and female doctors, and male patients preferred this. Patients who do not have gender preferences tend to focus more on how doctors interact, explain diagnoses, and provide clear solutions. Informant 20, a 22-year-old male patient, said that he had consulted with both male and female doctors; he said that he felt comfortable with the doctor regardless of gender and looked more at how the doctor's communication style communicated with patients.

"I have consulted with male and female doctors, and yes, both I feel comfortable and do not depend on the gender of the doctor; my comfort level is more about how the doctor communicates with me, if the doctor conveys the message well and effectively, I will feel comfortable" (Informant 20).

In addition, the patient's experience in previous consultations greatly influences their comfort in choosing a telemedicine doctor. If patients have had a positive experience with a particular doctor, they tend to be more open and comfortable to re-consult with a doctor of the same gender. Conversely, negative experiences, such as feeling ignored or getting a less friendly response, can cause patients to avoid gender-specific doctors in the future. This was revealed by informant 12, a 29-year-old male patient.

"The comfort of consulting with a doctor depends not on gender but on the communication style. If the doctor is not friendly and, in a hurry, to convey my message, I am not comfortable, but if the doctor can provide a good message and effective communication, I feel comfortable, and this makes my experience and decision-making in the future when I want to consult again on telemedicine. Of course, I choose a doctor who makes me comfortable" (Informant 12).

The results of this study show that patient comfort in telemedicine services is influenced by the doctor's gender, the type of medical complaint, and previous experience. Female patients tend to be more comfortable consulting with female doctors, especially for personal health issues, because they feel more understood and get greater empathy. In contrast, male patients generally do not consider the gender of the doctor too much but rather focus on the way the doctor communicates and responds in explaining the diagnosis and providing solutions. Previous experiences are also an important factor, where positive interactions encourage patients to return to consult the same doctor, while negative experiences can influence their preferences in the future. This shows that in addition to gender factors, effective communication and empathy of doctors play a significant role in creating patient comfort in telemedicine consultations.

## **Discussion**

According to the research, female patients demonstrated more apparent preferences than male patients. Female patients more often choose female doctors for intimate health issues, such as

reproductive health, pregnancy, and mental health, because they feel more comfortable and understood (Meier et al., 2021; Thorpe et al., 2022). In contrast, some female patients prefer male doctors for general health consultations because they are more assertive and quicker in diagnosing. This shows that the perception of competence and empathy are the main factors that affect patients' preferences in choosing doctors based on gender (Katz et al., 2024). Meanwhile, male patients tend not to make the gender of the doctor the main factor in the selection but rather consider the doctor's credibility based on reviews, professional experience, and how the doctor communicates in providing services. This implies that while gender may be considered in certain situations, patient choices are much influenced by other factors like professional repute and practical medical expertise (Teven & Katt, 2016).

Gender and the nature of medical complaints have proven to affect patients' confidence in physicians in telemedicine systems (Kim et al., 2025). Female patients who consult about reproductive health and femininity tend to trust female doctors more because they feel that female doctors have a more relevant biological understanding and experience. In contrast, male patients who are more professionally oriented tend to prioritize the experience and speciality of the doctor over their gender. In addition to gender, external factors such as other patient reviews, doctors' professional experience, and communication style also play a role in building trust. Patients who see a doctor with a high rating and relevant speciality experience tend to trust the doctor more, regardless of gender. This indicates that trust in telemedicine depends not only on biological or social factors but is also influenced by verifiable credibility through digital platforms (Kumkale et al., 2010).

Patient comfort in telemedicine services is greatly influenced by the doctor's gender, the type of medical complaint, and previous experience (Amura et al., 2024; Moulaei et al., 2023). Female patients are more comfortable consulting with female doctors for personal health problems because they feel freer to submit complaints. In addition, patients who experienced positive interactions with a particular doctor were more likely to return to use that doctor's services, suggesting that previous experiences shaped patients' preferences in choosing doctors in the future. However, some patients do not have gender preferences and prefer how doctors communicate and provide diagnoses. Doctors who can provide clear explanations, empathetic communication, and solution-solving solutions are preferred by patients, regardless of gender. This demonstrates how much physicians' relationships with patients and communication style influence convenience in telemedicine in addition to gender aspects (Eisend, 2006).

## **Conclusion and Limitations**

According to this research, patient preferences in telemedicine, especially those related to comfort and trust, are influenced by physicians' gender. While male patients are regarded as more professional and experience considerations than the gender of physicians, female patients are more inclined to prefer female doctors for reproductive and mental health difficulties. In addition, factors such as other patient reviews, doctors' professional experience, and communication styles have proven to be more dominant in building patient trust than gender alone. Thus, despite gender preferences, physicians' competence and communication methods remain key factors in determining patients' experience with telemedicine services.

However, the study had limitations, such as limited participants and a contextualized study focused on experiences on one telemedicine platform. In addition, this study has not explored in depth how cultural factors and social norms influence patients' gender preferences in telemedicine. Further studies with a broader scope and more diverse approaches are needed to understand these dynamics more profoundly and generalize the findings to a larger population.

# References

- Agha, Z., Roter, D. L., & Schapira, R. M. (2009). An evaluation of patient-physician communication style during telemedicine consultations. *Journal of Medical Internet Research*, 11(3). https://doi.org/10.2196/jmir.1193
- Amura, Claudia R, Medina, Rosario, Bean, Meagan, Centi, Sophia, Cook, Paul F, Barton, Amy J, & Jones, Jacqueline. (2024). Socio-Structural Intersect With Post-COVID-19 Telehealth Utilization for Hispanic/Latino Groups in Colorado: A Mixed Methods Study. *Journal of Transcultural Nursing*, *36*(1), 73–83. https://doi.org/10.1177/10436596241271301
- Attila, B. (2017). The impact of telemedicine on the development of doctor-patient relationship based on interviews conducted among physicians. *Lege Artis Medicinae*, 27(4–5), 186–192. https://www.scopus.com/inward/record.uri?eid=2-s2.0-85021061395&partnerID=40&md5=97c6c37ea7966eec35f600023cd78c0b
- Coffman, M., & Marques, J. (2021). Gender and communication: Are there decisive differences? In *Exploring Gender at Work: Multiple Perspectives* (pp. 67–84). https://doi.org/10.1007/978-3-030-64319-5\_4
- Creswell, J. W., & Creswell, J. D. (2023). Research Design, Qualitative, Quantitative and Mixed Methods Approaches. In *SAGE Publications,Inc.: Vol. Sixth Edit* (Issue 1). https://medium.com/@arifwicaksanaa/pengertian-use-case-a7e576e1b6bf
- Drossman, D. A., Chang, L., Deutsch, J. K., Ford, A. C., Halpert, A., Kroenke, K., Nurko, S., Ruddy, J., Snyder, J., & Sperber, A. (2021). A Review of the Evidence and Recommendations on Communication Skills and the Patient–Provider Relationship: A Rome Foundation Working Team Report. *Gastroenterology*, 161(5), 1670-1688.e7. https://doi.org/10.1053/j.gastro.2021.07.037
- Eisend, M. (2006). Source credibility dimensions in marketing communication A generalized solution. *Journal of Empirical Generalisations in Marketing Science*, 10, 1–33. https://www.scopus.com/inward/record.uri?eid=2-s2.0-33646371993&partnerID=40&md5=c36672ec11c866c519fbe0cab61766ce
- Gopichandran, V. (2019). What Influences Patients' Trust in Physicians? In *SpringerBriefs in Ethics* (pp. 43–57). https://doi.org/10.1007/978-981-15-0346-7\_4
- Gubalane, A., & Ha, Y. (2023). The effects of social media influencers' credibility on product evaluation, product attitude, and purchase intention: The mediating effects of product-influencer fit. *International Journal of Innovative Research and Scientific Studies*, 6(4), 946–959. https://doi.org/10.53894/ijirss.v6i4.2116
- Gupta, N., Gupta, M. K., Joshi, N. K., Mantri, N., Sridevi, G., Patel, M., Goel, A. D., Singh, K., Garg, M. K., & Bhardwaj, P. (2023). Is telemedicine a holy grail in healthcare policy: clinicians' and patients' perspectives from an Apex Institution in Western India. *BMC Health Services Research*, 23(1). https://doi.org/10.1186/s12913-022-09013-y
- Han, J., & Balabanis, G. (2024). Meta-analysis of social media influencer impact: Key antecedents

- and theoretical foundations. *Psychology and Marketing*, 41(2), 394–426. https://doi.org/10.1002/mar.21927
- Hovland, C. I., & Weiss, W. (1951). The influence of source credibility on communication effectiveness. *Public Opinion Quarterly*, 15(4), 635–650.
- Ikwu, A. N., Komolafe, D. T., Ahaneku, G. I., & Nwawudu, S. E. (2021). Advancement of telemedicine in Africa and the current laws: A case study of Nigeria. *Medico-Legal Journal*, 89(4), 270–275. https://doi.org/10.1177/00258172211018341
- Katz, E., Edelstein, B., & Turiano, N. A. (2024). Age as a Moderator of Health Outcomes and Trust in Physicians. *Journal of Aging and Health*, 36(5–6), 308–319. https://doi.org/10.1177/08982643231187104
- Kim, M. E., Sund, L. T., Morton, M., Kim, J., Choi, J. S., & Castro, M. E. (2025). Provider and Patient Satisfaction with Telemedicine Voice Therapy During the COVID-19 Pandemic. *Journal of Voice*, *39*(1), 282.e19-282.e27. https://doi.org/https://doi.org/10.1016/j.jvoice.2022.07.009
- Kumkale, G. T., Albarracín, D., & Seignourel, P. J. (2010). The effects of source credibility in the presence or absence of prior attitudes: Implications for the design of persuasive communication campaigns. *Journal of Applied Social Psychology*, 40(6), 1325–1356. https://doi.org/10.1111/j.1559-1816.2010.00620.x
- McBride, S. M., Hughes, H. K., & MacDonald, S. M. (2024). Future of Telemedicine in Radiation Oncology. *Seminars in Radiation Oncology*, *34*(4), 463–467. https://doi.org/10.1016/j.semradonc.2024.07.010
- Meier, S., Martasia M., C., & and DeMaria, A. L. (2021). "And Understand I am a Person and Not Just a Number:" Reproductive Healthcare Experiences of Italian Women. *Women's Reproductive Health*, 8(1), 60–78. https://doi.org/10.1080/23293691.2020.1861412
- Moulaei, K., Sheikhtaheri, A., Fatehi, F., Shanbehzadeh, M., & Bahaadinbeigy, K. (2023). Patients' perspectives and preferences toward telemedicine versus in-person visits: a mixed-methods study on 1226 patients. *BMC Medical Informatics and Decision Making*, 23(1), 261. https://doi.org/10.1186/s12911-023-02348-4
- Paelet, L., Raskin, J., & ZuWallack, R. (2022). Potential downside issues with telemedicine for individuals with chronic respiratory diseases. *Monaldi Archives for Chest Disease*, 92(4). https://doi.org/10.4081/monaldi.2022.2132
- Pow, V., Iankov, I., Shierlaw, E., & Le, H. (2022). A study in patient satisfaction regarding telemedicine consultations in radiation oncology. *Journal of Medical Radiation Sciences*, 69(3), 327–335. https://doi.org/10.1002/jmrs.577
- Raison, N., Khan, M. S., & Challacombe, B. (2015). Telemedicine in Surgery: What are the Opportunities and Hurdles to Realizing the Potential? *Current Urology Reports*, 16(7). https://doi.org/10.1007/s11934-015-0522-x
- Seawnght, J., & Gerring, J. (2008). Case selection techniques in case study research: A menu of qualitative and quantitative options. *Political Research Quarterly*, 61(2), 294–308. https://doi.org/10.1177/1065912907313077
- Sepako, E., & Molwantwa, M. C. (2023). Patients' Perspectives on Optimal Doctor-patient Interactions during Medical Consultation: Lessons for Medical Educators. *Education for Health: Change in Learning and Practice*, 36(1), 14–23. https://doi.org/10.4103/efh.efh\_593\_20

- Teven, J., & Katt, J. (2016). Instructor credibility. In *Communication and Learning* (pp. 183–210). https://www.scopus.com/inward/record.uri?eid=2-s2.0-85139781944&partnerID=40&md5=014cd46beab05dfc7d2d83f6abe5bc99
- Thorpe, Shemeka, Iyiewuare, Praise, Ware, Samuella, Malone, Natalie, Jester, Jasmine K, Dogan, Jardin N, & Hargons, Candice N. (2022). "Why Would I Talk To Them About Sex?": Exploring Patient-Provider Communication Among Black Women Experiencing Sexual Pain. *Qualitative Health Research*, 32(10), 1527–1543. https://doi.org/10.1177/10497323221110091
- Wensley, C., Botti, M., Mckillop, A., & Merry, A. F. (2017). A framework of comfort for practice: An integrative review identifying the multiple influences on patients' experience of comfort in healthcare settings. *International Journal for Quality in Health Care*, 29(2), 151–162. https://doi.org/10.1093/intqhc/mzw158