Analysis Report

This report is structured as follows.

Contents

Sample Characteristics

The sample in this study comprises a total of 42 respondents, with the majority being first or early adopters of new technology (57.1%), followed by those who adopt at about the average rate (38.1%), and a small proportion who are later adopters (4.8%). Notably, a vast majority of participants (95.2%) reported Cardiology as their clinical specialty, while 4.8% identified as practicing in Cardiothoracic Surgery, with no participants selecting other specialties.

In terms of age distribution, the largest group was aged 50-59 years (42.9%), followed by those aged 40-49 years (33.3%), and those aged 60-69 years (23.8%). There were no participants in the younger (30-39 years) or older (70+) age categories.

All participants (100%) indicated that they practice in both the NHS and the independent sector. Clinician location was somewhat balanced, with 59.5% practicing in the South and 40.5% in the North.

		Count	Column N %
Propensity to adopt new technology	First/Early adopter	24	57.1%
	About average, neither first nor last to adopt	16	38.1%
	Later adopter	2	4.8%
Propensity to adopt new technology	First/Early adopter	24	57.1%
	About average, neither first nor last to adopt	16	38.1%
	Later adopter	2	4.8%
What is your clinical speciality?	Other (please specify)	0	0.0%
	Cardiology	40	95.2%
	Cardiothoracic Surgery	2	4.8%
Age	30 - 39	0	0.0%
	40 - 49	14	33.3%
	50 - 59	18	42.9%
	60 - 69	10	23.8%
	70+	0	0.0%
Practice in NHS and Independent Sector	Yes	42	100.0%
	No	0	0.0%
Clinician Location	North	17	40.5%
	South	25	59.5%

Descriptive Statistics

This section presents the descriptive statistics of all variables under study. A frequency table was constructed for categorical variables (below).

		Count	Column N %
Propensity to adopt new technology	First/Early adopter	24	57.1%
	About average, neither first nor last to adopt	16	38.1%
	Later adopter	2	4.8%
Recommended that a privately funded patient buy or use a regulatory approved mobile or digital device capable of CVD detection	Yes	6	14.3%
	No	36	85.7%
If no, why not?	Confidence in accuracy of devices	3	50.0%
	Too much additional time or effort to manage	0	0.0%
	Integration with health record	3	50.0%
	Other	0	0.0%
Experienced challenges using regulatory approved mobile or digital devices for management of CV patients?	Yes	12	28.6%
	No	30	71.4%
Yes - Patients struggle to adhere to the technology and do not use it	No Response	0	0.0%
	Selected	4	100.0%
Yes - Patients struggle to use the technology in the way you want it used	No Response	0	0.0%
	Selected	4	100.0%
Yes - Interpretation of data requires additional time and effort	No Response	0	0.0%
	Selected	8	100.0%
Yes - Results of the ECG and pulse check are unclear/noisy	No Response	0	0.0%
	Selected	6	100.0%
Yes - Extra tests are needed to confirm findings	No Response	0	0.0%
	Selected	8	100.0%
Yes - Difficulty getting data from mobile or digital devices into the electronic health record	No Response	0	0.0%
	Selected	5	100.0%
Yes - Other	No Response	0	0.0%
	Selected	4	100.0%
Advantages of digital health technology for cardiovascular patients - Faster Diagnosis	No Response	8	19.0%
	Selected	34	81.0%
Advantages of digital health technology for cardiovascular patients - Patient involvement	No Response	7	16.7%
	Selected	35	83.3%
Advantages of digital health technology for cardiovascular patients - Facilitation of Screening	No Response	16	38.1%
	Selected	26	61.9%
	No Response	18	42.9%

		Count	Column N %
Advantages of digital health technology for cardiovascular patients - Making monitoring devices available to the public	Selected	24	57.1%
Advantages of digital health technology for cardiovascular patients - Continuous monitoring opportunities	No Response	10	23.8%
	Selected	32	76.2%
Advantages of digital health technology for cardiovascular patients - Other	No Response	41	97.6%
	Selected	1	2.4%
Disadvantages of digital health technologies for patients with cardiovascular disease - Industry-driven development	No Response	16	38.1%
	Selected	26	61.9%
Disadvantages of digital health technologies for patients with cardiovascular disease - Industry-driven data processing	No Response	12	28.6%
	Selected	30	71.4%
Disadvantages of digital health technologies for patients with cardiovascular disease - Data safety and privacy concerns	No Response	18	42.9%
	Selected	24	57.1%
Disadvantages of digital health technologies for patients with cardiovascular disease - Patient-driven instead of clinician-driven screening	No Response	11	26.2%
	Selected	31	73.8%
Disadvantages of digital health technologies for patients with cardiovascular disease - Lack of reimbursement	No Response	19	45.2%
	Selected	23	54.8%
Disadvantages of digital health technologies for patients with cardiovascular disease - Data overload	No Response	27	64.3%
	Selected	15	35.7%
Disadvantages of digital health technologies for patients with cardiovascular disease - Other	No Response	3	7.1%
	Selected	39	92.9%
Main challenges with digital health technology - Cost	No Response	16	38.1%
	Selected	26	61.9%
Main challenges with digital health technology - Patient safety	No Response	35	83.3%
	Selected	7	16.7%
Main challenges with digital health technology - Independent healthcare systems and processes	No Response	27	64.3%
	Selected	15	35.7%
Main challenges with digital health technology - Increased workload and responsibilities	No Response	22	52.4%
	Selected	20	47.6%
Main challenges with digital health technology - Unreliable technology	No Response	30	71.4%
	Selected	12	28.6%
Main challenges with digital health technology - Lack of evidence supporting new technology	No Response	26	61.9%
	Selected	16	38.1%
Main challenges with digital health technology - Data privacy and security	No Response	20	47.6%
	Selected	22	52.4%
Main challenges with digital health technology - Impersonal care delivery	No Response	37	88.1%
	Selected	5	11.9%

		Count	Column N %
Main challenges with digital health technology - Remuneration challenges	No Response	20	47.6%
	Selected	22	52.4%
Main challenges with digital health technology - Other	No Response	41	97.6%
	Selected	1	2.4%

For scale varia bles, means, medians, standard deviations and standard errors were computed.

	Mean	Median	Standard Deviation	Standard Error of Mean
UK Health Sector and DHT for general clinical practice	4.000	4.500	2.348	.362
UK Independent Healthcare Sector DHT for general clinical practice	3.476	4.000	2.287	.353
UK Health Sector and DHT for CVD	3.857	4.000	2.385	.368
UK Independent Healthcare Sector DHT for CVD	3.048	3.000	2.152	.332
Monitoring patient information from health apps and wearable devices	2.024	2.000	1.115	.172
Monitoring discharged patients to anticipate need for likely intervention or adjustments	1.690	1.000	.869	.134
Enabling prevention strategies by screening health data for risk of future illness	1.619	1.000	.795	.123
Patient screening/detection for rare cardiovascular conditions	1.524	1.000	.862	.133
Assisting in choosing the most effective treatment for a complex disease state	1.714	1.000	.944	.146
Help managing chronic conditions	1.643	1.000	.850	.131
Scanning radiographic imaging, scans, echocardiograms, or ECGs for potential signals of pathology	1.833	2.000	.961	.148
Most promising/valuable potential applications of digital health technology in cardiovascular patient care - Monitoring patient information from health apps and wearable devices	2.405	2.000	1.754	.271
Most promising/valuable potential applications of digital health technology in cardiovascular patient care - Monitoring discharged patients to anticipate need for likely intervention or adjustments	2.786	2.000	1.586	.245
Most promising/valuable potential applications of digital health technology in cardiovascular patient care - Enabling prevention strategies by screening health data for risk of future illness	2.976	3.000	1.316	.203
Most promising/valuable potential applications of digital health technology in cardiovascular patient care - Patient screening/detection of rare CV conditions	5.548	6.000	1.452	.224

	Mean	Median	Standard Deviation	Standard Error of Mean
Most promising/valuable potential applications of digital health technology in cardiovascular patient care - Effective treatment	4.786	5.000	1.570	.242
Most promising/valuable potential applications of digital health technology in cardiovascular patient care - Chronic condition management	4.952	5.000	1.481	.228
Most promising/valuable potential applications of digital health technology in cardiovascular patient care - Imaging	4.548	5.000	2.255	.348
Most digital health technologies for clinicians result in a loss of clinical control	3.905	4.000	.983	.152
In many cases, digital health technologies can help increase diagnostic efficiency	3.714	4.000	1.111	.171
Digital health technologies almost always involve additional burden for clinicians	2.762	3.000	1.144	.176
False alarms/wild goose chases are all too common when clinicians need to use digital health technology	2.929	3.000	.973	.150
Digital health technology does help clinicians to avoid misses/false negatives	3.333	4.000	1.052	.162
Well-validated digital health technology can dramatically improve outcome statistics	3.619	4.000	.987	.152
I need to fully understand clinical features that serve as predictors in digital health technology to trust its recommendations	2.048	2.000	.936	.144
Digital health technology can screen through increasingly large amounts of data to detect anomalies worth my further investigation	3.762	4.000	.958	.148
DHT applications in CV care - which are the most important - Facilitating patient selfcare	1.976	1.000	1.388	.214
DHT applications in CV care - which are the most important - Remote monitoring	2.262	2.000	1.127	.174
DHT applications in CV care - which are the most important - Decision support at point of care	3.095	3.000	1.322	.204
DHT applications in CV care - which are the most important - Virtual care	3.595	4.000	1.061	.164
DHT applications in CV care - which are the most important -Enabling eductation	4.714	5.000	1.175	.181
DHT applications in CV care - which are the most important -Facilitating research	5.357	6.000	1.144	.176

	Mean	Median	Standard Deviation	Standard Error of Mean
Belief that adoption of digital health technology in the UK independent healthcare sector will provide benefits to patients	3.881	4.000	.942	.145
Commercial opportunity exists for the incorporation of digital health technology in cardiovascular care pathways	3.976	4.000	.749	.116

The data reveals several important insights into clinicians' views and experiences with digital health technologies (DHT) in cardiovascular care. A majority of respondents (57.1%) identified as first or early adopters of new technology, but most (85.7%) have not recommended privately funded patients use a regulatory-approved mobile or digital device for cardiovascular detection. Among the small group that faced challenges with DHT, the most frequently reported issues included the additional time required for data interpretation, unclear ECG results, and the need for extra tests to confirm findings.

There are notable advantages to DHT, with the majority of clinicians acknowledging faster diagnosis (81.0%), increased patient involvement (83.3%), and continuous monitoring opportunities (76.2%) as key benefits. However, concerns remain regarding the industry's role in driving technology development and data processing (61.9% and 71.4%, respectively), as well as issues surrounding data privacy (57.1%).

When considering challenges, clinicians expressed concerns about increased workloads (47.6%), unreliable technology (28.6%), and lack of evidence supporting new technology (38.1%). Interestingly, only 11.9% felt that DHT leads to impersonal care delivery, and remuneration challenges were noted by 52.4%.

Regarding the most promising applications of DHT, monitoring patient information from health apps and wearable devices, chronic condition management, and effective treatment stood out as valuable areas. However, some skepticism exists regarding clinical control, with 39.0% indicating that DHT might reduce their control over patient care.

Reliability Tests

The reliability analysis began with an initial Cronbach's Alpha of 0.690 for a scale measuring perceptions of digital health technologies. During the item-total correlation analysis, one item, *"I need to fully understand clinical features that serve as predictors in digital health technology to trust its recommendations,"* was identified for removal due to a corrected item-total correlation of -0.108,

which was below the acceptable threshold of 0.300. Removing this item improved the Cronbach's Alpha to 0.757, indicating an acceptable level of internal consistency.

After the removal, the corrected item-total correlations for the remaining items ranged from 0.238 to 0.652, and the revised Alpha reflected a more reliable scale.

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
Most digital health technologies for clinicians result in a loss of clinical control	20.12	16.644	.429	.239	.733
In many cases, digital health technologies can help increase diagnostic efficiency	20.31	14.853	.580	.450	.698
Digital health technologies almost always involve additional burden for clinicians	21.26	17.466	.238	.280	.778
False alarms/wild goose chases are all too common when clinicians need to use digital health technology	21.10	16.235	.493	.406	.719
Digital health technology does help clinicians to avoid misses/false negatives	20.69	15.048	.600	.523	.694
Well-validated digital health technology can dramatically improve outcome statistics	20.40	15.076	.652	.536	.684
Digital health technology can screen through increasingly large amounts of data to detect anomalies worth my further investigation	20.26	17.369	.346	.488	.749

For a separate set of two items related to beliefs about digital health technology adoption and commercial opportunities, the Cronbach's Alpha was 0.460, indicating that these items are not part of a single concept and should be analyzed independently rather than as part of a single reliable scale.

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
Belief that adoption of digital health technology in the UK independent healthcare sector will provide benefits to patients	3.98	.560	.307	.094	.
Commercial opportunity exists for the incorporation of digital health technology in cardiovascular care pathways	3.88	.888	.307	.094	.

Descriptive Statistics – Total Scales

For the item *"Belief that adoption of digital health technology in the UK independent healthcare sector will provide benefits to patients"*, the mean score is 3.88 (SD = 0.942), with a noticeable negative skew (-1.222) and positive kurtosis (2.458), suggesting that the responses are skewed toward higher agreement, with a somewhat peaked distribution.

The item *"Commercial opportunity exists for the incorporation of digital health technology in cardiovascular care pathways"* has a mean score of 3.98 (SD = 0.749), showing a more normal distribution with a slight negative skew (-0.327) and minimal kurtosis (-0.139), indicating that the responses are more evenly distributed but still slightly favor agreement.

Finally, the *"Attitude Score Towards DHT - Sector Agnostic"* presents a mean of 24.02 (SD = 4.59), with a moderate negative skew (-0.495) and a moderate positive kurtosis (1.550), suggesting a tendency toward higher attitude scores, with a somewhat peaked response distribution.

Descriptive Statistics

	N	Mean	SD	Skewness	Kurtosis
Belief that adoption of digital health technology in the UK independent healthcare sector will provide benefits to patients	42	3.88	.942	-1.222	2.458
Commercial opportunity exists for the incorporation of digital health technology in cardiovascular care pathways	42	3.98	.749	-.327	-.139
Attitude Score Towards DHT - Sector Agnostic	42	24.02	4.59	-.495	1.550

Given the departure from normality, as indicated by the skewness and kurtosis values, and the relatively small sample size, bootstrapping techniques will be employed in further tests to ensure

more robust and accurate estimates of the parameters. Bootstrapping will help mitigate potential violations of normality assumptions and provide more reliable confidence intervals and significance tests.

Independent-Samples T-test

An independent-samples t-test was conducted to compare attitudes towards digital health technology (DHT) across clinicians located in the North and South regions. Due to concerns about normality and the small sample size, bootstrapping with 1000 samples was employed to ensure robust estimates.

Comparison of Regions

For the belief in the benefits of adopting digital health technology in the UK independent healthcare sector, there was no significant difference between clinicians located in the North (M = 4.06, SE = 0.16) and those in the South (M = 3.76, SE = 0.22). The mean difference of 0.299 (95% CI [-0.219, 0.843]) suggests a slight but non-significant tendency for Northern clinicians to rate this belief higher, based on bootstrapped results.

For commercial opportunities in cardiovascular care pathways, the mean difference between the North (M = 3.94, SE = 0.16) and the South (M = 4.00, SE = 0.17) was minimal at -0.059 (95% CI [-0.505, 0.401]), indicating no significant difference.

Finally, for the attitude score towards DHT across sectors, no significant difference was found between the North (M = 23.65, SE = 0.85) and the South (M = 24.28, SE = 1.05), with a mean difference of -0.632 (95% CI [-3.124, 1.989]).

Overall, bootstrapped results confirmed no statistically significant regional differences in attitudes towards DHT.

Group Statistics

	Clinician Location		Statistic	Bootstrap[a]			
				Bias	Std. Error	95% Confidence Interval	
						Lower	Upper
Belief that adoption of digital health technology in the UK independent healthcare sector will provide benefits to patients	North	N	17				
		Mean	4.06	.00	.15	3.78	4.33
		Std. Deviation	.659	-.029	.101	.426	.816
		Std. Error Mean	.160				
	South	N	25				
		Mean	3.76	.00	.22	3.31	4.17
		Std. Deviation	1.091	-.041	.204	.640	1.424
		Std. Error Mean	.218				
Commercial opportunity exists for the incorporation of digital health technology in cardiovascular care pathways	North	N	17				
		Mean	3.94	.00	.15	3.65	4.23
		Std. Deviation	.659	-.028	.102	.408	.826
		Std. Error Mean	.160				
	South	N	25				
		Mean	4.00	.00	.17	3.65	4.32
		Std. Deviation	.816	-.023	.111	.577	1.002
		Std. Error Mean	.163				
Attitude Score Towards DHT - Sector Agnostic	North	N	17				
		Mean	23.6471	-.045	.801	22.048	25.210
		Std. Deviation	3.51677	-.155	.500	2.284	4.286
		Std. Error Mean	.85294				
	South	N	25				
		Mean	24.280	.017	1.02	22.250	26.299
		Std. Deviation	5.248	-.178	.926	3.440	7.013
		Std. Error Mean	1.049				

a. Unless otherwise noted, bootstrap results are based on 1000 bootstrap samples

Bootstrap for Independent Samples Test

		Mean Difference	Bootstrap[a]			
			Bias	Std. Error	95% Confidence Interval	
					Lower	Upper
Belief that adoption of digital health technology in the UK independent healthcare sector will provide benefits to patients	Equal variances assumed	.299	-.006	.266	-.219	.843
	Equal variances not assumed	.299	-.006	.266	-.219	.843
Commercial opportunity exists for the incorporation of digital health technology in cardiovascular care pathways	Equal variances assumed	-.059	-.002	.231	-.505	.401
	Equal variances not assumed	-.059	-.002	.231	-.505	.401
Attitude Score Towards DHT - Sector Agnostic	Equal variances assumed	-.632	-.063	1.294	-3.124	1.989
	Equal variances not assumed	-.632	-.063	1.294	-3.124	1.989

a. Unless otherwise noted, bootstrap results are based on 1000 bootstrap samples

Comparison of Adoption Level

An independent-samples t-test was conducted to compare beliefs and attitudes towards digital health technology (DHT) between first/early adopters and those who adopt technology at an average rate. Late adopters were excluded from the analysis due to low representativity (only 2 individuals).

For the belief that adopting DHT in the UK independent healthcare sector benefits patients, there was no significant difference between first/early adopters (M = 4.00, SE = 0.233) and those adopting at an average rate (M = 3.75, SE = 0.144). The mean difference of 0.250 (95% CI [-0.313, 0.757]) was not significant, as shown by the bootstrap results.

For the perception of commercial opportunities for DHT in cardiovascular care pathways, first/early adopters (M = 4.29, SE = 0.127) reported significantly higher scores than those adopting at an average rate (M = 3.63, SE = 0.155). The mean difference was 0.667 (95% CI [0.261, 1.038]), and this difference was statistically significant based on the bootstrap results (p = 0.003).

Regarding the overall attitude score towards DHT, first/early adopters (M = 24.88, SE = 1.062) had a higher mean score than those adopting at an average rate (M = 23.19, SE = 0.852). However, this mean difference of 1.687 (95% CI [-0.961, 4.229]) was not statistically significant according to the bootstrap results.

Group Statistics

	Propensity to adopt new technology		Statistic	Bootstrap[a] Bias	Bootstrap[a] Std. Error	Bootstrap[a] 95% Confidence Interval Lower	Bootstrap[a] 95% Confidence Interval Upper
Belief that adoption of digital health technology in the UK independent healthcare sector will provide benefits to patients	First/Early adopter	N	24				
		Mean	4.00	.00	.23	3.54	4.45
		Std. Deviation	1.142	-.057	.232	.600	1.500
		Std. Error Mean	.233				
	About average, neither first nor last to adopt	N	16				
		Mean	3.75	.01	.15	3.50	4.05
		Std. Deviation	.577	-.029	.097	.363	.726
		Std. Error Mean	.144				
Commercial opportunity exists for the incorporation of digital health technology in cardiovascular care pathways	First/Early adopter	N	24				
		Mean	4.29	.00	.13	4.04	4.53
		Std. Deviation	.624	-.022	.074	.470	.749
		Std. Error Mean	.127				
	About average, neither first nor last to adopt	N	16				
		Mean	3.63	.01	.16	3.33	3.94
		Std. Deviation	.619	-.027	.091	.447	.775
		Std. Error Mean	.155				
Attitude Score Towards DHT - Sector Agnostic	First/Early adopter	N	24				
		Mean	24.875	.004	1.027	22.778	26.849
		Std. Deviation	5.205	-.226	1.028	3.207	7.023
		Std. Error Mean	1.062				
	About average, neither first nor last to adopt	N	16				
		Mean	23.187	-.008	.876	21.500	24.933
		Std. Deviation	3.410	-.139	.353	2.481	3.835
		Std. Error Mean	.852				

a. Unless otherwise noted, bootstrap results are based on 1000 bootstrap samples

Bootstrap for Independent Samples Test

			Bootstrap[a]				
						95% Confidence Interval	
		Mean Difference	Bias	Std. Error	Sig. (2-tailed)	Lower	Upper
Belief that adoption of digital health technology in the UK independent healthcare sector will provide benefits to patients	Equal variances assumed	.250	-.005	.273		-.313	.757
	Equal variances not assumed	.250	-.005	.273		-.313	.757
Commercial opportunity exists for the incorporation of digital health technology in cardiovascular care pathways	Equal variances assumed	.667	-.005	.196	.003	.261	1.038
	Equal variances not assumed	.667	-.005	.196	.003	.261	1.038
Attitude Score Towards DHT - Sector Agnostic	Equal variances assumed	1.687	.0132	1.320		-.961	4.229
	Equal variances not assumed	1.687	.0132	1.320		-.961	4.229

a. Unless otherwise noted, bootstrap results are based on 1000 bootstrap samples

Comparison of Age Groups

An ANOVA was conducted to compare the effect of age group on beliefs and attitudes toward digital health technology (DHT) across three age groups: 40-49, 50-59, and 60-69. Bootstrapping techniques with 1000 samples were applied to account for small sample sizes and non-normality.

For the belief in the benefits of DHT in the UK independent healthcare sector, no statistically significant difference was found across the three age groups, $F(2, 39) = 1.494$, $p = 0.237$. The mean scores ranged from 3.67 in the 50-59 age group to 4.30 in the 60-69 age group.

Similarly, for the perception of commercial opportunities in cardiovascular care pathways, no significant differences were observed between age groups, $F(2, 39) = 1.911$, $p = 0.162$. Mean scores ranged from 3.72 in the 50-59 age group to 4.20 in the 60-69 age group.

Finally, for the attitude score towards DHT (sector agnostic), there was no significant effect of age, $F(2, 39) = 1.378$, $p = 0.264$. The mean attitude scores ranged from 23.28 in the 50-59 group to 26.10 in the 60-69 group.

These results suggest that age group does not significantly impact clinicians' beliefs or attitudes toward digital health technology in this sample.

ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
Belief that adoption of digital health technology in the UK independent healthcare sector will provide benefits to patients	Between Groups	2.590	2	1.295	1.494	0.237
	Within Groups	33.814	39	0.867		
	Total	36.405	41			
Commercial opportunity exists for the incorporation of digital health technology in cardiovascular care pathways	Between Groups	2.051	2	1.025	1.911	0.162
	Within Groups	20.925	39	0.537		
	Total	22.976	41			
Attitude Score Towards DHT - Sector Agnostic	Between Groups	56.965	2	28.483	1.378	0.264
	Within Groups	806.011	39	20.667		
	Total	862.976	41			

Descriptives

				Statistic	Bootstrap[a]			
					Bias	Std. Error	95% Confidence Interval	
							Lower	Upper
Belief that adoption of digital health technology in the UK independent healthcare sector will provide benefits to patients	40 - 49	N		14	0	3	8	19
		Mean		3.86	-0.03	0.30	3.20	4.38
		Std. Deviation		1.099	-0.056	0.278	0.555	1.563
		Std. Error		0.294				
		95% Confidence Interval for Mean	Lower Bound	3.22				
			Upper Bound	4.49				
	50 - 59	N		18	0	3	12	25
		Mean		3.67	0.00	0.22	3.21	4.09
		Std. Deviation		0.970	-0.046	0.210	0.540	1.328
		Std. Error		0.229				
		95% Confidence Interval for Mean	Lower Bound	3.18				
			Upper Bound	4.15				
	60 - 69	N		10	0	3	5	15
		Mean		4.30	0.00	0.15	4.00	4.63
		Std. Deviation		0.483	-0.040	0.115	0.000	0.548
		Std. Error		0.153				
		95% Confidence Interval for Mean	Lower Bound	3.95				
			Upper Bound	4.65				
	Total	N		42	0	0	42	42
		Mean		3.88	-0.01	0.15	3.57	4.14
		Std. Deviation		0.942	-0.013	0.148	0.656	1.226
		Std. Error		0.145				
		95% Confidence Interval for Mean	Lower Bound	3.59				
			Upper Bound	4.17				
Commercial opportunity exists for the incorporation of digital health technology in cardiovascular care pathways	40 - 49	N		14	0	3	8	19
		Mean		4.14	0.00	0.17	3.80	4.50
		Std. Deviation		0.663	-0.027	0.110	0.408	0.835
		Std. Error		0.177				
		95% Confidence Interval for Mean	Lower Bound	3.76				
			Upper Bound	4.53				
	50 - 59	N		18	0	3	12	25
		Mean		3.72	0.01	0.19	3.35	4.10
		Std. Deviation		0.826	-0.035	0.120	0.577	1.046
		Std. Error		0.195				
		95% Confidence Interval for Mean	Lower Bound	3.31				
			Upper Bound	4.13				
	60 - 69	N		10	0	3	5	15
		Mean		4.20	0.00	0.20	3.80	4.60

Descriptives

				Statistic	Bootstrap[a]			
					Bias	Std. Error	95% Confidence Interval	
							Lower	Upper
		Std. Deviation		0.632	-0.056	0.147	0.316	0.835
		Std. Error		0.200				
		95% Confidence Interval for Mean	Lower Bound	3.75				
			Upper Bound	4.65				
	Total	N		42	0	0	42	42
		Mean		3.98	0.00	0.12	3.74	4.19
		Std. Deviation		0.749	-0.014	0.074	0.593	0.881
		Std. Error		0.116				
		95% Confidence Interval for Mean	Lower Bound	3.74				
			Upper Bound	4.21				
Attitude Score Towards DHT - Sector Agnostic	40 - 49	N		14	0	3	8	19
		Mean		23.50	-0.10	1.48	20.27	26.00
		Std. Deviation		5.317	-0.300	1.468	2.496	7.680
		Std. Error		1.421				
		95% Confidence Interval for Mean	Lower Bound	20.43				
			Upper Bound	26.57				
	50 - 59	N		18	0	3	12	25
		Mean		23.28	0.05	1.01	21.50	25.60
		Std. Deviation		4.443	-0.179	0.850	2.378	5.763
		Std. Error		1.047				
		95% Confidence Interval for Mean	Lower Bound	21.07				
			Upper Bound	25.49				
	60 - 69	N		10	0	3	5	15
		Mean		26.10	0.00	1.09	23.83	28.17
		Std. Deviation		3.381	-0.236	0.673	1.767	4.423
		Std. Error		1.069				
		95% Confidence Interval for Mean	Lower Bound	23.68				
			Upper Bound	28.52				
	Total	N		42	0	0	42	42
		Mean		24.02	-0.02	0.75	22.60	25.45
		Std. Deviation		4.588	-0.054	0.629	3.445	5.874
		Std. Error		0.708				
		95% Confidence Interval for Mean	Lower Bound	22.59				
			Upper Bound	25.45				

a. Unless otherwise noted, bootstrap results are based on 1000 bootstrap samples