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	[PU = 4.00]	11.404	1.148	98.617	1	.000	9.153	13.655
	[PU = 4.17]	11.736	1.162	102.077	1	.000	9.459	14.012
	[PU = 4.33]	12.005	1.172	104.841	1	.000	9.707	14.303
	[PU = 4.50]	12.394	1.188	108.803	1	.000	10.065	14.723
	[PU = 4.67]	12.469	1.191	109.563	1	.000	10.134	14.803
	[PU = 4.83]	12.697	1.200	111.890	1	.000	10.344	15.049
Location	PEOU	2.313	.202	131.474	1	.000	1.918	2.709
	SB	.385	.235	2.688	1	.101	-.075	.845
Link function: Logit.								

The regression analysis included a Pseudo-R test for Likert-scale variables, specifically, Perceived Ease of Use, Perceived Usefulness, and Social and Behavioral factors. The results, summarized in the table, revealed Pseudo R-square values of 0.173 for McFadden, 0.571 for Cox and Snell, and 0.575 for Nagelkerke. These values suggest that the model explains a significant amount of variance in the outcome variable. The high Pseudo R-square values also indicate that the independent variables play a crucial role in predicting the outcome variable, which has important implications for designing interventions to enhance the outcome variable.

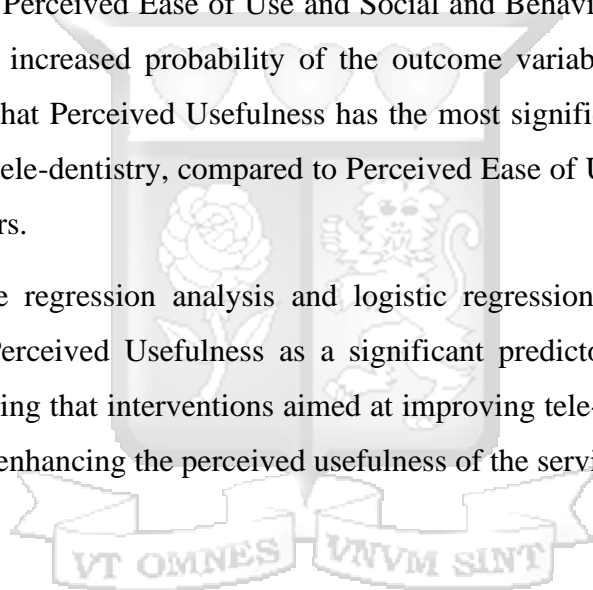
Additionally, a logistic regression analysis was performed, and the results are presented in the table. The parameter estimates for different levels of the Perceived Usefulness (PU) variable indicate their impact on the outcome. The Threshold

values corresponding to PU values are presented alongside their respective estimates, standard errors, Wald statistics, degrees of freedom (Df), significance (Sig.), and 95% confidence intervals.

The analysis demonstrated that Perceived Usefulness, Perceived Ease of Use (PEOU), and Social and Behavioral (SB) variables are all statistically significant predictors of the outcome variable, with p-values less than 0.05. The positive coefficient for the Perceived Usefulness variable suggests that higher PU values are associated with an increased likelihood of the outcome variable occurring.

In contrast, the negative coefficients for the PEOU and SB variables indicate that higher values of Perceived Ease of Use and Social and Behavioral factors do not contribute to an increased probability of the outcome variable occurring. This finding implies that Perceived Usefulness has the most significant impact on the intention to use tele-dentistry, compared to Perceived Ease of Use and Social and Behavioral factors.

In summary, the regression analysis and logistic regression both support the importance of Perceived Usefulness as a significant predictor of the outcome variable, suggesting that interventions aimed at improving tele-dentistry adoption should focus on enhancing the perceived usefulness of the service.



## **Chapter 5 : DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS**

### **5.1 Overview**

This chapter presents the discussion of the study results aligned to the study objectives; the conclusions drawn. recommendations from the study, limitations of the study and areas for further research.

### **5.2 Interpretation of the Findings of the Study.**

#### **5.2.1 Knowledge of and attitude towards tele-dentistry of dentists in Kenya**

In regard to the knowledge of tele-dentistry of dentists in Kenya, the study found that 88.6% of participants were familiar with the concept of tele-dentistry, while 11.4% were not. Furthermore, 85.5% of participants claimed to understand tele-dentistry, but 14.5% said they did not. These findings closely mirror those of the study done in Rwanda (Murerehe et al., 2017) where 96% of respondents were aware of tele-dentistry. However, the awareness observed in this study surpasses that reported among practitioners in Saudi Arabia (Nassani et al., 2021), which was 38%, and in Ethiopia which was 56% (Assaye et al., 2022). The awareness of respondents in this study is higher than that of respondents in France, where 57% of respondents had never heard of tele-dentistry (Giraudeau et al., 2022).

In terms of the practice of tele-dentistry, this study found that 85.5% of respondents did not use tele-dentistry in their workplaces, while 14.5% said they do. This reflects a low uptake of tele-dentistry in clinical practice with relatively few dentists providing the services. These findings align with the study conducted in Rwanda (Murerehe et al., 2017) where only 6.8% of participants reported using tele-dentistry in their practices. However, the findings differ from the study in Saudi Arabia (Nassani et al., 2021) where 23.2% of respondents reported practicing some form of tele-dentistry in their clinics. Similarly, the study in France found that 39% of respondents use tele-dentistry in their clinics, indicating greater utilization compared to this study.

175 responses were recorded when inquiring whether participants would contemplate adopting tele-dentistry in their practices. 71.4% of participants expressed their willingness to consider adopting tele-dentistry, while 28.6% said they would not. These results align closely with those found in the Saudi Arabian study (Nassani et al., 2021) where 66.3% indicated a willingness to consider using tele-dentistry in the future. Similarly, the study done in France found that 65.7% of respondents reported a similar inclination toward considering tele-dentistry in the future.

The respondents who would consider the adoption of tele-dentistry gave a range of reasons to support their choice. These encompass increased patient accessibility, streamlined referrals and collaborative care with specialists, remote consultations with peers and international patients, and the potential to expand their patient base. Furthermore, they highlighted the utility of tele-dentistry for oral health education, long-term patient follow-up, remote patient monitoring, and fostering professional development. These reasons align with those identified in the studies done in Rwanda and Saudi Arabia, demonstrating the broad array of potential applications and benefits in the field of dentistry.

In contrast, the practitioners who were not willing to embrace tele-dentistry expressed a preference for in-person patient interactions and emphasized that dental care cannot be effectively administered virtually. They also mentioned a lack of knowledge and training in tele-dentistry or inadequately equipped clinics lacking the necessary infrastructure for tele-dentistry. The issue of infrastructure was also noted in the Rwandan study.

A smaller proportion of respondents expressed reluctance to embrace tele-dentistry compared to those who showed willingness, and the barriers mentioned against its adoption can potentially be mitigated to shift this perspective. In general, there exists a positive inclination toward considering the incorporation of tele-dentistry into practice, aligning with the results of similar studies conducted in Rwanda, Saudi Arabia, and France

When asked if they perceived tele-dentistry to be valuable in oral health service delivery, 85% said yes, but 15% said no. Participants were asked to support their answers with a reason. The reasons supporting the recognition of tele-dentistry as valuable in oral health service delivery included enhanced access to care, the expansion of patient networks, community-based oral health education, bridging the rural-urban oral health care gap, and addressing the shortage of dentists within the country. Additional factors included streamlining referral processes, collaborative consultations with specialists for cases requiring multidisciplinary care, early diagnosis, prompt intervention, remote patient monitoring, saving patients travel time and expenses, and reducing the transmission of contagious infections. These insights mirror those found in a United States-based study (Tiwari et al., 2022), examining the perceived value of tele-dentistry among dentists, which highlighted time savings, enhanced patient access, outreach to underserved rural areas with limited dentist availability, and oral health education. The many factors supporting the value of tele-dentistry in delivering oral health services demonstrate that practitioners possess a solid grasp of how to incorporate tele-dentistry into their service provision effectively.

The reasons for not considering tele-dentistry valuable in oral health service delivery were similar to those mentioned in the reasons given for not considering using tele-dentistry in clinical practice, and include, the need for in-person interactions for treatment, the opinion that dental care cannot be provided virtually, insufficient knowledge on the usage of tele-dentistry, the need for expensive infrastructure and patients limited access to good internet and necessary gadgets for receiving tele-dentistry services. One reason mentioned above was also mentioned in the United States-based study (Tiwari et al., 2022) was that respondents were not convinced of the quality of care that could be provided virtually. The negative attitude toward tele-dentistry is supported by few, and modifiable factors, which can be worked on to improve the attitude towards it.

Overall, the knowledge of tele-dentistry and the attitude towards it were significantly positive, but the use of it in practice was low. This is consistent with

the findings from the studies done in Rwanda, Saudi Arabia and France.

### **5.2.2 Perceived Usefulness of Tele-dentistry from the Perspective of the Dentist.**

6 questions were asked regarding the perceived usefulness of tele-dentistry. The 6 questions were:

1. Using tele-dentistry would help me to complete tasks quickly.
2. Using tele-dentistry would improve my job performance.
3. Using tele-dentistry in my job would increase my productivity.
4. Using tele-dentistry would enhance my effect.
5. Using tele-dentistry would make my job easier.
6. I would find tele-dentistry useful in my job.

When it comes to the perceived usefulness of tele-dentistry, the statistical mode for all six questions was 4, which corresponds with “Agree”, indicating that overall, participants perceive tele-dentistry as beneficial. This aligns with the "perceived usefulness" concept in the Technology Acceptance Model and suggests that dentists are willing to adopt tele-dentistry due to its perceived benefits for their practice. This positive perception of usefulness is in line with findings from studies conducted in the Eastern Cape, South Africa (Cilliers and Flowerday, 2014), where 82% of respondents found telemedicine useful, and a study in Malaysia (Khokhar et al., 2022) where 70% of respondents agreed that tele-dentistry would improve dental practice.

### **5.2.3 Perceived Ease of Use of Tele-dentistry**

5 questions regarding the perceived ease of use of tele-dentistry were asked. The 5 questions were:

1. Learning to operate tele-dentistry would be easy for me.
2. I would find it easy to get tele-dentistry to do what I want.
3. My interaction with tele-dentistry would be clear and understandable.
4. It would be easy for me to become skillful at using tele-dentistry.
5. I would find tele-dentistry ease to use.

For the perceived ease of use of tele-dentistry, in all five questions, the statistical mode was 4, which corresponds to “Agree”. This implies that participants generally believed that utilizing tele-dentistry would require minimal effort, aligning with the "perceived ease of use" concept in the Technology Acceptance Model. These results contrast with studies conducted in the Eastern Cape, South Africa (Cilliers and Flowerday, 2014), where 40% of respondents were hesitant to use telemedicine due to perceived difficulty, and a study in Nigeria (Adenuga, 2020) that found ease of use to be a hindrance to telemedicine adoption in the country. The positive outcome of this question suggests that with training or learning opportunities, dentists would likely quickly adapt and feel comfortable implementing tele-dentistry in their practice. This is consistent with the findings of an Indonesian study (Napitupulu et al., 2021), which concluded that users are more inclined to embrace telemedicine when they perceive it as easy to use.

#### **5.2.4 Social and behavioral factors affecting tele-dentistry.**

5 questions were asked when assessing the social and behavioral factors affecting tele-dentistry adoption. The first statement was “social or peer pressure would influence me to accept tele-dentistry”. The statistical mode for this was 2, which corresponds to “Disagree”, implying that participants expressed that social pressure would not influence their acceptance of the technology. Hence, it can be concluded that social and peer pressure does not exert a significant influence on the behavioral aspects of tele-dentistry adoption. This contrasts with the results of the study done in Indonesia (Napitupulu et al., 2021), where the doctor's opinion played a crucial role in determining the acceptance of telemedicine. It was found that the physician's viewpoint influenced the perceived utility and benefits of telemedicine.

The second statement aimed to assess if practitioners would adopt tele-dentistry if it became a popular trend. The statistical mode for this was 4, which corresponds to “Agree”. Most participants expressed their willingness to incorporate tele-dentistry in their clinics if it gained wider popularity, suggesting that adaptability to trends is a notable social and behavioral factor influencing the adoption of tele-

dentistry.

As for the third statement which was “I am resistant to changes in technology”, the statistical mode was 1, which corresponds to “Strongly Disagree”. Most participants exhibited openness to technological changes, indicating that resistance to change is not a significant behavioral factor affecting the adoption of tele-dentistry. This finding contrasts with the study done in Uganda (Isabalija et al., 2011) which identified resistance to change by staff members as a substantial obstacle to adopting and implementing telemedicine systems. Additionally, the study done in Rural Australia (Estai et al., 2016) found that resistance to new technologies hindered the acceptance of telemedicine in dentistry.

The fourth statement was “The lack of physical interaction with patients would prevent me from using tele-dentistry” and the statistical mode for this was 4, corresponding to “Agree”. It appears that practitioners generally prefer in-person, physical patient appointments, which serves as a significant behavioral factor influencing the adoption of tele-dentistry. This observation aligns with that of a United States-based study (Tiwari et al., 2022) where respondents hesitant about tele-dentistry cited concerns about the quality of care they could provide virtually.

The final statement was “I am not willing to learn about technological changes” and the statistical mode for this was 1, corresponding to “strongly disagree”. The limited uptake of tele-dentistry is not attributable to participants' unwillingness to adapt to technological changes; hence this was not a significant behavioral factor affecting the adoption of tele-dentistry.

#### **5.2.5 Technological Changes Affecting Tele-Dentistry Adoption.**

Participants were presented with three technological factors and asked to indicate which ones they believed would influence their decision to implement tele-dentistry.

The most frequently chosen technological factor was "tele-dentistry infrastructure," selected by 158 participants (81.8%). Following closely was

"reliable internet connectivity, bandwidth, and data charges," chosen by 145 respondents (75%). In contrast, the factor with the lowest rate of selection, by 94 participants (48.7%), pertained to technical support, such as equipment maintenance.

These findings highlight that the most substantial technological obstacle to adopting tele-dentistry is the availability of the necessary infrastructure, followed by the presence of a dependable internet connection that can support high-quality tele-dentistry services. This aligns with research conducted in Nigeria (Adenuga, 2020), which identified a lack of technological infrastructure and poor internet bandwidth as deterrents to telemedicine implementation. Similar results are observed in studies from Senegal (Ly et al., 2017) and rural Australia (Estai et al., 2016), which both emphasized the shortage of essential equipment and inadequate internet connectivity as significant barriers to the use of telemedicine, including tele-dentistry.

Notably, data charges were acknowledged as a concern, as services like tele-dentistry require substantial data consumption to function effectively.

In contrast, the availability (or lack thereof) of technical support emerged as a relatively minor technological factor, indicating that people may have relatively easy access to technical assistance when needed or may not require it extensively. This varies from findings in the Senegal study (Ly et al., 2017), where the availability of technical staff for equipment maintenance was a notable hindrance, and the rural Australia study (Estai et al., 2016), which underscored the lack of technical support as an obstacle to the adoption of telemedicine in dentistry.

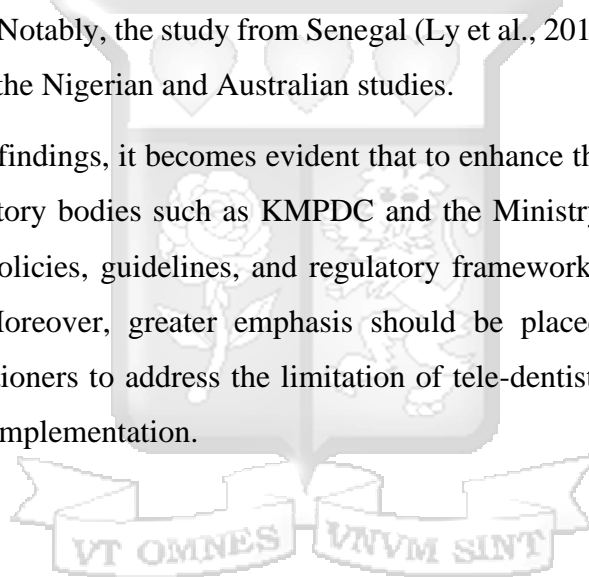
#### **5.2.6 Other Factors Affecting Tele-Dentistry Adoption.**

Participants were presented with a list of seven options to determine any other factors influencing their decision to implement tele-dentistry. The foremost choice among them was "regulatory factors, including applying for tele-dentistry licenses," with 67.4% opting for this selection. Subsequently, "limited knowledge

of tele-dentistry usage" was chosen by 53.4% of participants. Other considerations included medico-legal concerns (48%), data security (47.6%), patient confidentiality (44%), reimbursement concerns (42%), and financial concerns (39%).

These findings diverge slightly from a study conducted in Nigeria (Adenuga, 2020), where medico-legal issues, financial challenges, patient confidentiality, and data security were identified as the more prominent factors affecting the adoption of telemedicine. Similarly, a study from Australia (Estai et al., 2016) reported different results, emphasizing the absence of reimbursement structures, insufficient legal and ethical guidelines, and medico-legal factors as barriers to the acceptance of telemedicine. Notably, the study from Senegal (Ly et al., 2017) echoed the same factors found in the Nigerian and Australian studies.

In light of these findings, it becomes evident that to enhance the adoption of tele-dentistry, regulatory bodies such as KMPDC and the Ministry of Health should establish clear policies, guidelines, and regulatory frameworks for tele-dentistry requirements. Moreover, greater emphasis should be placed on training and educating practitioners to address the limitation of tele-dentistry knowledge as a hindrance to its implementation.



### 5.3 Conclusion

This study leads to the conclusion that, despite the low adoption of tele-dentistry in Kenya, there is a predominantly positive attitude toward its utility and advantages. An impressive 85% of the respondents expressed agreement with the value of tele-dentistry in oral health service delivery and provided various justifications for their stance. The study highlights that Kenyan dentists believe tele-dentistry can enhance patient access to dental services, streamline the referral process, facilitate multi-disciplinary care, and bridge the rural-urban service gap.

The research was guided by the Technology Acceptance Model (TAM), which gauges technology acceptance through perceived usefulness and ease of use. Overall, dentists perceived tele-dentistry as both valuable and user-friendly, suggesting, in accordance with TAM, a heightened intention to embrace and adapt tele-dentistry. Additionally, the study drew insights from TAM-2 and the diffusion of innovation theory to comprehend other factors influencing tele-dentistry adoption in Kenya, including social and behavioral, technological, and miscellaneous factors. Notably, the study's most compelling findings regarding social and behavioral aspects indicate that more dentists would embrace tele-dentistry if it became a popular trend, but concerns about the lack of physical interaction might hinder its clinic-based use. Concerning technological factors, a stable internet connection and sufficient bandwidth emerged as the most significant considerations, closely followed by the availability of technical infrastructure. Regulatory factors and limited knowledge of tele-dentistry also featured prominently.

Suggestions to promote tele-dentistry adoption primarily revolved around education, training, and raising awareness, with a notable recommendation being its inclusion in undergraduate dental training programs. Enhancing internet connectivity and ensuring the availability of necessary tele-dentistry equipment were other frequently mentioned ideas.

In summary, the principal factors affecting tele-dentistry adoption in Kenya are the limited knowledge about the subject, unstable internet connectivity and bandwidth, and the absence of technical infrastructure for tele-dentistry provision. Other factors from the survey held comparatively less significance. The outlook for tele-dentistry in Kenya appears promising, contingent upon increased accessibility to education, training, and infrastructure.

#### **5.4 Recommendations**

Objective number 4 in the Kenya National Oral Health Policy states “To strengthen health systems capacity to provide oral health services by improving infrastructure and providing equipment, commodities and technologies”. One of the key measures for this objective is “the number of facilities using tele-dentistry for training and surveillance”.

An important starting point to achieve this objective and to improve the uptake of tele-dentistry in Kenya is to focus on educating and training dental professionals on how to use tele-dentistry. It would be valuable to include a module on tele-dentistry in undergraduate training institutes as part of the syllabus. Trainings can be held during the internship period of newly graduated dentists. The Kenya Dental Association should organize continuous professional development (CPD) events to highlight the applications and advantages of tele-dentistry, as well as advocate for it as a mode of bridging the rural-urban gap in oral health service provision.

The Ministry of Health and KMPDC ought to play an active role in promoting tele-dentistry as an acceptable and feasible method of healthcare provision, and design programs to educate the public on the same, so that there is acceptability on both, the provider and user side. Adopting tele-dentistry models from countries where it has worked can also provide guidance on the various ways to use it.

There needs to be an improvement in the internet connection, as well as a reduction in data charges, more so in rural areas, to facilitate the process of tele-dentistry

more seamlessly. Poor internet connection and data charges are a major hindrance to quality service delivery via tele-dentistry. Network providers can be roped into tele-dentistry programs to provide quality and affordable data and internet bandwidth to improve the technical aspect.

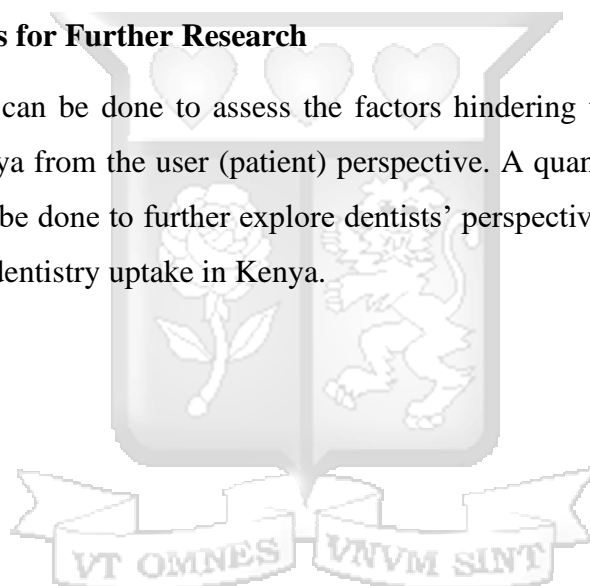
### **5.5 Limitations**

The structured nature of the questionnaire may have confined the responses of the participants and hence in-depth data could not be collected.

This study focused only on the provider (dentists) aspect, but the user (patient) input is equally important to understand the uptake of tele-dentistry in Kenya.

### **5.6 Areas for Further Research**

A similar study can be done to assess the factors hindering the uptake of tele-dentistry in Kenya from the user (patient) perspective. A quantitative, interview-based study can be done to further explore dentists' perspectives and suggestions to improve tele-dentistry uptake in Kenya.



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**Appendix 1: NACOSTI Permit**

  
**NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION**  
 Date of Issue: 31/May/2023


**RESEARCH LICENSE**



**This is to Certify that Dr. Kanan Parsh Dave of Strathmore University, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Nairobi on the topic: Assessing the factors affecting the adoption of tele-dentistry in Kenya for the period ending : 31/May/2024.**  
 License No: NACOSTI/P/23/26429

**138866**  
 Applicant Identification Number

**NOTE: This is a computer generated License. To verify the authenticity of this document, Scan the QR Code using QR scanner application.**



**See overleaf for conditions**

**Appendix 2: SU-ISERC Clearance**



**Strathmore**  
UNIVERSITY

## Final Decision

This is to certify that the application for ethics clearance submitted by:

**Principal Investigator:** Dr. Dave, Kanaan Paresh

**Reference number:** SU-ISERC1726/23

**For Study:** "Factors affecting tele-dentistry adoption in Kenya"

Was reviewed and received the following status: "approved"

### Reviewer Comments

**The SU-ISERC wishes you all the best with this research undertaking.**

**23 May 2023 07:25:35**



## Appendix 3: Introduction Letter

Ole Sangale Rd, Macaraka Estate,  
P.O Box 59867 00200, Nairobi, Kenya.  
Cell: +254 703 414/6/7, Twitter: @SBSKenya  
Email: info@sbs.ac.ke or visit www.sbs.strathmore.edu



15<sup>th</sup> March 2023

To Whom It May Concern,

**RE: FACILITATION OF RESEARCH – KANAAN PARESH DAVE**

This is to introduce Kanaan Paresh Dave, a Master of Business Administration in Healthcare Management (MBA-HCM) student at Strathmore University Business School, student number 138876/21. As part of our MBA-HCM Programme, Kanaan is expected to do applied research and undertake a project. This is in partial fulfilment of the requirements of the MBA-HCM course. To this effect, she would like to request for appropriate data from your organization.

Kanaan is undertaking a research paper on **“Factors Affecting Implementation and Application of Tele-Dentistry in Kenya”** The information obtained shall be treated confidentially and shall be used for academic purposes only.

Our MBA-HCM Programme seeks to establish links with industry, and one of the ways of doing so is directing our research to areas that would be of direct use to industry. We would be glad to share our findings with you after the research, and we trust that you will find them of great interest and of practical value to your organization.

We appreciate your support and shall be willing to provide any further information if required.

Yours sincerely,

A handwritten signature in black ink, appearing to read "Njoki Kiagiri".

Njoki Kiagiri  
Manager – Graduate Programmes.  
Strathmore University Business School

Association of African  
Business Schools



Strathmore Business School is a Proud member of:



AACSB

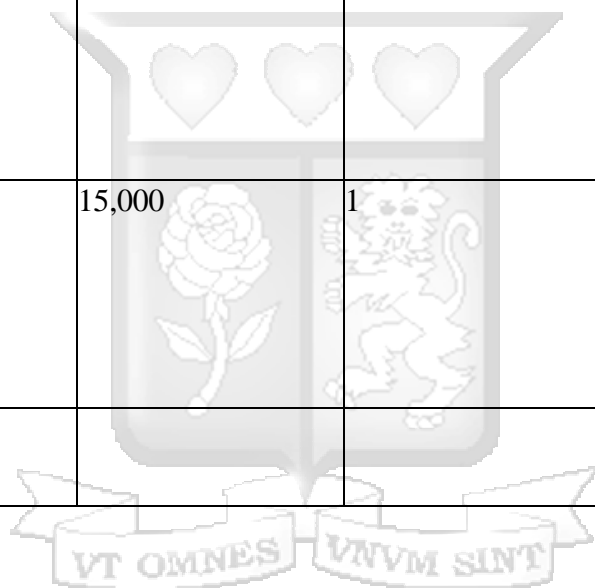
#### Appendix 4: Proposed Work Plan

<b>STAGE DESCRIPTION</b>	<b>PROPOSED TIMELINE</b>
Proposal Presentation	Third week of March
Ethical approval	Second week of April
Data Collection	Third week of April
Data analysis and interpretation	Fourth week of April
Report Writing-first draft	
Submission of dissertation	Second week of May
Oral defense of dissertation	Third week of May
Correction of dissertation	Last week of May



**Appendix 5: Proposed budget**

ITEM	UNIT PRICE	QUANTITY	TOTAL (Ksh.)
Printing and Binding of proposal	800/-	3 copies	2400/-
Printing and Binding of Dissertation	2000	3	6000
Miscellaneous Expenses	15,000	1	15,000
TOTAL			23,400/-



## **Appendix 6: Participant Information and Consent Form**

### **PARTICIPANT INFORMATION AND CONSENT FORM**

#### **ASSESSING THE FACTORS AFFECTING THE ADOPTION OF TELE-DENTISTRY IN KENYA**

##### **Section 1: Information Sheet**

**Investigator: Kanaan Paresh Dave**

**Institutional Affiliation: Strathmore Business School**

##### **Section 2: Information Sheet – The Study**

###### **2.1 Why is this study being carried out?**

This study is being carried out to identify the factors that are affecting the adoption of tele-dentistry in Kenya, and subsequently identify ways to improve the uptake of tele-dentistry in Kenya.

###### **2.2. Do I have to take part?**

No. Taking part in this study is entirely optional and the decision rests only with you. If you decide to take part, you will be asked to complete a questionnaire to get information on the factors affecting the adoption of tele-dentistry. If you are not able to answer all the questions successfully the first time, you may be asked to sit through another informational session after which you may be asked to answer the questions a second time. You are free to decline to take part in the study from this study at any time without giving any reasons.

### **2.3. Who is eligible to take part in this study?**

Dentists in the private and public sector in Kenya who are registered with KMPDC and are practicing dentistry.

### **2.4. Who is not eligible to take part in this study?**

Practitioners who are not registered with KMPDC and are not actively practicing dentistry.

### **2.5. What will taking part in this study involve for me?**

You will be approached by Kanaan Dave and requested to take part in the study. If you are satisfied that you fully understand the goals behind this study, you will be asked to sign the informed consent form (this form) and then taken through a questionnaire to complete.

### **2.6. Are there any risks or dangers in taking part in this study?**

There are no risks in taking part in this study. All the information you provide will be treated as confidential and will not be used in any way without your express permission.

### **2.7. Are there any benefits of taking part in this study?**

The information will be used to improve tele-dentistry uptake in Kenya, which has the potential to improve oral health service delivery in the country.

### **2.8. What will happen to me if I refuse to take part in this study?**

Participation in this study is entirely voluntary. Even if you decide to take part at first but later change your mind, you are free to withdraw at any time without explanation.

### **2.9. Compensation**

There is no financial compensation involved in this study.

## **2.10. Who can I contact in case I have further questions?**

You can contact me, KANAAN DAVE at Strathmore Business School, or by e-mail, [kanaan.paresh@strathmore.edu](mailto:kanaan.paresh@strathmore.edu) or by phone (+245737 044 265)

If you want to ask someone independent anything about this research, please contact:

The Secretary–Strathmore University Institutional Ethics Review Board, P. O. BOX 59857, 00200, Nairobi, email [ethicsreview@strathmore.edu](mailto:ethicsreview@strathmore.edu) Tel number: +254 703 034 375



I \_\_\_\_\_, have had the study explained to me. I have understood all that I have read and have had explained to me and had my questions answered satisfactorily. I understand that I can change my mind at any stage.

Please tick the boxes that apply to you;

I AGREE to take part in this research

I DON'T AGREE to take part in this research.

Participant's Signature:

\_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DD / MM / YEAR

Participant's Name: \_\_\_\_\_

Time: \_\_\_\_\_ / \_\_\_\_\_ (Please print name) HR / MN

I \_\_\_\_\_ (Kanaan Dave) certify that I have followed the SOP for this study and have explained the study information to the study participant named above, and that s/he has understood the nature and the purpose of the study and consents to the participation in the study. S/he has been given opportunity to ask questions which have been answered satisfactorily.

Investigator's Signature:

\_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DD / MM / YEAR

Investigator's Name:

\_\_\_\_\_

Time: \_\_\_\_\_ / \_\_\_\_\_ HR / MN

**Appendix 7: Questionnaire**

**QUESTIONNAIRE: Factors affecting the adoption of Tele-Dentistry in Kenya.**

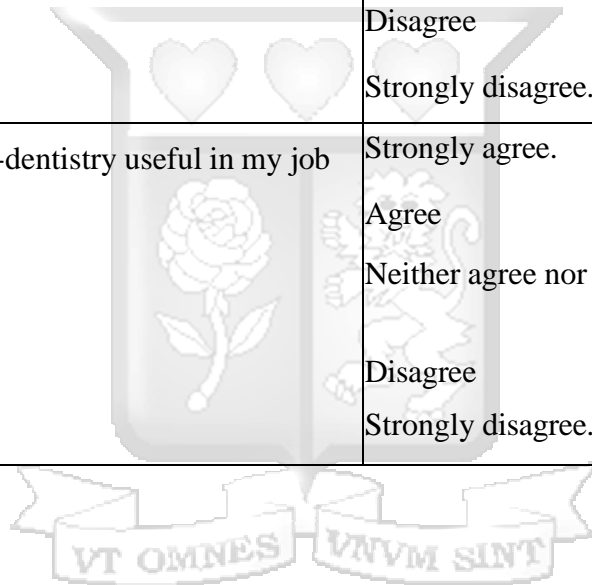
<b>SECTION A</b>	
<b>PARTICIPANT INFORMATION</b>	
Participant Initials	
Gender	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
Age (Years)	
COUNTY OF WORK	
Sector of work	Private <input type="checkbox"/> Public <input type="checkbox"/> Both <input type="checkbox"/>
Educational Qualifications	Bachelor of Dental Surgery <input type="checkbox"/> Master of Dental Surgery <input type="checkbox"/> Post-Graduate Diploma in Dentistry <input type="checkbox"/> Masters of Science in Dentistry <input type="checkbox"/> PHD <input type="checkbox"/>
Number of years in clinical practice	

<b>SECTION B:</b>	
<b>KNOWLEDGE AND ATTITUDE TOWARDS TELE-DENTISTRY</b>	
Have you heard about tele-dentistry?	YES <input type="checkbox"/>  NO <input type="checkbox"/>
Do you know what tele-dentistry is?	YES <input type="checkbox"/>  NO <input type="checkbox"/>
Do you practice tele-dentistry in your place of work?	YES <input type="checkbox"/>  NO <input type="checkbox"/>
If you do not, would you consider using tele-dentistry?	YES <input type="checkbox"/>  NO <input type="checkbox"/>
Please give a reason for your above answer (Yes or No)	
Do you think that tele-dentistry is valuable in oral health service delivery?	YES <input type="checkbox"/>  NO <input type="checkbox"/>
Please give a reason for your above answer (Yes or No)	

For the following questions, please select the answer that you feel is most appropriate for you.

<b>SECTION 3</b>	
<b>PERCEIVED USEFULNESS OF TELE-DENTISTRY</b>	
Using tele-dentistry would enable me to complete tasks more quickly.	Strongly agree. <input type="checkbox"/>
	Agree <input type="checkbox"/>
	Neither agree nor disagree <input type="checkbox"/>
	Disagree <input type="checkbox"/>
	Strongly disagree. <input type="checkbox"/>
Using tele-dentistry would improve my job performance.	Strongly agree. <input type="checkbox"/>
	Agree <input type="checkbox"/>
	Neither agree nor disagree <input type="checkbox"/>
	Disagree <input type="checkbox"/>
	Strongly disagree. <input type="checkbox"/>
Using tele-dentistry in my job would increase my productivity.	Strongly agree. <input type="checkbox"/>
	Agree <input type="checkbox"/>
	Neither agree nor disagree <input type="checkbox"/>
	Disagree <input type="checkbox"/>
	Strongly disagree. <input type="checkbox"/>
Using tele-dentistry would enhance my effectiveness on the job.	Strongly agree. <input type="checkbox"/>
	Agree <input type="checkbox"/>
	Neither agree nor disagree <input type="checkbox"/>

	Disagree <input type="checkbox"/>
	Strongly disagree. <input type="checkbox"/>
Using tele-dentistry would make my job easier.	Strongly agree. <input type="checkbox"/>
	Agree <input type="checkbox"/>
	Neither agree nor disagree <input type="checkbox"/>
	Disagree <input type="checkbox"/>
	Strongly disagree. <input type="checkbox"/>
I would find tele-dentistry useful in my job	Strongly agree. <input type="checkbox"/>
	Agree <input type="checkbox"/>
	Neither agree nor disagree <input type="checkbox"/>
	Disagree <input type="checkbox"/>
	Strongly disagree. <input type="checkbox"/>



<b>SECTION D: PERCEIVED EASE OF USE OF TELE-DENTISTRY</b>	
<p>Learning to operate tele-dentistry would be easy for me.</p>	<p>Strongly agree. <input type="checkbox"/></p> <p>Agree <input type="checkbox"/></p> <p>Neither agree nor disagree <input type="checkbox"/></p> <p>Disagree <input type="checkbox"/></p> <p>Strongly disagree. <input type="checkbox"/></p>
<p>I would find it easy to get tele-dentistry to do what I want.</p>	<p>Strongly agree <input type="checkbox"/></p> <p>Agree <input type="checkbox"/></p> <p>Neither agree nor disagree <input type="checkbox"/></p> <p>Disagree <input type="checkbox"/></p> <p>Strongly disagree. <input type="checkbox"/></p>
<p>My interaction with tele-dentistry would be clear and understandable.</p>	<p>Strongly agree. <input type="checkbox"/></p> <p>Agree <input type="checkbox"/></p> <p>Neither agree nor disagree <input type="checkbox"/></p> <p>Disagree <input type="checkbox"/></p> <p>Strongly disagree. <input type="checkbox"/></p>

<p>It would be easy for me to become skillful at using tele-dentistry.</p>	<p>Strongly agree. <input type="checkbox"/></p> <p>Agree <input type="checkbox"/></p> <p>Neither agree nor disagree <input type="checkbox"/></p> <p>Disagree <input type="checkbox"/></p> <p>Strongly disagree. <input type="checkbox"/></p>
<p>I would find tele-dentistry easy to use.</p>	<p>Strongly agree. <input type="checkbox"/></p> <p>Agree <input type="checkbox"/></p> <p>Neither agree nor disagree <input type="checkbox"/></p> <p>Disagree <input type="checkbox"/></p> <p>Strongly disagree. <input type="checkbox"/></p>

**SECTION E:**

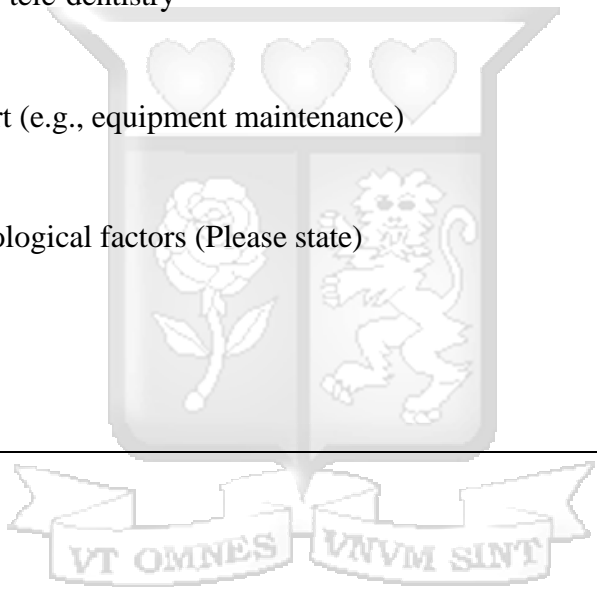
**SOCIAL AND BEHAVIORAL FACTORS AFFECTING TELE- DENTISTRY**

<p>Social / peer pressure would influence me to accept tele- dentistry</p>	<p>Strongly agree. <input type="checkbox"/></p> <p>Agree <input type="checkbox"/></p> <p>Neither agree nor disagree <input type="checkbox"/></p> <p>Disagree <input type="checkbox"/></p> <p>Strongly disagree. <input type="checkbox"/></p>
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<p>If tele-dentistry became a more popular trend, I would implement it in my clinical practice.</p>	<p>Strongly agree. <input type="checkbox"/></p> <p>Agree <input type="checkbox"/></p> <p>Neither agree nor disagree <input type="checkbox"/></p> <p>Disagree <input type="checkbox"/></p> <p>Strongly disagree. <input type="checkbox"/></p>
<p>I am resistant to changes in technology</p>	<p>Strongly agree. <input type="checkbox"/></p> <p>Agree <input type="checkbox"/></p> <p>Neither agree nor disagree <input type="checkbox"/></p> <p>Disagree <input type="checkbox"/></p> <p>Strongly disagree. <input type="checkbox"/></p>
<p>The lack of physical interaction with patients would prevent me from using tele-dentistry</p>	<p>Strongly agree. <input type="checkbox"/></p> <p>Agree <input type="checkbox"/></p> <p>Neither agree nor disagree <input type="checkbox"/></p> <p>Disagree <input type="checkbox"/></p> <p>Strongly disagree. <input type="checkbox"/></p>
<p>I am not willing to learn about technological changes</p>	<p>Strongly agree. <input type="checkbox"/></p> <p>Agree <input type="checkbox"/></p> <p>Neither agree nor disagree <input type="checkbox"/></p> <p>Disagree <input type="checkbox"/></p> <p>Strongly disagree. <input type="checkbox"/></p>

For the following questions, please tick/select the options that you feel most appropriate. You may select more than one.

<b>TECHNOLOGICAL FACTORS</b>	
Which of the following technological factors would hinder you from implementing tele-dentistry?	
Stable internet connectivity, bandwidth, and data charges.	<input type="checkbox"/>
Infrastructure for tele-dentistry	<input type="checkbox"/>
Technical support (e.g., equipment maintenance)	<input type="checkbox"/>
<b>Any</b> other technological factors (Please state)	



**OTHER FACTORS**

Which of the following factors would hinder you from implementing tele-dentistry?

Medico-legal concerns

Patient confidentiality

Data security

Re-imburement concerns

Financial factors

Regulatory factors (applying for tele-dentistry licenses)

Limited knowledge on how to use tele-dentistry.

**ANY OTHER FACTORS:** OMNES VNVM SINT

Please mention any other factors that would affect your decision to implement tele- dentistry.

Please mention below any suggestions to help improve the acceptance and implementation of tele-dentistry in Kenya.

**END**

**THANK YOU FOR YOUR PARTICIPATION**