Appendix A: Overview of papers included in the systematic literature review

Art .nr	Author	Year	Persp.	Context and study population	Research aim	E-Health intervention type & aim	Method	Main results
52	Aminuzzam an et al.	2003	A,B1,E	**Context:** Asia (Bangladesh) **SP:** rural poor	Assessing the efficacy of the village phone in ameliorating the information poverty	Telecommunication (mobiles) Providing modern telecommunication services to the poor people in Bangladesh	Multi-method: interviews, **N= Unknown** survey **N=423 Response rate= Unknown**	**Context factors in e-Health adoption:** Age (24-25yr) Gender (literate men) Education (literacy) Traders and entrepreneurs (+) Farmers (-) **e-Health adoption outcomes:** Ownership: Married housewives Ownership: Age (35-55yr) Time saving (+) Social contacts migrant workers (+) Uncertainty (-) Anxiety (-) Speed and quality decision making (+) Health services (0) Gender roles (0) Empowerment higher in traditional regions

| 62 | Balasubram anian et al. | 2010 | B1,D,E | **Context:** Asia (India)

SP: rural women | Understanding gender dimension in mobile phone learning tool | Telecommunication (mobiles)

Enhancing lifelong learning through mobile phones | Multi-method:

Interviews, focus group discussions, participant observations

N= Unknown

Survey
N= 73
Response rate= 100% | **Context factors in e-Health adoption:**
Low literacy levels (-)
Social hierarchy: teacher/student hierarchy (-)
Process factors in e-Health adoption:
Women participation (+)
Women ICT ownership (+)
Contextualization information (+)
Training (+)
F2F meetings (+)
Distribution through formal functions (reinforce ownership) (+)
Asking family members for help (+)
Content factors in e-Health adoption:
Costs calling/participating (-)
Mobile phone: learning & mobility (+)
e-Health adoption outcomes:
Using/bringing phone
Listening to voicemails
Applying information
Sharing voicemail information
Phone as symbol self-dependency |

							Women maintain ownership (+) Cognitive social capital (+) Access market information (+) Transport/opportunity costs (-) Social network (+) Calls to other participants (0) In project participation (+)
67	Boase	2010	A	**Context:** North America (USA) **SP:** American adults	Examining externality of personal networks in relation to low internet adoption in rural areas	(Broadband) internet and social media No intervention	Survey **N= 2200** **Response rate= 35%**	**Context factors in e-Health adoption:** Age (-) Education (+) Occupational status (+) Occupational diversity (+) Ties with internet access (+) Single need e-mail (- high speed internet access)

49	Borgida et al.	2002	D	**Context:** North America (USA) **SP:** rural communities	Investigating norms of cooperation and civic and political culture and (public) access to e-Health	Community networks Increasing the community's access to and use of the national information infrastructure, sharing data and information with and between community members and partner organizations.	2 x Survey (Survey 1) **N= 2000 Response rate= 40%** (Survey 2) **N= 2791 Response rate= 64%**	**Context factors in e-Health adoption:** High civic involvement (+) Long history of civic organization (+) ICT access perceived as market responsibility (-) Low income (-) Negative perceptions of ICT (-) Community structures seems to mediate the impact of ICT access **e-Health adoption outcomes:** Digital divide (-) Income no longer predicted e-Health adoption
63	Burrell	2010	B2,E	**Context:** Africa (Uganda) **SP:** rural women	Understanding inequalities that emerge from informal sharing of mobile phones in Uganda	Telecommunication (mobiles) Decreasing inequalities in access of mobile phones	Interviews **N= 52**	**e-Health adoption outcome:** Medium to preserve/ enhancing/challenge pre-existing social structures Power struggle over phone Gifting In- and excluding sharing behavior (secrecy/hiding) New, more individual communication lines lessen control husbands on communication wife Systematic exclusion of women

8	Bynum et al.	2003	B1	**Context:** North America (USA) **SP:** rural communities	Assessing differences in e-Health program satisfaction	Videoconferencing and telehealth Providing more healthcare information and increase health	Survey **N= 2567** **Response rate= 69%**	**Context factors e-Health adoption (satisfaction):** Rural population (+) Minority populations (+) Age (+) Education (-) Limited access health care knowledge (+) **Process factors in e-Health adoption:** Education methods (+)
24	Cecchini, Raina	2004	A,B1,C	**Context:** Asia (India) **SP:** rural poor community	Assessing impact e-government project	Community networks Increasing the efficiency of information distribution and access	Survey **N= 105** **Response rate= 100%**	**Context factors in e-Health adoption:** Poverty (-) geographical isolation (-) Gender (women) (-) Cast barriers (-) **Process factors in e-Health adoption:** Educated, willing operator (+) Lack technical support (-) Unclarity information (-) **Content factors in e-Health adoption:** Slow internet (-) Uncertainty electricity (-) Not need based (-) No budget improve quality of service backend (-) **e-Health adoption outcomes:** Costs (-) Harassment/corruption (-)

							Low use/awareness (-) Insufficient revenues (-)
53	Chowdhury	2006	B1	**Context:** Asia (Bangladesh) **SP:** rural households	Examining household market participation effects of telecommunication	Telecommunication (mobiles) Increasing the access to information and reducing the search costs	Survey **N= 284** **Response rate= Unknown**	**e-Health adoption outcomes:** Information seeking / transaction costs (-) Informed business (+) Informed social (+) Market participation (+)
9	Ferrer-Roca et al.	2010	B1	**Context:** Europe (Spain) **SP:** rural patients	Assessing quality of life effects of e-Health	Videoconferencing and telehealth Decreasing overall waiting time, discomfort, financial or time costs.	Survey **N= 800** **Response rate= 81,9%**	**Process factors in e-Health adoption:** Political top-down decision (+) Resistance to use (-) **Content factors in e-Health adoption:** Simple ordinary videoconferencing (+) **e-Health adoption outcomes:** Health (0) Quality of life (0) Travel costs (-) Time costs (-) Workload (-)

				Context				
73	Forestier et al.	2002	A,B2	**Context:** cross-country (Bangladesh, Botswana, Zimbabwe) **SP:** the poor	Understanding how teledensity may affect economic inequality	(Broadband) internet and social media, telecommunication (mobiles) Enhancing economic benefits	Survey (cross-country) **N= Unknown**	**Context factors in e-Health adoption:** Rural/low connection density (-) Income (+) Education (+) **Process factors in e-Health adoption:** Language barriers (-) **Content factors in e-Health adoption:** Costs (-) **e-Health adoption outcomes:** high initial teledensity and high teledensity growth increase inequality rich and poor and rural and urban Quality of life(life expectancy, child mortality, literacy secondary school enrollment) (0)
88	Fortin	2003	B1	**Context:** North America (Canada) **SP:** patients of a local hospital	Evaluating a telemedicine network	Videoconferencing and telehealth Complementing the organization of health services locally	Semi-structured interviews **N= 15** Interviews **N= 34** Observation Document analysis	**e-Health adoption outcomes:** Speed obtaining health services/diagnosing (+) Waiting time (-) Time (-) Costs (-) Communication spouse/treating physician (+) Knowledge professionals (+)

| 61 | Gagnon et al. | 2006 | B1 | **Context:** North America (Canada)

SP: physicians and managers in a remote area | Investigating perceptions of telehealth, physicians and managers | Videoconferencing and telehealth

Increasing access to, and quality of, health care services and to lower health system expenditures | Interviews **N=54** | **Perceptions factors e-Health adoption:** User-friendly/Need based Integration daily practice Motivation patients Participation professionals Rules for reliability Support organization Organizational resources available Integration workflow Regional agreement stakeholders **Perceptions e-Health adoption outcomes:** Access (+) Continuity (+) Information/service availability (+) Medical education (+) Contact with Peers (+) Feeling isolation (-) Costs (-) Fear replacement on site physician |

| 10 | Gibson et al. | 2011 | B1 | **Context:** North America (Canada)

SP: rural first nation community members | Investigating perceptions of using videoconferencing for mental health services – telemental health | Videoconferencing and telehealth

Increasing access to healthcare services, client satisfaction, and decreased costs. | Interviews
N= 59

Quantitative analysis
N= 53
Response rate= Unknown | **Perceptions e-Health adoption outcomes:**
e-Health not appropriate (-)
Hard to establish trust (-)
Other priorities (-)
Concerns privacy (-)
Concerns help in case of crisis (-)
Increasing continuity (+)
Increasing access (+)
Reduction travel costs (+)
Foreseeing technological problems (-) |
| 75 | Gilbert et al. | 2010 | A,E | **Context:** North America (USA)

SP: rural and urban communities | Examining differences social media use rural and urban population | (Broadband) internet and social media

Connecting people, bonding and bridging | Content/Meta-analysis
N= 4000
Response rate= 84,55% | **Context factors in e-Health adoption (rural):**
Women (+)
Limited broadband access
Limited mobility
Necessity of trust
e-Health adoption outcomes (rural):
Moving f2f friendships online (+)
Meeting place (-)
Sign up later
Friends/comments (-)
Login (+)
Female most popular friend
Closeness friends (+)
Rural women's privacy measures (+) |

22/23	Hebert et al.	2006 & 2004	B1,C	**Context:** North America (Canada) **SP:** rural palliative care patients	Examining readiness to use influencing use, Effects on Symptom management and costs	Videoconferencing and telehealth Increasing access to healthcare, reducing healthcare costs	Survey **N= 44** **Response rate= 13,75%** Interviews **N= 8**	**Context factors in e-Health adoption:** Client motivation (+) Nurses willingness to learn (+) Alternative services (-) critical mass (+) Area size (-) **Process factors in e-Health adoption:** Management support (+) Communication (+) Experienced / regional team members Difficult integration work pattern (-) **Content factors in e-Health adoption:** User-friendliness (+) Technological failure (-) Complex services (-) **e-Health adoption outcomes:** Non-adoption (0) No effect (0) Perception calls interruption nurse routine (-)

60	Hollifield et al.	2000	B1,C	**Context:** North America (USA) **SP:** businesses and residents in two project and control communities	Examining whether rural telecommunications self-development projects were effective in encouraging local adoption of new telecommunication services	(Broadband) internet and social media Empowering people by reducing social and cultural isolation and fostering economic development through implementing rural telecommunications self-development projects	Quasi-experiment Interviews **N= Unknown** Survey **N= 471 Response rate= 54%**	**Context factors in e-Health adoption:** Self-employed (-) Employed by local company (-) **Process factors in e-Health adoption:** Rural telecommunications self-development projects are not more effective then when telecommunication access is left to market forces **e-Health adoption outcomes:** Small community residents using the internet/e-mail at least once (+) Small community businesses using the internet/e-mail at least once (-) Using internet/e-mail at work (+) Using company website (+)
59	Hollifield, Donnermeyer	2003	A	**Context:** North America (USA) **SP:** individuals in four rural communities	Examining variables that influenced rural residents comparatively early adoption of information technologies	(Broadband) internet and social media No intervention	Survey **N= 471 Response rate= 54%**	**e-Health adoption outcomes:** Employment by a company using specific information technology (+) Employment by a company using specific information technology and low educated (+)

| 79 | Hosman | 2010 | B1,C,D | **Context:** Africa (Uganda)

SP: rural community | Assessing conditions for introducing e-Health into primary and secondary schools | Computer lap

Increasing technological adoption. | Multi-method case study:

Interviews, **N= Unknown**

Content analysis | **Process factors in e-Health adoption:**
Setting realistic goals (+)
Taking local context into account (+)
Modest project size (+)
External (financial) support (+)
Training (both professionals and teachers) (+)
Project champion (+)
Bottom up and top down feedback loops (+)
Language barriers (-)
Limited capacity (-)
Content factors in e-Health adoption:
View e-Health as complementary instead of goal (+)
Sustainability
e-Health adoption outcomes:
Target group uses computers (+)
Enhancing learning (+)
Supporting local economy (+) |

74	Hosman, Fife	2008	C,D	**Context:** Asia (Sri Lanka) **SP:** rural communities	Exploring ways to design projects that are sustainable, enable long-term e-Health adoption an improve quality of life through public private partnerships	(Broadband) internet and social media Encouraging local entrepreneurship and offering a variety of value adding training courses to address the socio economic desires of the local technology recipients.	Case study	**Process factors in e-Health adoption:** Pilot project (in line with local realities, flexible) Third party intermediary (managing stakeholders, solid contract, sustainability) Bottom-up for need based approach (including understanding of societal norms, literacy levels, employment options, weather-related concerns, factional/religious/ethnic sensitivities, government openness or repression) **Content factors in e-Health adoption:** Services should be useful
11	Jayaraman et al.	2008	A,C	**Context:** Australia (New Zealand) **SP:** rural patients and health professionals	Assessing usefulness and access to mobile phone cameras for diagnosing in primary care	Telecommunication (mobiles) Assessing the clinical usefulness of mobile phone cameras	Survey **N= 480** **Response rate= Unknown** Clinical quiz **N= 30**	**Context factors in e-Health adoption:** Maori-ethnicity (+) Age (-) Access (+) Motivation (+) **e-Health adoption outcomes:** Increasing confidence in medical diagnose

80	Kanungo	2004	B1,B2, C	**Context:** Asia (India) **SP:** rural community	Examining conditions for building emancipating e-Health	Community networks Decreasing the information poverty	Interviews **N= Unknown**	**Context factors in e-Health adoption:** Clear government structures, local social structures may hinder even diffusion of e-Health adoption throughout community (due to i.e. literacy levels, time constraints) **Process factors in e-Health adoption:** Local, specific, community owned, partnerships **Context factors in e-Health adoption:** Need based **e-Health adoption outcomes:** Informing/knowledge sharing Market access Changed social order
68	Kivunike et al.	2011	A,C	**Context:** Africa (Uganda) **SP:** rural community	Exploring perceptions of e-Health effecting quality of life in relation to e-Health adoption	(Broadband) internet and social media, telecommunication (mobiles) Fostering economic growth, modernization and people centered or human development	Multi-method: Interviews **N= 22** Survey **N= 454** **Response rate= 98%**	**Context factors in e-Health adoption:** Perception of self (to old -) Availability (+) Education (+) Perceived usefulness/need (+) **e-Health adoption outcomes:** Spam (-) Time constrains (-) Appropriation (Using e-

								Health for entertainment and communication rather than education)
76	Kumar, Best	2006	A,C	**Context:** Asia (India) **SP: U**sers	Examining why kiosk use has not been able to diffuse among a wider section of the community population	Community networks Supporting rural social, economic and political development	Survey **N= 132** **Response rate=** **Unknown**	**Context factors in e-Health adoption:** Age (-) Male (+) Students (+) Education (+) Income (+) Status community of origin (+) **Process factors in e-Health adoption:** Local champions (+) **Content factors in e-Health adoption:** Accessibility as centers are located close to economically backward neighborhoods (- existing socio-economic inequalities) Localized content(+)

57	LaRose et al.	2007	A	**Context:** North America (USA) **SP:** residents of four rural communities	Examining factors that cause broadband Internet service adoption in rural communities	(Broadband) internet and social media Providing access to broadband	Survey **N= Unknown Response rate= between 20-47%**	**Context factors in e-Health adoption:** Prior internet experience (+) The expected outcomes of broadband usage (+) Direct personal experience with broadband (+) Self-efficacy (+) Age (-) Income (+) Education (0) Ethnicity (0)
58	LaRose et al.	2011	B1,B2, C	**Context:** North America (USA) **SP:** rural residents	Examining adoption; awareness, perceptions and intentions to use; personal economic development; Community satisfaction	(Broadband) internet and social media Providing access to broadband	Survey **N= Unknown Response rate= Unknown**	**Context factors in e-Health adoption:** ICT experience/ownership (+) **Process factors in e-Health adoption:** Community education (+) Grant (mixed results) Offering to build public broadband attracts private investors **e-Health adoption outcomes:** Positive perceptions broadband benefit (+) Pers.business initiatives (0) Community satisfaction level (0) Broadband awareness (0) Intention to use (0) Broadband perceptions (+)

69	Lear et al.	2009	A	**Context:** South America (Columbia) **SP:** rural, agglomeration, and metropolitan area	Determining determinants of internet use/patterns of internet use for patients with cardiovascular disease	(Broadband) internet and social media Developing ways to deal with increased demand on health care services.	Interviews **N= 294**	**Context factors in e-Health adoption:** Geographical isolation (-) Computer ownership (+) Gender (Men) Age (-) Income (+) Education (+) Marital status (Married) Need for information **e-Health adoption outcomes:** understanding disease (+) Informed decision making (+)
89	Madoc-Jones et al.	2007	B1,C	**Context:** Europe (UK) **SP:** parents from local school	Examining perceptions of telephone support service	Telecommunication (mobiles) Providing cheap additional educational services	Interviews **N= 26**	**Process factors in e-Health adoption:** Initial f2f meeting (+) Need based, one-to-one communication (+) Skilled operators (+) Call schedules fitting client planning (+) Desire non-time delineated support (-) **e-Health adoption outcomes:** Anxiety (-) Depression/despair (-)
85	Mars	2010	A	**Context:** North America (USA) **SP:** Indian reservation	Accessing email and internet for families of disabled Native Americans	(Broadband) internet and social media No intervention	Survey **N= 708** **Response rate= 66%**	**e-Health adoption outcomes:** Computer ownership levels Frequency of use

91	McInerney	2005	A,C	**Context:** Europe (Ireland) **SP:** local school	Describing process of incorporating technology into school curriculum	Computer lab Enhancing the teaching, learning and curriculum experience	Multi-method: Interviews **N= 94** Survey **N= 360 Response rate= 45%**	**Process factors in e-Health adoption:** Workshops (+) High levels of voluntarism (+) Pilot, expand later (+) Champions (+) Self-education/experimentation (+) Training (+) Student mentors (+) Work pressure teachers (-) **Content factors in e-Health adoption:** No appropriate software for Children with special needs (-)
70	McQuaid et al.	2004	A,B1,C	**Context:** Europe (Scotland) **SP:** jobseekers in rural areas	Assessing utility e-Health as information service unemployed people (rural and urban) based on their experiences and attitudes	Web portal Improving the ability for the unemployed to search for jobs	Multi-method: Interviews **N=424** Survey **N= 300 Response rate= 22%**	**Context factors in e-Health adoption:** Unemployed (-) Age (-) Negative attitudes (-) Perceived technical skills (+) Technical skills (+) Education (+) Income (+) Accessibility (+) **Process factors in e-Health adoption:** Adjust to needs (+) local dimension services (+) Training (+) Number of vacancies (+) Contact agencies-indiv. (-)

| 71 | Michailidis et al. | 2011 | A | **Context:** Europe (Greece)

SP: Rural heads of households | Classifying internet user types | (Broadband) internet and social media

Increasing flexibility and affordability | Survey
N= 920
Response rate= 36,8% | **Context factors in e-Health adoption:**
Previous ICT experience (+)
Skills (+)
Need/Necessity (+)
Fear (-)
Income (+)
Proximity urban area (+)
Household includes kids <18 (+)
Age (-)
Education (+)
Employees (>4 +)
Process factors in e-Health adoption:
work with local communities (+)
create need (+)
Vocational training (+)
New insights in technology
Content factors in e-Health adoption:
Availability (+)
Costs/time loss (-)
e-Health adoption outcomes:
Basic users
Socially interactive users
Farm oriented users |

83	Pendleton et al.	2008	B1,C	**Context:** North America (USA) **SP:** Teenagers	Examining satisfaction HIV/STD intervention f2f versus long distance	Videoconferencing and telehealth Finding efficient manner to discuss crucial topics.	Survey **N= 571** **Response rate= Unknown**	**Process factors in e-Health adoption:** Initial f2f meeting **e-Health adoption outcomes:** Leadership (-) Warmth/connection (-) Clarity (-) Comfortability (-) Exchange socio-emotional information (-)
87	Pigg and Crank	2005	B1,B2	**Context:** North America (USA) **SP: Five communities**	Investigating impact of the development of ICT in rural communities that have based their local economic development strategy on the availability of ICT	(Broadband) internet and social media Developing technological infrastructure	Case studies Semi-structured interviews **N= Unknown** Content analysis	**e-Health adoption outcomes:** Economic growth (0)
90	Reid et al.	1998	B1	**Context:** North America (Canada) **SP:** Physicians and patients	Providing and evaluating telemedicine services for rural physicians and patients in Nova Scotia	Videoconferencing and telehealth Providing patient care at limit cost	Longitudinal study Surveys **N= Unknown** Focus groups **N= Unknown** Interviews with practitioners **N= Unknown** Content analysis	**e-Health adoption outcomes:** Patient care (+/0) Accessibility care (+) Costs (-)

50	Riedel et al.	1998	A	**Context:** North America (USA) **SP:** rural community	Assessing impact electronic community on social capital and electronic democracy	Community networks Increasing access to information, enhancing their economic and social capabilities.	Multi-method: Interviews **N= Unknown** Survey **N= 2000** **Response rate= 40%**	**Context factors in e-Health adoption:** Household with kids <18 Aged <55 Computer usage (+) Computer ownership (+) Computer training -> computer comfort (+) Support political active citizens (+) **Process factors in e-Health adoption:** Build on top of pre-existing social networks (+)
84	Rubinoff	2005	C,E	**Context:** Latin America **SP:** Female community leaders participating in the project, Project staff	Showing that the analysis of increasingly complex cybernetworked development efforts can benefit from a the actor network approach	Community networks Strengthing communication, women's empowerment through creation of online life histories of female leaders	Feminist research methodology Participant interviews **N= 21** Project staff interviews **N= Unknown** Content analysis	**Process factors in e-Health adoption:** Sometimes multiple actors were involved in the creation of life histories. **Content factors in e-Health adoption:** Project delivered privacy sensitive content Project delivered subjective content
66	Schmeida, McNeal	2007	A	**Context:** North America (USA) **SP:** Users of a certain website	Examining disparities accessing health information through internet	Web portal Providing specified healthcare information	Survey **N= 2928** **Response rate= 72,2%**	**e-Health adoption:** Home internet access (+) Age (+) Income (-) Duration internet access (+)

12	Shaw et al.	2008	A,E	**Context:** North America (USA) **SP:** rural breast cancer patients	Investigating psycho-social factors influencing use and type of use of e-Health	Web portal Providing specified healthcare information	Survey **N= 144** **Response rate= 92%**	**Context factors in e-Health adoption:** Need for information (+) Negative emotions (+) Perceived barrier to information (+) Worse condition (+) Perceived social support (-) Emotional wellbeing (-) Sense of competence/self-efficacy (+) Coping mechanism (+) Reduced functional wellbeing (-) **e-Health adoption outcomes:** Preference experiential data
13	Shepherd et al.	2006	B1	**Context:** Australia **SP:** rural cancer patients	Assessing effect of telepsychology on anxiety, depression and quality of life	Videoconferencing and telehealth Providing mental supporting services, increasing healthcare quality, decreasing costs	Survey **N= 34** **Response rate= 74%**	**Context factors in e-Health adoption:** Lack of specialist care/treatment options (+) Geographical isolation (+) Desire to be anonymous (+) Effect of Context factors in e-Health adoption: Travel costs (-) Anxiety (-) Depression (-) Quality of life (Functional and emotional wellbeing) (+) Physical wellbeing (0/+) Social wellbeing (0/+)

| 25 | Shin | 2008 | C,D | **Context:** North America (USA)

SP: rural community and its variety of stakeholders | Investigating development, discourse, design of community network and social interactions | (Broadband) internet and social media

Preparing the community for future economic and social opportunities | Interviews
N= 66 | **Process factors in e-Health adoption:**
Community consensus/Alignment of ideas (+)
Communication project plan to community (-)
Mediating role (+)
Regulatory obstacles (-)
Not involving all stakeholders in decision process(-)
Emphasis of project's technological above community needs
Organizational politics (-)
Content factors in e-Health adoption:
Need-based (+)
Lack of technical and financial resources (-) |

| 14 | Simms et al. | 2011 | A,C | **Context:** North America (Canada)

SP: clinicians | Identifying factors associated with practitioners telemental health use, perceptions and barriers to use | Videoconferencing and telehealth

Increasing healthcare access and reducing healthcare costs | Multi-method:

Interviews **N= 25**

Survey **N= 160 Response rate= Unknown** | **Context factors in e-Health adoption:**
Illness symptoms (emotional unstable, impulsive, poor coping skills, cognitive impairments, psychotics, paranoia, particular mental illness)
Impaired physical abilities (-)
Trust issues (-)
Infrastructure (+)
Accessibility (+)
ICT experience (+)
Age (-)
Perceived user-friendliness
Process factors in e-Health adoption:
Facilitating emergency help
Training
Building trust
Content factors in e-Health adoption:
Lack of funding |

| 81 | Singh et al. | 2010 | C | **Context:** North America (USA)

SP: principal actors associated with the telehealth initiative | Assessing possibilities for sustainable adoption of e-Health by rural public health institutions | Videoconferencing and telehealth

Increasing access to and improvement of healthcare services in rural areas. | Interviews **N= 25** | **Process factors in e-Health adoption:**
f2f still possible (+)
Leadership skills (+)
Support funding agencies (+)
Independent telehealth network
Collaboration health institute, rural community and external partners
Context factors in e-Health adoption:
Outreach clinics (+)
Costs (-)
e-Health adoption outcomes:
Access to new services
Decrease nurse turnover |
| 72 | Sørensen | 2008 | A | **Context:** Europe (Denmark)

SP: heads of rural households | Examining attitudes towards e-Health | Videoconferencing and telehealth

Increasing access to healthcare services in rural areas. | Survey **N= 1000 Response rate= 64,3%** | **Context factors in e-Health adoption:**
Age (18-29, +)
Education (+)
e-Health adoption outcomes:
Reluctance applications patient-doctor procedures |

| 54 | Stern | 2008 | A,E | **Context:** North America (USA)

SP: rural community members | Defining modes of communication between rural individuals and three closest friends, looking at social tie locality, frequency of communication, internet usage | (Broadband) internet and social media

Increasing the degree of communication between people | Survey
N= 1315
Response rate= 69% | **Context factors in e-Health adoption:**
Alternative media (-)
low access (-)
local friends/f2f com (-)
Age (-)
Competence
Effect Context factors in e-Health adoption:
The more people use the internet, the more likely they are to use email in contact with close friends (both local and non-local), only if persons are proficient with internet. |

| 55 | Stern, Adams | 2010 | A,B2 | **Context:** North America (USA)

SP: rural community members | Assessing how people use internet to maintain local social networks/learn about local activities | (Broadband) internet and social media

Increasing the degree of communication between people in which knowledge of community members about local activities in enhanced | Survey
N= 1315
Response rate= 69% | **Context factors in e-Health adoption:**
Non-local ties (+)
Local leadership and participation (+)
Local ties (-)
Religious groups (-)
lack of skills (-)
Alternative media (-)
Negative perceptions of ICT among non-users (-)
Content factors in e-Health adoption:
Non user friendly (-)
Fulfilling a specific need (+)
e-Health adoption outcomes:
Internet for bonding (mostly) and bridging
Activating the active
Email rather than website fosters community interaction |

56	Stern, Dillman	2006	A,B2	**Context:** North America (USA) **SP:** rural community members	Investigating involvement in local community activities, community leadership, local affective relationships affecting internet use	(Broadband) internet and social media Increasing the degree of communication between people	Survey **N= 1315** **Response rate= 69%**	**Context factors in e-Health adoption:** Age (-) Education (+) Marital status (married) Income (+) **e-Health adoption outcomes:** Participation community events (0) Participation community groups (+) Participation community change (+) Being a leader (+) Non-local ties (+) Internet used to organize those who are already civically engaged/with external network contacts
51	Sullivan et al.	2002	A	**Context:** North America (USA) **SP:** rural community	Identifying individual and community characteristics influencing e-Health content	Community networks Providing a foundation to enhance the community's economic, political and social resources	Survey **N= 805** **Response rate= 40,25%**	**Context factors in e-Health adoption:** Household with kids <18 Aged <55 Computer usage (+) Computer ownership (+) Computer training -> computer comfort (+) **Process factors in e-Health adoption:** Support political active citizens (+) Build on top of pre-existing social networks (+)

| 64 | Wathen, Harris | 2007 | A,E | **Context:** North America (Canada)

SP: rural women | Exploring women's health seeking role in rural setting with e-Health media | (Broadband) internet and social media

Maintaining quality healthcare while services are scaled back or cut | Interviews **N= 40** | **Context factors in e-Health adoption:**
Availability (+)
Lack of alternative information sources (+)
Perceived information quality (+)
Search skills (+)
Desire to be self-reliant (+)
Not want to bother others (+)
Confidence in information source (+)
Content factors in e-Health adoption:
Fulfills need (+)
Complexity of information (-) |
| 65 | Zhao | 2008 | A,B1 | **Context:** Asia (China)

SP: rural farmers | Assessing ways in which internet use effects rural development (economic conditions and education) and social structures effects internet diffusion, adoption and use | Community networks, computer lab

Increasing economic and education conditions | Interviews **N= 29** | **Process factors in e-Health adoption:**
Training (+)
Technical support (+)
Content factors in e-Health adoption:
Costs (-)
e-Health adoption outcomes:
Per capita income (+)
Aligning output-market (+)
Business opportunities and household earning (+)
Teaching qualities (+)
Learning capability (+)
Adult ICT readiness (+)
Digital divide rural/urban (-) |

| 86 | Zilliacus et al. | 2010 | A,B1 | **Context:** Australia

SP: women breast cancer patients | Examining satisfaction, perceptions and quality of e-Health | Videoconferencing and telehealth

Increasing access to healthcare services | Interviews
N= 12 | **Context factors in e-Health adoption:**
Complex cases (-)
e-Health adoption outcomes:
Telepresence increased ICT comfortability
Emotional support
Reduction travel/time costs |

Appendix A provides an overview of the papers included in this systematic literature review. It includes information about year of publication, research perspective, research method, main dependent variable, type of e-Health service, and main results in terms of context, process, content (sub-)factors and e-Health adoption outcomes.