

# **Evaluating the Mediating Effect of Gig Workers' Contribution towards Rural Citizen Satisfaction on E-Governance Health Care Services during COVID-19**

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## **Abstract**

Technology innovation has done a notable contribution to facilitating healthcare services globally. The GOI ("Government of India") has made different plans for modifying the overall government process into the online model to rise their gain effectiveness peoples' trust. During the pandemic situation of COVID-19, e-governance is considered to be the most productive platform for offering services to people via innovative delivery channels. It is entitled that the current condition of coronavirus has made "Health" a primary requirement for people when compared with their other basic needs. In countries such as India, about 69.9% of the population lives in villages. Therefore, any government services that are structured should reach the rural people to a huge extent specially to safeguard their health from COVID-19. Hence the Indian government has taken multiple initiatives by appointing gig workers under contract to support the rural people and medical practitioners in villages. Therefore, this research is an effort to determine the dimensions that are connected to the requirements of rural people for the "Rural Citizen's Satisfaction" (RCS) of accessing e-governance healthcare applications. The study has considered "Gig Workers' Contribution" (GWC) as a mediating variable between intent to use and RCS. The research findings support the e-governance services regulators in attaining the highest level of satisfaction in rural citizens for adopting e-governance health care applications.

**Keywords:** E-Governance, Rural Citizen Satisfaction, Gig Workers' Contribution, COVID-19

## **Introduction**

ICT (Information and Communication Technology)-based government services facilitation is referred to as e-governance. ICT is seen to be the most effective medium for information sharing between the govt & citizens (Pulidindi and Varun, 2015). Experts define e-governance as "SMART" that represents a "Simple", "Moral", "Accountable", "Responsible", and "Transparent" method for facilitating govt services for society's people.

The major goal of e-governance services is to conduct their functions in a transparent, smooth as well as efficient way for offering their services to the citizens. It serves as an outline to support the communication & interaction between the G2C (“Government to Citizens”), G2E (“Government to Employees”), G2B (“Government to Business”), and G2G (“Government to Government”) (Lanjekar, Gandhi & Armstrong, 2012). The e-governance system was already successfully structured and accessed all over the developed countries. But still, when developing countries are concerned accessing ICT is found to be in a growing stage. In India, about 70% of the entire people living in remote areas, and their literacy rate is found to be lesser than 80% when contrasted with other states. It seems to be more challenges and obstacles for the govt officials and authorities to reach their localities in delivering government services to their doorstep (GOI, 2015).

The GOI has taken many steps to assist the people residing in rural areas and has made various units to make rural people gain awareness and knowledge about e-governance services. Having those objectives, the Government of India (GOI) has developed Common Service Centres (CSCs) to serve the rural people to fulfill their fundamental requirements and needs. Under CSC, several government services namely agriculture, Health Care, Financial Inclusion, and multiple digital platforms are developed to serve the rural people (Bhuvana & Vasantha, 2020). A new deadly pneumonia virus “Coronavirus” was identified by using WHO (“World Health Organization”) in Wuhan city, China on December 2019. This virus directly infects the respiratory system of human beings and it can be quickly spread from person to person in the form of flu. Most of the developed nations such as India, Italy, Spain, Russia, Italy, Brazil, and the U.S. have reported daily with lakhs and millions of infected cases (“Civil Service India”, 2020). The WHO has advised people to wear face masks, and frequently use hand sanitizers for safeguarding themselves from the deadly virus.

During this epidemic condition of COVID-19, CSCs (“Common Service Centres”) plays a primary role in offering ICT-based healthcare services to people, particularly those residing in rural areas. Health care Packages, Diagnostic Services, Telemedicine, Wellness Centres, Health Care Products, and Tele consultations are the several e-health care services offered by the govt under CSCs (Common Service Centre Health, 2020). Moreover, on April 2020, an application named “Aarogya Setu App” was structured and designed by the “Ministry of Electronics and Information Technology”. This app has been accessed widely in urban cities to identify the areas with infected cases of COVID-19. Another application called “e-Sanjeevani Application” has been developed to create an interface between patients and doctors. It has been created and developed by C-DAC (“Centre for Development of Advanced Computing”). This application helps citizen to obtain teleconsultation services for people during COVID-19. It is a user-friendly application that maintains the medical records of patients by creating unique patient IDs. Then, The goal of the current study is to assess the RCS by utilizing “e-governance healthcare” services, particularly in the pandemic stipulation of COVID-19.

## **Determinants Of Rcs Towards Accessing E-Governance Health Care Services**

The word “Citizen Satisfaction” “is described as the collective opinion of the people related to the quality in the efficiency of the local govt in offering their services (Van Ryzin”, 2016). The researcher has analyzed that “information quality”, trust, and usability are the primary variable that examines the RCS towards accessing e-governance services (Vasantha & Bhuvana, 2020a). Numerous academics have recommended that consumer satisfaction &

service quality are said to be the most significant variables even though they are definite (Berry, Zeithaml, and Parasuraman 1994). Various determinants of service quality connected to satisfaction are could not found to be negative. But still, the results end up in customers' dissatisfaction (Bannister and Connolly, 2007). Every person in our nation should be treated as a user "in the condition of getting e-governance services. The govt policies and rules are to be framed, and productively executed (Lindgren, Melin, and Axelsson" 2013). Various dimensions have outlined the maximum level of satisfaction in accessing services when it was supplied effectively to the consumers (Johnston, 1995). Through examining the past research studies, the current research study has considered "Public Trust"(PT), "System Quality"(SQ), and "Service Quality" (SEQ)as the 3 significant measurements for analyzing RCS with adopting e-governance healthcare applications.

### ***Public Trust***

The term "Trust" is defined as a basic issue for the citizens residing in the society regarding their priorities, values, and differences. It is known as the people's preferences for the kind of governance. Citizens have their own opinions on the functions of the govt, political leaders, citizens, social & economic interactions, and civil servants' behavior. In developing nations, a lack of access to government services is the primary cause of the public's declining faith in the government (Cheema and Popovski, 2010). Advances in the adoption of ICT by the govt and institutions have the primary impact on offering public services to the people via websites, smartphones, kiosks, and internet portals (United Nations, 2018). Authors have stated that ICT is a productive tool to regain public trust in government services through increasing policy participation, transparency, and effectiveness (Moon, 2003). Throughout the world offering govt services via ICT is found to be the most popular and the benefits gained by the citizens are highly remarkable (Mahmood, 2019). Several researchers have stated that e-governance services are the most suitable platform for gaining people's trust (Siraj and Nasir, 2020).

### ***System Quality***

A "system" is termed as a group of elements working together to complete a single objective (Hardcastle, 2011). The phrase "System Quality" is expressed as the efficiency of the "Information System" (IS) related to reliability, convenience, and simplicity of use along with other diverse system-associated elements and metrics (McLean and Petter, 2009). It is the notable features of the system such as System Quality Presentation, Functionality, and Ease of Use are 3 variables that assess and defines the values and needs of the citizens. "System Quality Ease of Use" is defined as the regulation of e-governance IS for ease of use of the IS among the citizens ("Shareef et.al, 2010"). The variable "System Quality Functionality" is defined as the productivity of the e-governance related to the functionality and reliability of the citizens (Lee and Kolsaker, 2008). The focus of the authors has been on the characteristics that define the quality of the e-governance system. The researchers have extracted numerous factors that are strongly significant to the quality of software to analyze the e-governance Information system's quality. Authors have highlighted that software quality is described as the extent of "high-quality software" that increases the performance of any IS (Obara and Gabriel, 2013).

### ***Service Quality***

An element of "Service" is described as the integration of inseparable, perishable, and intangible system efficiency that fulfills the user requirements. TQM ("Total Quality Management") Practices, ISO Six Sigma, benchmarking, as well as balance cards are the various dimensions of SEQ that examine the efficiency of e-governance services (Gupta, Bhaskar, Singh, 2016, Bhuvana & Vasantha, 2020a). Assurance, Responsiveness, Empathy, as well as Tangibility, are the major elements of SEQ in the tourism industries, transport, and

banking (Parasuraman, 1988). Behavior, Trust, Attitude, and Credibility are the first considerations that examine the organization's service quality (Gronroos, 1984). To determine customer satisfaction, the SEQ variables like reliability, quality, personalization, and responsiveness are to be determined and considered (Lin and Lee, 2005). The scholars have examined the service quality model on the basis of operational issues with staff training & skills. The investigators have observed subjective, outcome, and process as the three major determinants for examining SEQ (Ho and Galloway, 1996). Authors have stated that the dimension of SEQ is called the marketing plan to enhance the productivity and effectiveness of the organization (Asubonteng et al, 1996).

### *Intention to Use*

The possibility that a person adopts an application to enhance his or her performance is referred to as having an "Intention to Use" (IU) (Davis, et.al., 1989). The intentions model created by Zeithaml et al. (1996) represents repurchase intentions, behavior, loyalty, price sensitivity, and word-of-mouth. Consumers' intentions to acquire technology-based services are influenced positively by high service quality (Chen & Chen, 2010, Bhuvana & Vasantha, 2017). According to Burton et al. (2003), a customer's experiences have a significant influence on whether they plan to buy products or services. In addition, a devoted customer acts as an advertising agent by urging friends and family to purchase the product or service (Shoemaker & Lewis, 1999). In 2019, Leonidas and Tony conducted research on the factors influencing how individuals behave while utilizing e-governance services. Four separate variables—Social Influence, Trust, Propensity, and the Internet—have been used by the authors to quantify behavioral intention. The research provided strong evidence that the dimension of trust had a factor loading of 0.584, which indicated that it was extremely significant.

### *Gig Workers' Contribution*

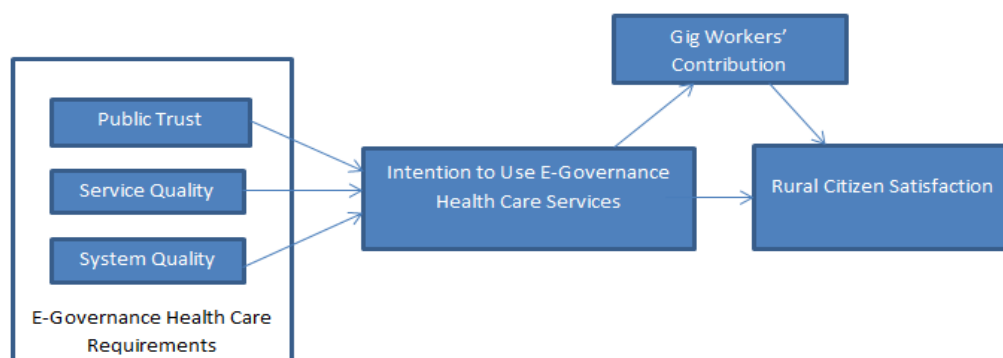
The phrase "gig economy" is defined as freelance jobs on a contract or temporary basis. It is stated as a contract job that was engaged by the person for which the payment or wages is made (Nicole Kobie, 2020). The acceptance of temporary employees to carry out certain activities, particularly in the service industries, is often referred to as "economic activity". It involves various platforms for hiring independent workers, contractors, and consultants from various sectors including information technology, content creation, food & beverages, creative fields, marketing, and communications (Manishii, 2019). Individuals who are involved in the part of gig economy perceive several advantages namely preferred organizations, and choosing working hours, holidays, and working days. Furthermore, the major drawbacks in the gig economy comprise of deficiency of social benefits, unsteady workloads, and uncertainties in jobs. In the present world's condition, for any industry, the market will not be supportive and therefore the employees or freelancers under contract basis are required to be psychologically prepared to acquire a wide range of skills (Marks, 2019).

## **Research Gap**

Several studies have examined the difficulties that residents in rural areas have when trying to access and use e-governance services. Many scholars have provided theoretical explanations for the government's efforts to provide services of e-governance. Few scholars have investigated rural residents' attitudes regarding e-health services. Our GOI has made significant efforts and invested lakhs & lakhs of money to reform the procedure of providing its services to rural populations using ICT. However, it is discovered that access to ICT-based services is still insufficient in rural villages, especially when it comes to obtaining health care services. Therefore, the emphasis of this research was on rural individuals' satisfaction with

obtaining e-government health care services. The study's findings on determining the RCS with e-governance healthcare services revealed the most significant gap in the prior literature assessments. Moreover, during COVID-19, many gig employees have been hired to facilitate services in remote communities to protect poor people's health from this deadly virus. The involvement of gig workers during COVID-19 has received very little attention from research studies. Therefore, the current research has also assessed the e-governance healthcare services determinants for determining the rural citizen's Intention for accessing e-governance healthcare applications with the mediating influence of GWC.

## Conceptual Model



**Figure 1:** *Mediating Influence of GWC on Satisfaction of Rural Citizens on e-governance healthcare services throughout COVID-19*

**Source:** *Authors' Model*

The investigators have adopted D & M, 2003 (DeLone and McLean 2003) IS & Citizen Centric “e-governance” “success model (Seyed, et.al, 2011) for framing the conceptual model.” The researchers have concentrated on analyzing the RCS with the mediating effect of GWC by identifying the rural citizen’s Intention to access e-governance healthcare apps with three dimensions (PT, SEQ, and SQ) of e-governance healthcare needs. Fig. 1 highlights the theoretical model constructed by scholars.

## Research Methods

The investigators have designed the questionnaire for examining the Satisfaction of Rural Citizens with accessing healthcare applications with the mediating influence of GWC. A descriptive design of the study was adopted and a purposive sampling method was utilized by the authors for performing the research study depending on the specific phenomenon. The authors have considered the Kanchipuram district, as its literacy rate of rural is seeming to be 76 percent which is lower as compared to an average rate of literacy (80.23 percent) of Tamil Nadu. Furthermore, the “Common Service Centers” (CSCs) of the Kanchipuram area are observed to be 41 for the whole population size of 3,998,252. This highlights that for the population size of 97518 only one CSC can be assessable by the rural people. Therefore, the authors of the present research study have considered the Kanchipuram district for investigation. Through the random sampling technique, the questionnaire was distributed to the 500 rural respondents of randomly chosen villages for gathering the primary data. Table 1 highlights the number of items considered from various sources for the research study’s variables.



**Table 1:** *Number of items considered from various sources for the variables employed in the research study*

SNO	Name of Variable	Items Number	Sources
1.	RCS	5	Malik, et.al (2016)
2.	IU	5	Davis, et.al (1989) & Delone and McLean (2003)
3.	SEQ	5	Ibrahim, et.al (2014) & Barnes & Richard (2006)
4.	SQ	5	Karunasena & Deng (2012) & Ibrahim, et.al (2014)
5.	GWC	5	Lee, et.al (2019)

## Data Analysis

SPSS (“Statistical Package for Social Sciences”) was applied to examine the descriptive statistics of rural citizens. To study the correlation between the variables applied in the analysis AMOS 21 has been adopted by the researchers. Table 2 defines the demographic figures of rural citizens. Table 2 highlights that only 10.2% of the rural respondents effectively utilize healthcare apps.

**Table 2:** *Rural Citizens' Demographic Profile*

“Variable	Description	Frequency	Percentage”
Gender	Female	245	49.2
	Male	254	51.3
Age (Years)	18 to 25	150	30.5
	26 to 35	151	30.4
	36 to 45	112	22.2
	46 to 55	60	12
	Above 55	27	5.3
Marital Status	“Married	460	91.2
	Unmarried”	40	8.1
Occupation	Land Labors	21	3.8
	Own Business	73	15.3
	Job	139	28.2
	Farmer	267	53.4
	Below 10 <sup>th</sup> Std	125	25.6
Education	10 <sup>th</sup> Std	111	22.2
	12 <sup>th</sup> Std	144	28.8
	Graduate	120	23.4
Income	Rs.20000 to Rs.50000	188	37.2
	Rs.50001 to 1Lakh	278	55.6
	More than Rs.1Lakh	36	7.4
Frequency of accessing e-governance health care applications	Never	69	13.8
	Rarely	147	29.4
	Sometimes	180	36.2
	Often	54	10.4
	Always	50	10.2

## Hypothesis Formulated for the Research Study

H<sub>1</sub>: E-Governance “Health Care Requirements are positively associated with the IU”

### Sub Hypothesis

H<sub>a</sub>: Public Trust influences the E-Governance Health Care Requirements

H<sub>b</sub>: System Quality influences the E-Governance Health Care Requirements

H<sub>c</sub>: Service Quality influences the E-Governance Health Care Requirements

H<sub>2</sub>: “Intention to Use positively associated with the Rural Citizen Satisfaction

H<sub>3</sub>: Intention to Use positively associated with the Gig Workers’ Contribution

H<sub>4</sub>: Gig Workers’ Contribution positively associated with Rural Citizen Satisfaction”

### CR (Construct Reliability), FL (Factor Loadings), and AVE (“Average Variance Extracted”) Values for all the Study Variables

The FL, AVE, and CR values for all the study variables have been extracted. Table 3 displays the AVE and CR values derived for the research “variables. From table 2, it is proved that the factor loadings for all the study variables are higher than” 0.5. The values of CR are more than 0.7 and AVE is more than 0.7 for all the variables. This proves that the validity of all the constructs is observed to be reliable (Larcker and Fornell,1981).

**Table 3: FL, CR, & AVE Values for all the Study Variables**

Construct Name	Name of Item	Factor Loadings”	Value of CR	Value of AVE
PT	PT1	0.842	0.710	0.902
	PT2	0.835		
	PT3	0.887		
	PT4	0.856		
	PT5	0.847		
SQ	“SQ1	0.851	0.704	0.895
	SQ2	0.792		
	SQ3	0.834		
	SQ4	0.825		
	SQ5	0.815		
SEQ	SEQ1	0.797	0.747	0.856
	SEQ2	0.868		
	SEQ3	0.844		
	SEQ4	0.812		
	SEQ5”	0.825		
IU	IU1	0.847	0.703	0.925
	IU1	0.823		
	IU1	0.872		
	IU1	0.831		
	IU1	0.886		
GWC	GWC1	0.725	0.701	0.825
	GWC1	0.736		
	GWC1	0.821		
	GWC1	0.895		
	GWC1	0.736		
RCS	RCS1	0.828	0.709	0.937
	RCS2	0.834		
	RCS3	0.872		
	RCS4	0.838		
	RCS5	0.815		

**Discriminant Validity**

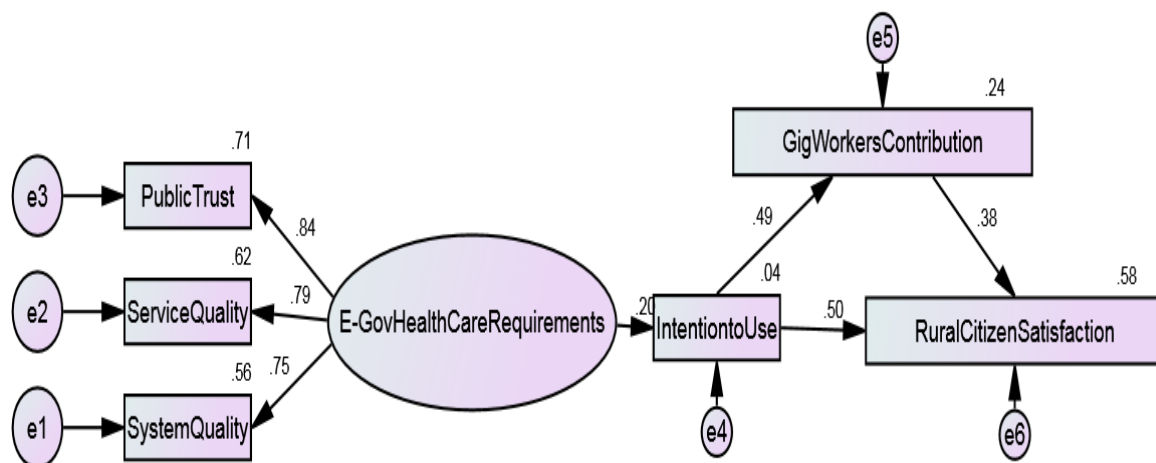
The study variables' interdependence is defined by discriminant validity (Bagozzi, 2007). It may be determined by differentiating the variance drawn by the variable along with the sum of variance divided by the other variables (Larcker and Fornell, 1981). The discriminant validity of each variable utilized in the research is shown in Table 4. This demonstrates that the extracted variables are higher than “the values of squared correlation for all of the study's variables.

**Table 4: Discriminant Validity**

Construct	PT	SQ	SEQ	IU	GWC	RCS
<b>PT</b>	<b>0.902</b>					
<b>SQ</b>	0.354	<b>0.895</b>				
<b>SEQ</b>	0.477	0.232	<b>0.856</b>			
<b>IU</b>	0.523	0.155	0.414	<b>0.925</b>		
<b>GWC</b>	0.511	0.241	0.213	0.723	<b>0.825</b>	
<b>RCS</b>	0.507	0.214	0.315	0.531	0.514	<b>0.937</b>

**Hypothesis Testing**

Assessing the collected primary information from the rural respondents and examining the association between the SEM (“Structural Equation Modeling”) has been adopted by the researchers. Figure 2 displays the SEM model for the conceptual model framed by the researchers. Table 5 highlights the significant relationship that occurs between the variables. The hypothesis designed for the research study is accepted since the value of p is lesser than 0.05. This proves a significant association exists between the variables.



**Figure 2: Mediating Influence of GWC to RCS on e-governance health care services throughout COVID-19**

**Unobserved Variables:** e1 to e6 and e-health Requirements

**Observed Variables:** Intention to Use, GWC, and Rural Citizen Satisfaction



**Table 5: Variables of SEM**

“Independent Variable	Dependent Variable	Estimate	S.E.	C.R.	P”	Label
IU	<---	0.206	0.062	4.094	0.000	H <sub>1</sub> is Accepted
SEQ	<---	0.789	0.062	15.999	0.000	H <sub>c</sub> is Accepted
PT	<---	0.845	0.057	16.229	0.000	H <sub>a</sub> is Accepted
SQ	<---	0.745	0.254	3.432	0.000	H <sub>b</sub> is Accepted
GWC	<---	0.480	0.038	12.483	0.000	H <sub>3</sub> is Accepted
RCS	<---	0.382	0.027	11.453	0.000	H <sub>4</sub> is Accepted
RCS	<---	0.405	0.027	15.228	0.000	H <sub>2</sub> is Accepted

### Model Fit Assessment

The conceptual model’s fit assessment used to frame the investigation is shown in Table 6. Assessment of the theoretical model constructed for the research study was displayed in Table 6. Table 6 makes it evident that the value of p is higher than 0.05, which confirms the model framed by the researchers is a completely fit model, and the AGFI, NFI, CFI, and GFI values seem to be “higher than 0.9. The RMSEA value is less than 0.08 that represents the theoretical model is completely fit (Hair et al., 1998).

**Table 6: Model Fit Summary for” SEM:**

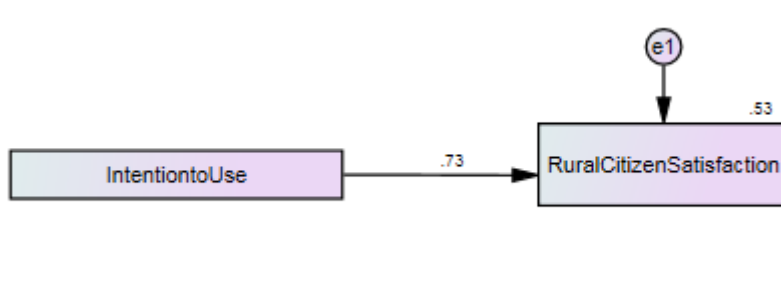
“The goodness of Fit Statistics	Value
Normed Fit Index (NFI)	0.913
Comparative Fit Index (CFI)	0.989
Adjusted Good of Fit Index (AGFI)	0.950
Root Mean Square Error of Approximation (RMSEA)	0.07
The goodness of Fit Index (GFI)	0.948
Chi-Square/Df (CMIN/Df)	3.890
P Value	0.09
Chi-Square Value (CMIN)	94.860”

### Mediation Analysis

It is defined as the direct path that exists between the independent and dependent variables. This study shows that the output variable's overall value either increases or decreases (Kenny and Baron, 1986).

### Direct Effect

Fig. 3 displays the path model and the connection between the variables IU, and RCS to access e-governance healthcare applications with a total value of 0.24. Table 7 displays the path analysis between “Intention to Use”, and “Rural Citizen Satisfaction”. The estimated beta coefficient is 0.727 and it is found to be significant.



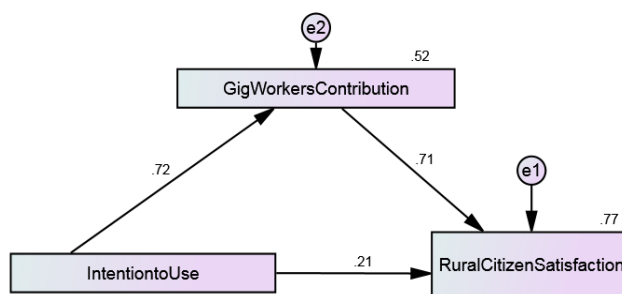
**Figure 3:** Path Analysis between IU & RCS

**Table 7:** Path Analysis between IU and RCS

Independent Variable	Dependent	Estimated Beta Coefficient Value
Rural Citizen Satisfaction	<--- Intention to Use	0.727

**Indirect Effect**

Figure 4 displays the path model and the association between the variables “Intention to Use”, and “Rural Citizen Satisfaction” with the mediation variable “Gig Workers Contribution”. The total value of the variable “Rural Citizen Satisfaction” is found to be 0.77. Table 8 displays the path analysis between “Intention to Use”, and “Rural Citizen Satisfaction” with the mediation variable “Gig Workers Contribution. table 8 also highlights the estimated Beta Coefficient Value of 0.213 and found to be significant after the inclusion of the mediating variable “Gig Workers Contribution”.



**Figure 4:** Path Analysis between IU and RCS with the mediating effect of GWC

**Table 8:** Path Analysis between IU and RCS with the mediating effect of GWC

Independent Variable	Dependent Variable	Estimated Beta Coefficient Value
Gig Workers Contribution	<--- Intention to Use	0.724
Rural Citizen Satisfaction	<--- Intention to Use	0.213
Rural Citizen Satisfaction	<--- Gig Workers Contribution	0.710

**Sobel Test**

The mediation influence of the variable GWC has been analyzed by using the “Sobel Test”. Table 9 describes the direct impact of the variables applied in the study and it is observed to be significant. Table 10 displays the indirect effect of the variables “Intention to Use”, and “Rural Citizen Satisfaction” and it is significant. Table 11 describes the total effects of the study variables and it is found that there is a substantial association between the variables “Intention to Use”, and “Rural Citizen Satisfaction” after the inclusion of the mediating

variable “Gig Workers Contribution”. This proves the partial mediation of the variable “Gig Workers Contribution” between the variables “Intention to Use”, and “Rural Citizen Satisfaction”.

**Table 9: Direct Effects: Two-Tailed Significance**

	<b>Intention to Use</b>	<b>Gig Workers Contribution</b>
<b>Gig Workers Contribution</b>	.001	...
<b>Rural Citizen Satisfaction</b>	.002	.001

**Table 10: “Indirect Effects: Two-Tailed Significance”**

	<b>Intention to Use</b>	<b>Gig Workers Contribution</b>
<b>Gig Workers Contribution</b>	...	...
<b>Rural Citizen Satisfaction</b>	.001	...

**Table 11: Total Effects: Two-Tailed Significance**

	<b>Intention to Use</b>	<b>Gig Workers Contribution</b>
<b>Gig Workers Contribution</b>	.001	...
<b>Rural Citizen Satisfaction</b>	.001	.001

## Findings And Discussion

### *Demographic Statistics of the Respondents*

From the findings of the study, it is found that from 500 rural citizens 254 respondents are female and 245 respondents are male. Maximum respondents belong to the age between 18 to 25 years of age group, 278 respondents fall under the income category of Rs.50001 to Rs. 1 Lakh, 267 respondents are farmers, 265 respondents are married & 144 respondents passed their 12<sup>th</sup> Std. And out of 500 respondents, 180 respondents frequently access e-governance healthcare applications

### *Relationship Between the Variables*

It has been shown that there is a link between behavioral intention to utilize “e-governance health care services and e-health care requirements. The outcomes of this work are consistent with those of Prachi Verma and colleagues (2019). It has been shown that there is a correlation between rural individuals' intentions to utilize e-governance healthcare apps and the need for e-governance healthcare. The outcomes of the research study concur with the study finding of Prachi Verma, et. al (2019). The authors have determined the intention of the citizen is a primary dimension for ascertaining the adoption of e-governance health care applications. It is proved that there is a positive significant connection between the variables IU, and RCS on accessing e-governance health care applications. This finding coincides with the research results of Wayan Ardan, et.al (2019), the authors have highlighted that the association between customer satisfaction and their intention for adopting the services has a most significant view in the marketplace”.

The net advantages gained by consumers from using an information system have been quantified by DeLone and McLean (2003). Taking into account SQ, “Information Quality”, and SEQ as dimensions for gauging behavioral Intention, the authors established the conceptual model. The current study put the model to the test and derived its conclusion, which was that

of the three “dimensions of e-health care (Information Quality, SQ, and SEQ), only Information Quality was found to be a highly significant factor of e-health care requirement, with a standardized coefficient value of 0.841 for measuring the Behavioral Intention of rural citizens to use e-health care services. The model fit of the theoretical framework” is shown in Table 3. After factoring in GWC a substantial correlation between IU and RCS emerges. This proves the partial mediation of the variable “Gig Workers Contribution” between the variables IU, and RCS. During COVID-19 government officials have faced several challenges to secure the health of rural citizens from the deadly virus by appointing various gig workers in villages under contract to support medical practitioners and staff members working in healthcare institutes (Jess Jones, 2020). From the findings of the research study, it is analyzed that there is an increase in the total value of RCS on accessing e-governance health care applications through “Gig workers’ Contribution”. The gig workers have engaged themselves to support the medical practitioners to safeguard the life of rural people through creating knowledge on accessing healthcare applications.

## Implications Of The Study

The researchers have exposed the maximum information connected to the RCS in assessing e-governance health services. The study results may be productively used by financial institutions, medical practitioners, policymakers, government institutions, and website developers for developing e-governance healthcare applications on the basis of the requirements and needs of rural citizens. The research study acts as a guide to support the general public by expressing the need and importance of accessing e-governance healthcare applications, especially in the COVID-19 epidemic situation. The scholars have studied the connection that exists between the study variables such as “Public Trust”, SQ, SEQ, IU, GWC, and RCS. The work has also highlighted the mediating influence of GWC between the variables “Intention to Use”, and “Rural Citizen Satisfaction”. From the results, it is examined that the variable “Public Trust” is the highly significant dimension of e-governance health care necessities of the rural citizens to access the e-governance apps. This result helps e-governance service regulators to get rural residents to adopt e-governance healthcare apps with the greatest level of satisfaction.

## Conclusion

E-governance healthcare applications are considered to be a developing field in transferring public health, medical informatics, and delivering health services to people using innovative technologies. This seems to be more difficult in India for offering their healthcare services to the rural people and also to make them access “e-governance” healthcare services. The scholars of the current work have made their maximum contribution to determining the RCS in accessing e-governance health care applications. Therefore, scholars would like to conclude that e-governance healthcare applications can be frequently accessed by rural citizens through gaining their trust in technology-based healthcare services and also by appointing several gig workers to make them frequently access e-governance healthcare apps.

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