# Evaluating Post-COVID Healthcare Consultancy Preferences: A Study on Demographic Influence, Digital Healthcare Awareness, and Adoption Challenges

Nikunj Gandhi, Shivtej Gulave, Dr. Sushmita Singh

**Abstract - The shift in healthcare consultancy preferences post-COVID has raised significant questions about patient behaviour, digital healthcare adoption, and demographic influence. This study examines demographic factors shaping consultancy mode selection, patient awareness of digital healthcare, and key barriers affecting adoption. Findings indicate that face-to-face consultancy remains dominant, while telephonic and digital healthcare modes are progressively gaining acceptance, particularly among younger and urban populations. The study highlights privacy concerns, lack of personal interaction, and digital accessibility as key barriers to virtual healthcare adoption. To enhance digital healthcare acceptance, hybrid consultancy models, improved security protocols, educational initiatives, and greater infrastructure expansion are recommended. The findings offer strategic insights for healthcare providers, policymakers, and digital health innovators.**

***Keywords: Post-COVID healthcare, consultancy preferences, digital healthcare adoption, patient behaviour, telehealth challenges, demographic influence, healthcare accessibility***

## 1. PREFACE

### 1.1 Context

Healthcare consultancy preferences are significantly affected by Pandemic of Corona Virus, accelerating the adoption of digital healthcare solutions, including telehealth and online consultancy platforms. With the growing reliance on virtual interactions, many individuals embraced telephonic and digital healthcare consultancy due to convenience and accessibility. However, face-to-face consultancy remains prevalent, particularly among older individuals and rural populations. As digital healthcare expands, understanding patient preferences, barriers to adoption, and demographic influences becomes critical for healthcare providers seeking to improve service delivery.

### 1.2 Problem Statement

Despite increased technological integration in healthcare, digital healthcare adoption is not uniform across demographics. Key barriers such as privacy concerns, lack of personal interaction, and digital literacy gaps prevent many patients from fully embracing virtual consultancy methods. Additionally, traditional consultancy continues to dominate, suggesting that digital healthcare has yet to achieve widespread acceptance. This Research's main target is to determine the influence of demographic Characters in shaping consultancy preferences and identify strategies to improve virtual healthcare adoption.

### 1.3 Objectives

- To determine the most preferred consultancy mode and enhance its effectiveness in healthcare strategies.
- To analyze the relationship between demographic factors and consultancy preferences.
- To evaluate patients' awareness and concerns regarding digital healthcare adoption.

## 2. LITERATURE REVIEW

Prior studies indicate a growing shift toward digital healthcare in response to the COVID-19 pandemic (Smith et al., 2021). Research highlights telehealth as a convenient alternative, yet traditional consultancy continues to be widely preferred due to familiarity and trust in direct interactions (Brown & Williams, 2020). Studies also emphasize privacy concerns and digital literacy gaps as major barriers hindering virtual healthcare adoption (Patel, 2022).

Emerging literature underscores the importance of hybrid healthcare models, integrating face-to-face consultancy with telehealth options to accommodate

diverse patient needs (Lee et al., 2023). Furthermore, infrastructure development and user-friendly platforms are recommended to increase accessibility for rural populations and older individuals.

## 3. RESEARCH STRATEGY

### 3.1 Study Framework

This research utilises quantitative research approach, by performing survey analysis and chi-square statistical tests to evaluate healthcare consultancy preferences and digital healthcare adoption trends.

### 3.2 Data Collection

Data was obtained from 303 participants via structured surveys assessing consultancy mode preferences, awareness of digital healthcare, and perceived barriers to adoption.

### 3.3 Sampling Techniques

- Population: Individuals accessing healthcare services post-COVID.
- Sampling Unit: Patients with diverse consultancy preferences.
- Sample Size: 303 participants.
- Sampling Methods: Stratified sampling ensuring demographic representation.

Excel Sheet link–
https://docs.google.com/spreadsheets/d/1CEaAiuMYFuRkPbFGyTO82H8oqrpK2cYFytA5R5R1Wkw/edit?resourcekey=&gid=1608177256#gid=1608177256

### 3.4 Data Analysis

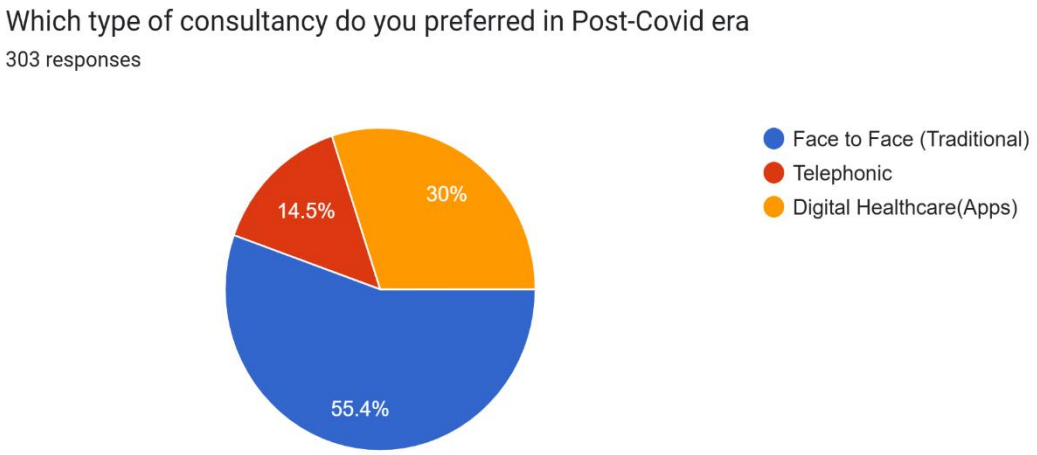
To determine statistical significance among demographic groups we used a statical tool called Chi-Square test, while frequency distribution analysed overall trends in consultancy preference and digital healthcare adoption. SPSS software facilitated statistical computations for reliable data interpretation.

## 4. RESULTS AND DISCUSSION

### 4.1 Preferred Mode of Consultancy

The study indicates that:

- Face-to-face consultancy (55.4%) remains the dominant mode, preferred by older and rural respondents.
- Telephonic consultancy (30%) gains popularity, offering accessibility without requiring in-person visits.
- Digital healthcare apps (14.5%) rank lowest, revealing adoption barriers related to privacy and technological accessibility.



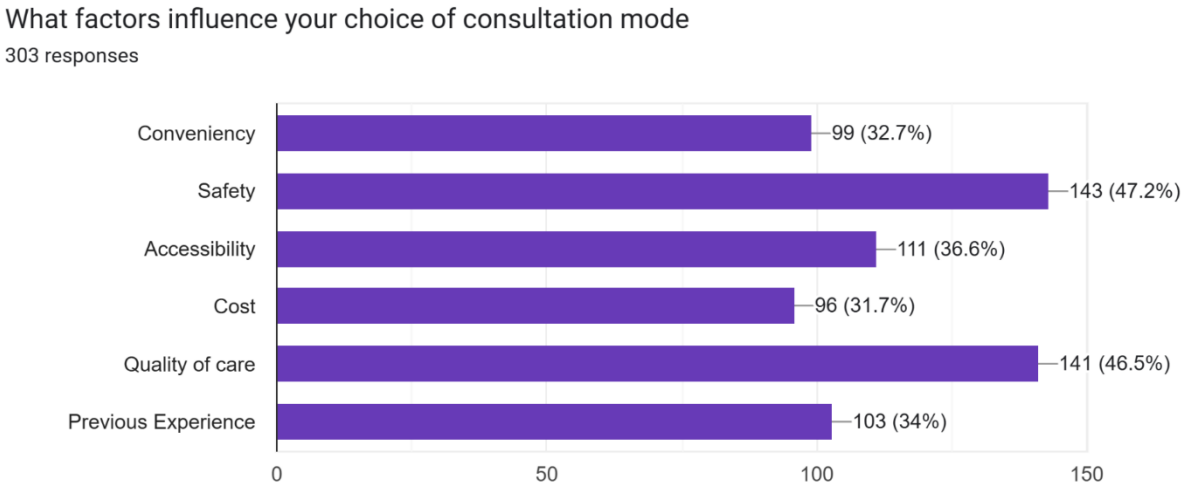

### 4.2 Demographic Influence on Consultancy Preferences

- Age significantly affects consultancy mode choice (p = 0.002), with younger individuals favouring virtual options, while older groups prefer traditional consultancy.
- Area of Residency influences adoption (p = 0.017), as urban residents exhibit a higher preference for

digital healthcare, whereas rural populations rely on face-to-face consultations.
- Comfort with Technology emerges as the strongest determinant ($p < 0.001$), with tech-savvy individuals adopting virtual consultancy, while low digital literacy hinders adoption among certain demographics.

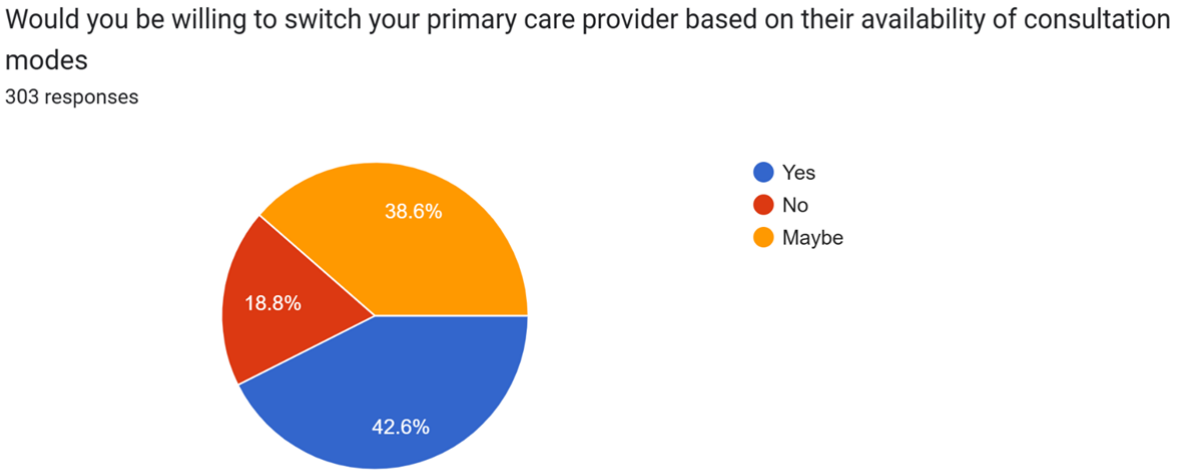
4.3 Awareness of Digital Healthcare and Adoption Barriers

- Privacy concerns (31.4%) and lack of personal interaction (30.4%) are major hurdles affecting telehealth adoption.
- Technical difficulties (21.1%) and quality-of-care concerns (17.2%) further limit virtual consultancy acceptance.
- Educational initiatives and enhanced cybersecurity are crucial for improving digital healthcare confidence.




4.4 Willingness to Switch Healthcare Providers

- 42.6% are willing to change providers based on available consultancy options.
- 38.6% remain undecided, while 18.8% prefer to retain their provider, emphasizing the role of flexible healthcare service offerings.



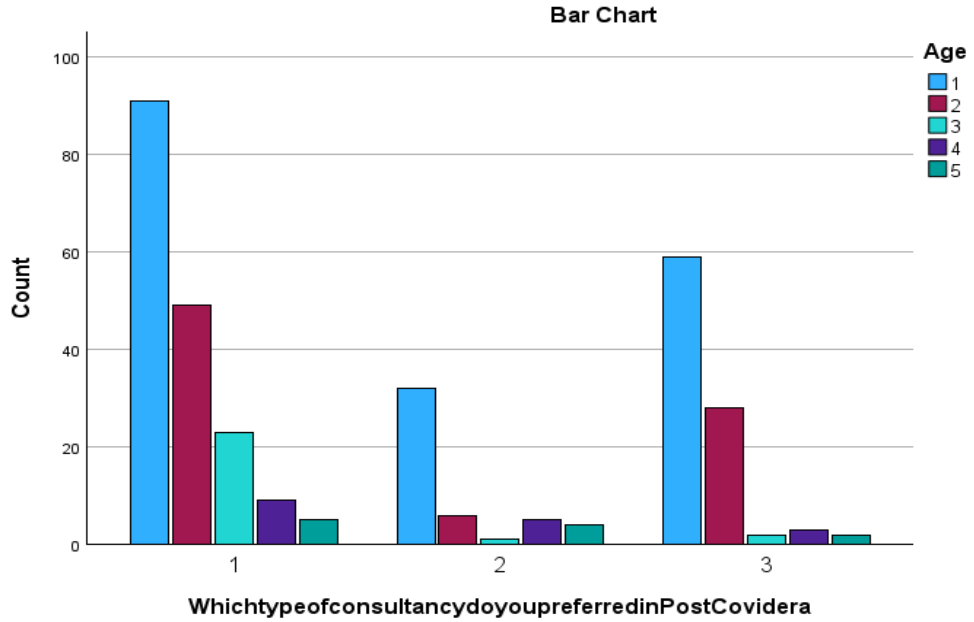
Age
Chi-Square Test Results

| | Value | df | Asymptotic Significance (2-sided) |
|---|---|---|---|
| Pearson Chi- Square | 24.976[a] | 8 | .002 |
| Likelihood Ratio | 26.405 | 8 | <.001 |
| Linear-by-Linear Association | 4.003 | 1 | .045 |
| N of valid Case | 319 | | |

a. 4 cells (26.7%) have expected count less than 5. The minimum expected count is 1.66.

Summary of case process

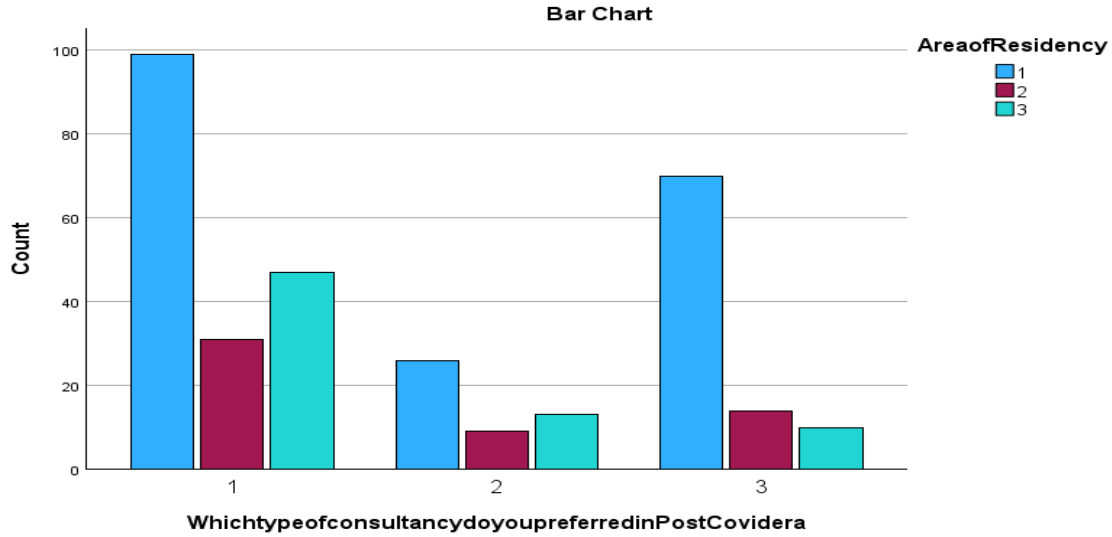
| | Cases Valid N | Percent | Missing N | Percent | Total N | Percent |
|---|---|---|---|---|---|---|
| ▪ Age | 319 | 99.7% | 1 | 0.3% | 320 | 100.0% |
| ▪ Type of residential area | 319 | 99.7% | 1 | 0.3% | 320 | 100.0% |
| ▪ Do you have any Chronic Disease | 319 | 99.7% | 1 | 0.3% | 320 | 100.0% |
| ▪ How comfortable are you using Technology for Consulting | 319 | 99.7% | 1 | 0.3% | 320 | 100.0% |
| ▪ What are your concerns regarding Digital Consultancy | 319 | 99.7% | 1 | 0.3% | 320 | 100.0% |
| ▪ Would you be willing to change your Primary method of consultancy if your concerns are resolved | 319 | 99.7% | 1 | 0.3% | 320 | 100.0% |



Area of Residence

| Chi-Square Test Result | Value | df | Asymptotic Significance (2-sided) |
|---|---|---|---|
| Pearson Chi-Square | 12.026[a] | 4 | .017 |
| Likelihood Ratio | 13.040 | 4 | .011 |
| Linear-by-Linear Association | 9.693 | 1 | .002 |
| N of valid case | 319 | | |

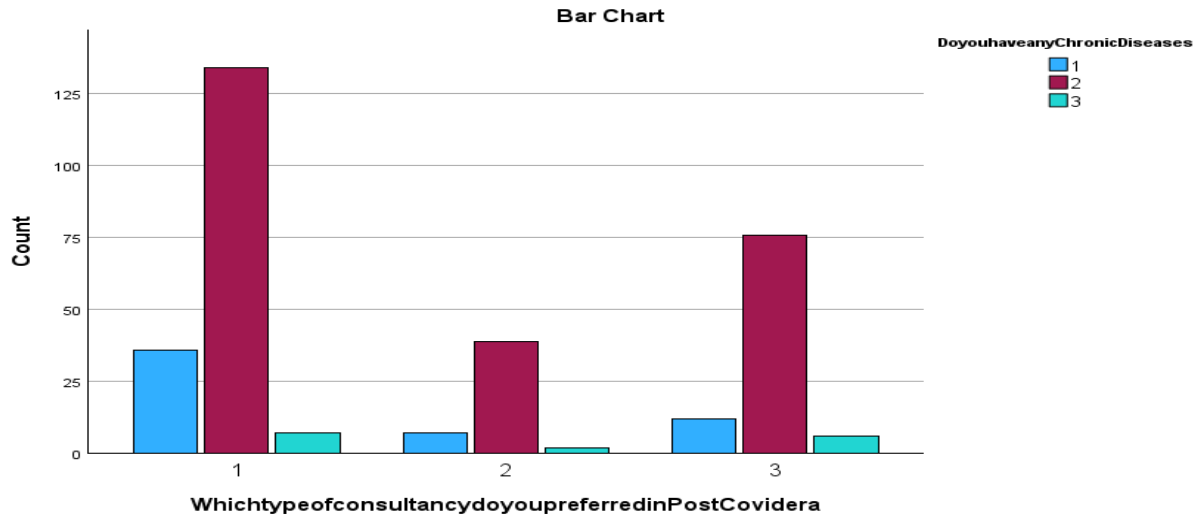
a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 8.13.




Do you have any Chronic Diseases?

| Chi-Square Test Result | Value | df | Asymptotic Significance (2-sided) |
|---|---|---|---|
| Pearson Chi-Square | 3.360[a] | 4 | .499 |
| Likelihood Ratio | 3.381 | 4 | .496 |
| Linear - by- Linear Association | 3.111 | 1 | .078 |
| N of valid cases | 319 | | |

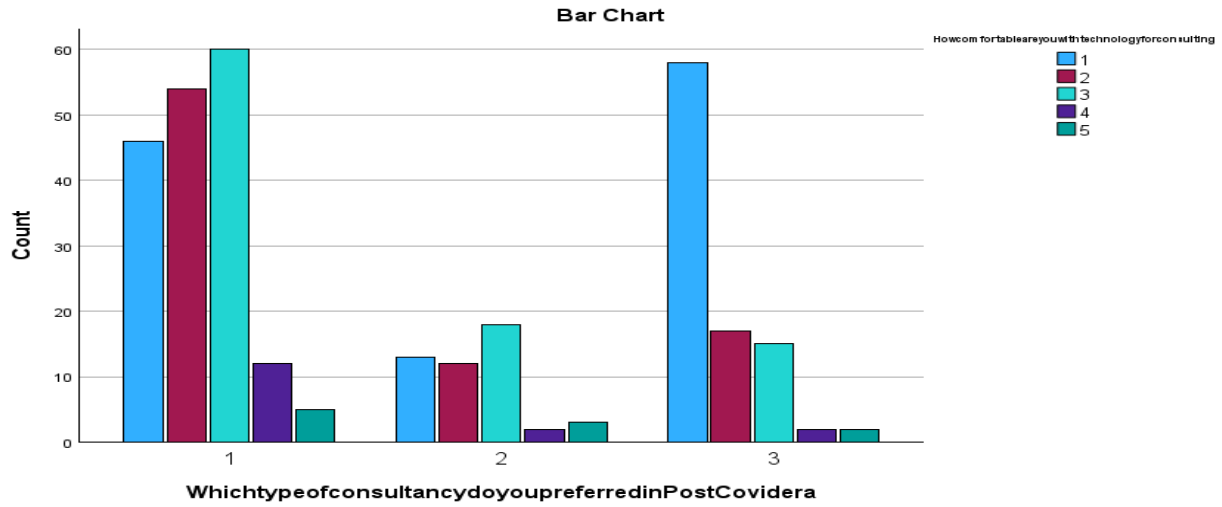
a. 2 cells (22.2%) have expected count less than 5. The minimum expected count is 2.26.




How comfortable are you with technology for consulting

| Chi-Square Test Result | Value | df | Asymptotic Significance (2-sided) |
|---|---|---|---|
| Pearson Chi-Square | 39.135[a] | 8 | <.001 |
| Likelihood Ratio | 38.316 | 8 | <.001 |
| Linear-by-Linear Association | 20.548 | 1 | <.001 |
| N of Valid Cases | 319 | | |

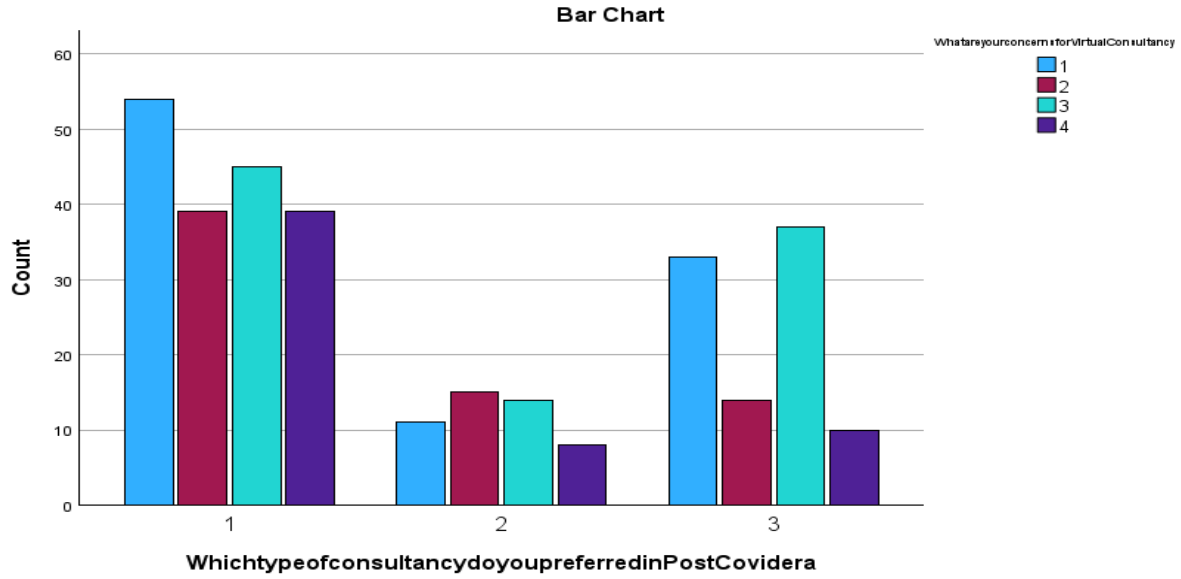
a. 4 cells (26.7%) have expected count less than 5. The minimum expected count is 1.50.




What are your concerns for Virtual Consultancy?

| Chi-Square Tests | Value | df | Asymptotic Significance (2-sided) |
|---|---|---|---|
| Pearson Chi-Square | 14.113[a] | 6 | .028 |
| Likelihood Ratio | 14.299 | 6 | .026 |
| Linear-by-Linear Association | .838 | 1 | .360 |
| N of Valid case | 319 | | |

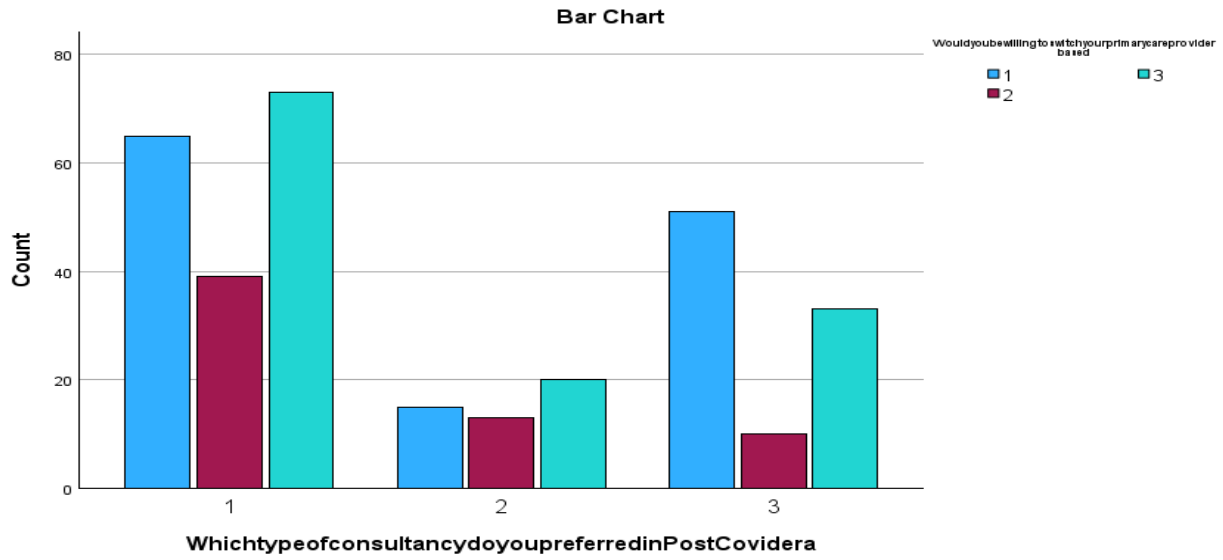
a. 0 cells (0.0%) have expected count less than 5. The minimum count is 8.58.




Would you be willing to switch your primary care provider based

| Chi-Square Test Results | Value | df | Asymptotic Significance (2-sided) |
|---|---|---|---|
| Pearson Chi-Square | 12.376[a] | 4 | .015 |
| Likelihood Ratio | 12.713 | 4 | .013 |
| Linear-by-Linear Association | 3.699 | 1 | .054 |
| N of valid cases | 319 | | |

a. 0 cells (0.0%) have expected count less than 5, The minimum expected count is 9.33.




## 5. CONCLUSION AND FUTURE SCOPE

The study highlights a growing preference for digital healthcare, yet traditional consultancy remains dominant due to demographic influences and adoption barriers. Privacy concerns, lack of personal interaction, and digital literacy gaps hinder virtual consultancy adoption, making education, cybersecurity, and accessibility improvements essential.

To increase digital healthcare acceptance, healthcare providers should:

1. Implement hybrid consultancy models combining digital and traditional services.
2. Enhance digital literacy programs to facilitate telehealth adoption.
3. Strengthen cybersecurity to address privacy concerns.
4. Expand digital healthcare infrastructure for rural accessibility.

Future studies should focus on longitudinal analyses of healthcare preferences and technological advancements improving patient engagement with digital healthcare.

## REFERENCE

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