

EMPIRICAL STUDY ON USER ACCEPTANCE TESTING e-HEALTH SERVICES ACROSS DELHI - NCR

Rahul Sharma*

Received: July 24, 2021; Revised: March 10, 2022; Accepted: March 26, 2021

Abstract

This study focused on the traits pertaining to user acceptance behavior among the patients towards the e-Health services provided by the public and private healthcare institutions across Delhi - NCR. The objective of the study was to analyze the impact of Perceived Usefulness, Output Quality, Results Demonstrability, Ease of Use, Subjective Norm, Attitude and Perceived Accessibility on Intention to Use, Credibility and Attitude. Compared to previous researches, the findings of this study exhibited that citizens' intention to use e-Health is basically determined by their attitude toward utilizing e-health. It implies that the propensity to use the e-Health services would be higher among patrons who shall bear a more positive attitude towards e-Health services as compared to a person who has contrarian attitude towards e-Health services. The results of the research also affirmed that though a person might have positive outlook towards e-Health services, however the person shall refrain from patronizing the e-Health services if the e-Health services are not easily accessible to the prospect, thus access being one of the key dimensions in the dynamics. The findings of this research also revealed that the perceived accessibility, which was being used as metric for access for this work being connected to the accessibility to the internet for the citizens and the moderation tests unveiled that access being an issue among the elderly personnel along with those citizens who didn't have privilege to internet access.

Keywords: e-Health, user acceptance testing, empirical study, technology acceptance model

Introduction

e-Health is one of the most discussed points these days, however, a handful of people have come up with a definition which can give lucidity to this comparatively new term. Barely being used before late-nineties, this term presently seems to serve as a generic expression, which is used to characterize "Internet medicine". The term e-Health is additionally used all things considered, everything related to computers and medicine. According to popular opinions the term 'e-Health' was coined by the market protagonists along with industry

visionaries, rather than the academicians. They coined and implemented this term in line with other "e-words", for example, e-commerce, e-business, e-arrangements, etc. It very well may be an attempt to convey the promises alongside hype around e-commerce (electronic commerce) to the health arena. Another reason that why this term was coined could be to give a record of the new possibilities the Internet leading to the area of health care.

Among the more recent studies, (Deepthi *et al.*, 2017) concluded that "telemedicine was promising

School of Health Sciences (SHS), Sushant University, Golf Course, Sector 55, Gurugram, Haryana, India. E-mail: zeeham4u2c@yahoo.com

* Corresponding Author

as an alternative modality of care for cardiovascular disease". In another study by (Carlisle *et al.*, 2012), they "investigated intervention of telemonitoring which is a type of e-Health service, on the control of type 2 diabetes and subsequent potential cost-savings to the health system" and they found that "there was a clinically meaningful and statistically significant benefit from the telehealth intervention at a lower cost". The results led them to opine that telehealth was cost-saving and had the potential to produce "greater health benefits" as juxtaposed "to usual care". (Ekman, 2018) found that e-Health might be a more cost-effective alternative as juxtaposed to the traditional primary care model. The study revealed that e-Health was competent to reduce the cost by fifty percent as compared to physical visit by the patient. However, the study was conducted in the Swedish context.

This paper blends the technology acceptance model (TAM) by experimentally exploring the impact of conduct characteristics and psychological convictions on patients' social goal to acknowledge technology in medical care administration conveyance. Notwithstanding expanded accentuation on medical care administration conveyance, there have been restricted investigations with respect to how different conduct builds are identified with appropriation of new technology in medical care area. To this end, and to create important bits of knowledge, a theoretical model coordinating conduct builds with develops identified with the technology acceptance model is conceived. The point here is basically to comprehend connections that anticipate patients' acceptance of technology in medical care administrations.

Literature Review

Krousel-Wood *et al.* (2017) proposed "a multilevel model to discover organization-level and individual-level influential factors" on Electronic Health Records adoption by physicians. A detailed study comprising with cross-sectional data being carried out among physicians in forty-nine primary healthcare organizations across four regions of the province of Quebec, Canada. Two hundred and seventy-eight completed questionnaires were received from thirty-one organizations that had at least five respondents. The multilevel modeling found "no significant overall effect of organizational level's factors on physician intention". Aldosari *et al.* (2018) conducted a study to understand "the perspective of the nursing staff working in Imam Abdulrahman Al Faisal Hospital, Saudi Arabia using electronic medical record

(EMR) in their clinical practice". The findings showed that "there was a strong positive correlation between Perceived usefulness and Ease of Use resulting in a positive effect on nurses' acceptance of EMR". The outcomes and examination of the investigations by Wass (2017) augmented to explore on advancement and e-Health administrations by giving an arrangement of essentials that should be viewed as when e-Health activities are talked about. The research found that when managing e-Health administrations, hierarchical and semantic issues were as yet a test. This theory additionally gave new experiences, contending that these difficulties were not restricted to the association that created and executed e-Health benefits, however were rather difficulties that rise above authoritative limits. Second, this postulation added to the new pattern of opening up EHRs to patients and giving patients available data. The information got from the examinations on PAEHRs showed that there was disparity in how patients and medical care experts used to see the help.

Karkonasasi *et al.* (2018) proposed a prototype called Virtual Health Connect. It was a reminder mechanism for vaccination through short message services (SMS). The objective of the pertinent study was to investigate influential factors influencing the "intention to use the pertinent system among health centers by considering the technology acceptance model as the underlying theory". With respect to late assessments among the nations which are on the trajectory of development, the examination by Alam *et al.* (2018) in the view of Bangladesh is a basic report. This examination can be considered as the accomplishment "for developing countries" to see "factors affecting the choice of mHealth organizations". The applicable assessment insisted on past disclosures and contributed increased confirmation that suggested Perceived usefulness quality being basic for the determination of mHealth.

In one of the explorations concentrates in India, Jayaseelan *et al.* (2020) endeavored to uncover the selection of ICT ("Information and Communication Technology") by applying UTAUT ("Unified Theory of Acceptance" and "Use of Technology") model among clinical specialists. The principal objective of this examination was to recognize the relationship on the selection of information and communication technology dependent on UTAUT model center "determinants (performance expectancy: PE, effort expectancy: EE, social influence: SI and facilitating condition: FC)", arbitrators (age, sex, insight and intentionality of utilization) and result factors (conduct expectation and use conduct) among Indian clinical specialists in their calling. Another investigation in

the Indian Landscape that merits a notice here is the examination led by Shadangi and Dash (2019) in investigating the Technology Acceptance Model among the medical services specialists in the province of Odisha. They believed that notwithstanding part of advantages of telemedicine administrations, still a quickly acceptance among medical services experts didn't emerge.

Research Methodology

Purpose

Most of the research that emphasizes "on explaining the end-person" attractiveness of eHealth use the "Technology Acceptance Model (TAM)" Davis *et al.* (1989) or the "Unified Theory of Acceptance" and "Use of Technology (UTAUT)" (Venkatesh *et al.*, 2003) as a premise (Marangunic and Granic, 2014; Peek *et al.*, 2014). All via the maximum latest decades, masses of versions of "TAM" and "UTAUT" have been "investigated for explaining" era attractiveness, with a huge style of changes in healthcare too (Holden and Karsh, 2010; Ahadzadeh *et al.*, 2015; Cimperman *et al.*, 2016; Koivumäki *et al.*, 2017). Surveys with score scales are currently the desired data series method. Despite their sizable use, using TAM and UTAUT-primarily based totally surveys has moreover obtained critique. Several creators (Legris *et al.*, 2003; Ward, 2013; Handayani *et al.*, 2017) argue that the outcomes of those research maintain little cost for growing implementation plans. The fashions middle predominantly round technological variables and now no longer at the individual or hierarchical characteristics. Next, the very well-known variables humans use to give an explanation for the purpose to use, like perceived usefulness and perceived ease of use in TAM, are of little use to a era layout team (Fisher and Howell, 2004; Lee and Coughlin, 2014; Holahan *et al.*, 2015). This study aimed at bridging those gaps and endeavored to provide a holistic picture so as to empower the service providers with better tools for promoting e-Health among the prospective users.

Research Objectives

The objectives of this research are as below:

- To analyze the impact of Perceived Usefulness, Output Quality, Results Demonstrability, Ease of Use, Subjective Norm, Attitude and Perceived Accessibility on Intention to Use
- To analyse the impact of Perceived Usefulness, Output Quality, Results Demonstrability, Ease of Use, Subjective

Norm, Attitude and Perceived Accessibility on Credibility

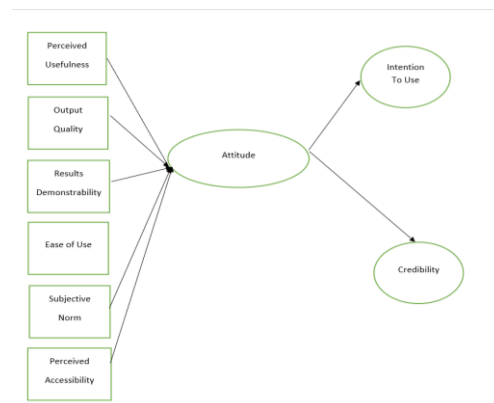
- To analyze the impact of Perceived Usefulness, Output Quality, Results Demonstrability, Ease of Use, Subjective Norm and Perceived Accessibility on Attitude

Research Hypotheses

The alternate hypotheses for this study are stated below:

- H₁: Perceived Usefulness, Output Quality, Results Demonstrability, Ease of Use, Subjective Norm, Attitude and Perceived Accessibility Impact Intention to Use
- H₂: Perceived Usefulness, Output Quality, Results Demonstrability, Ease of Use, Subjective Norm, Attitude and Perceived Accessibility Impact Credibility
- H₃: Perceived Usefulness, Output Quality, Results Demonstrability, Ease of Use, Subjective Norm and Perceived Accessibility Impact Attitude

Conceptual Framework



Flowchart



Sampling

This examination is aimed to be carried out in the Indian landscape as the country is anticipating implement e-health services to effectively address the healthcare services to the huge populace of the country. Delhi-NCR is chosen as the geographical landscape for the investigation in the nation, since Delhi is the capital of the nation and hence, it is believed that best of the facilities ought to be available here. Delhi alongside NCR, which comprise Noida, Greater Noida, Gurgaon and Faridabad is the one of the most densely crowded aspect of the nation and the group in this part is quite diversified likewise, attributed to tremendous opportunities that Delhi-NCR offers in terms of earning a living. Hence, any examination conducted here will have the benefit of getting access to a rich diversified populace which is desirable for every research. Hence, the sample for this investigation will comprise of the multi-specialty clinics with a bed size of at any rate one hundred.

Design of Questionnaire

Information was collected from both healthcare service seekers which included patients alongside the relatives of the patients and the healthcare professionals. The information was collected through survey method which included courting self-administered questionnaires to the respondents. The key variables for which the information was collected are:

- Adoption and acceptance behavior of the customers towards e-health services in clinics of Delhi-NCR
- Attitude of the customers towards the service nature of the e-health services provided by the clinics in Delhi-NCR
- Knowledge level of the customers about the existing e-health services provided by the clinics in Delhi-NCR
- Demographic details of customers

An examination device was prepared to collect the above-mentioned information and administered at all the investigation emergency clinics. All the selected medical clinic facilities were visited by the researcher followed by telephonic conversation with the concerned respondent for leading research. The items were given the arrangement of a proper questionnaire alongside guidelines so as to complete the empirical evaluation of these items. A seven-point Likert type scale was used with the accompanying anchors: “1 - Strongly disagree”, “2-Disagree”, “3-Somewhat Disagree”, “4-Undecided”, “5-Somewhat Agree”, “6-Agree”, “7-Strongly Agree”.

Results and Findings

H₁: Perceived Usefulness, Output Quality, Results Demonstrability, Ease of Use, Subjective Norm, Attitude and Perceived Accessibility Impact Intention to Use

Analysis of Variance or ANOVA tests the null hypothesis that whether all the coefficients in a model are equal to zero or not. The null hypothesis is rejected in this case since the P value (<0.0001) is less than alpha or level of significance (0.05). Hence, all the coefficients in the model are not equal to zero and there exists at least one independent variable that impacts the Intention to Use.

Next, The R-Square indicates what percentage of variation among the dependent variable could be explained by the independent variables. For this model, the R-Square is 0.8503 i.e. 85.03% of the variation in Intention to Use could be attributed due to the independent variables in the data set Perceived Usefulness, Output Quality, Results Demonstrability, Ease of Use, Subjective Norm, Attitude and Perceived Accessibility. The high value of R-Square suggests that the independent variables could successfully predict the dependent variable in the model i.e. Intention to Use.

The parameter estimates from a regression model convey the relationship between each of the independent variables with the dependent variable. The parameter estimates also test the null hypothesis that whether each of the coefficients or beta is equal to zero or not.

For this model, the P values for Output Quality, Results Demonstrability and Perceived Accessibility were lower than the alpha or level of significance, which was set 0.05 for this study. Hence, Output Quality, Results Demonstrability and Perceived Accessibility had an impact on the Intention to Use the E-Health services provided by the public and private healthcare institutions across Delhi - NCR. Further the values of Output Quality, Results Demonstrability and Perceived Accessibility suggested that these variables had a positive impact i.e., with the increase in scores of Output Quality, Results Demonstrability and Perceived Accessibility, the “Intention to Use the E-Health” services provided by the public and private healthcare institutions across Delhi - NCR should also increase.

H₂: Perceived Usefulness, Output Quality, Results Demonstrability, Ease of Use, Subjective Norm, Attitude and Perceived Accessibility Impact Credibility

Analysis of Variance or ANOVA validates the H_0 (“null hypothesis”) that whether all the coefficients in a model are equal to zero. The H_0

("null hypothesis") gets rejected in this case since the P value (<0.0001) is less than alpha or level of significance (0.05). Hence, all the coefficients in the model are not equal to zero and there exists at least one independent variable that impacts the Credibility.

Next, The R-Square is a metric of percentage of variance in the dependent variable as explained by the feature variables (independent variables). For this model, the R-Square is 0.8508 i.e., 85.08% of the variation in Credibility could be attributed due to the independent variables in the data set Perceived Usefulness, Output Quality, Results Demonstrability, Ease of Use, Subjective Norm and Perceived Accessibility. The high value of R-Square suggests that the independent variables could successfully predict the dependent variable in the model i.e., Intention to Use.

The parameter estimates for a regression model convey the relationship between each of the independent variables with the dependent variable. The parameter estimates also test the null hypothesis that whether each of the coefficients or beta is equal to zero or not.

For this model, the P values for Perceived Usefulness, Results Demonstrability, Ease of Use and Attitude were lower than the alpha or level of significance, which was set 0.05 for this study. Hence, Perceived Usefulness, Results Demonstrability, Ease of Use and Attitude had an impact on the Credibility of the E-Health services provided by the public and private healthcare institutions across Delhi - NCR. Further the values of Perceived Usefulness, Results Demonstrability, Ease of Use and Attitude suggested that these variables had a positive impact i.e., with the increase in scores of Perceived Usefulness, Results Demonstrability, Ease of Use and Attitude, the Credibility of the E-Health services provided by the public and private healthcare institutions across Delhi - NCR should also increase.

H₃. Perceived Usefulness, Output Quality, Results Demonstrability, Ease of Use, Subjective Norm and Perceived Accessibility Impact Attitude

Analysis of Variance or ANOVA tests the null hypothesis that whether all the coefficients in a model are equal to zero or not. The null hypothesis is rejected in this case since the P value (<0.0001) is less than alpha or level of significance (0.05). Hence, all the coefficients in the model are not equal to zero and there exists at least one independent variable that impacts the Attitude towards E-Health services provided by the public and private healthcare institutions across Delhi - NCR.

The R-Square indicates what percentage of variation among the dependent variable could be explained by the independent variables. For this model, the R-Square is 0.8515 i.e., 85.15% of the variation in Intention to Use could be attributed due to the independent variables in the data set Perceived Usefulness, Output Quality, Results Demonstrability, Ease of Use, Subjective Norm and Perceived Accessibility. The high value of R-Square suggests that the independent variables could successfully predict the dependent variable in the model i.e. Attitude towards E-Health services provided by the public and private healthcare institutions across Delhi - NCR.

The parameter estimates for a regression model convey the relationship between each of the independent variables with the dependent variable. The parameter estimates also test the null hypothesis that whether each of the coefficients or beta is equal to zero or not.

For this model, the P values for Perceived Usefulness, Results Demonstrability, Ease of Use and Subjective Norm were lower than the alpha or level of significance, which was set 0.05 for this study. Hence, Perceived Usefulness, Results Demonstrability, Ease of Use and Subjective Norm had an impact on the Attitude towards the E-Health services provided by the public and private healthcare institutions across Delhi - NCR. Further the values of Perceived Usefulness, Results Demonstrability, Ease of Use and Subjective Norm suggested that these variables had a positive impact i.e., with the increase in scores of Perceived Usefulness, Results Demonstrability, Ease of Use and Subjective Norm, the Attitude towards the e-Health services provided by the public and private healthcare institutions across Delhi - NCR should also increase.

Conclusions

Conforming to previous researches, the discourse of this study has exhibited that the citizen's attitude toward leveraging e-Health services impact their intention to use e-Health services i.e., if a person shows more positive attitude toward the use of e-Health then that person will also exhibit higher propensity to use e-Health in the future than as compared to a person who doesn't bear a favorable attitude towards e-Health.

The results from the study further confirm that a person who bears a favorable attitude toward e-Health services may currently refrain from exhibiting strong urge to use the service attributed to an absence of access. For the purpose of this

research, access was measured as the perceived accessibility of e-Health. It is further related to citizens' access to the Internet just as their perceptions of the accessibility of e-Health services. The results of the study also affirmed minimal effect of perceived accessibility on intentions to use, while tests for moderating variables revealed that accessibility being a subject for elderly along with those respondents who possessed little to zilch Internet experience. Citizens who self-proclaimed to be experienced Internet users demonstrated a propensity to acquire the Internet readily accessible. Both the consequences contributed to explaining this finding.

This research unveiled that the principal factors being the respondent's acquaintance with leveraging e-Health along with the PU ("Perceived Usefulness") of e-Health, and the hazards comprised with exploiting e-Health. PU ("Perceived Usefulness") is the degree of individual belief of a patron about the manner in which a person will leverage e-Health in a health-related manner. It mirrors the relative edge the patron assumes to benefit from leveraging e-Health juxtaposed to traditional healthcare provisions. "Perceived usefulness, advanced as one of the first TAM builds, likewise has demonstrated constantly in previous research that it is one of the key variables to technology" (Davis, 1989; Davis *et al.*, 1989; Davis and Venkatesh, 1996; Lin and Lu, 2000). From the findings of previous qualitative exploratory researches, it was revealed that citizens had an expectation of benefits including enhanced convenience, quicker service, augmented access to health care, wider efficacy in supervising health services, and holistically, an augmented source of health information beyond that accessible through routine networks.

References

- Ahadzadeh, A.S., Pahlevan, S.S., Ong, F.S., and Khong, K.W. (2015). Integrating health belief model and technology acceptance model: an investigation of health-related internet use. *J. Med. Int. Res.*, 17(2):e45. doi: 10.2196/jmir.3564.
- Alam, M.Z., Hu, W., and Barua, Z. (2018). Using the UTAUT Model to Determine Factors Affecting Acceptance and Use of Mobile Health (mHealth) Services in Bangladesh. *J. Stud. Soc. Sci.*, 17(2):137-172.
- Aldosari, B., Al-Mansour, S., Aldosari, H., and Alanazi, A. (2018). Assessment of factors influencing nurses acceptance of electronic medical record in a Saudi Arabia hospital. *Inform. Med. Unlocked.*, 10:82-88. Doi: 10.1016/j.imu.2017.12.007.
- Carlisle, K., Warren, R., Schuffham, P., and Cheffins, T. (2012). Randomised controlled trial of an in-home monitoring intervention to improve health outcomes of type 2 diabetes: study protocol. *Stud. Health Technol. Inform.*, 182:43-51.
- Cimperman, M., Makovec, B.M., and Trkman, P. (2016). Analyzing older users' home telehealth services acceptance behavior-applying an Extended UTAUT model. *Int. J. Med. Inform.*, 90:22-31. doi: 10.1016/j.ijmedinf.2016.03.002.
- Davis, F.D. (1989). Perceived usefulness, perceived ease of use, and user acceptance of information technology. *MIS Quarterly.*, 13(3):319-340.
- Davis, F.D. and V. Venkatesh. (1996). A critical assessment of potential measurement biases in the technology acceptance model: Three experiments Internet. *J. Human-Comput. Stud.*, 45:19-45.
- Davis, F.D., Bagozzi, R.P., and Warshaw, P.R. (1989). User acceptance of computer technology: a comparison of two theoretical models. *Manage. Sci.*, 35(8):982-1,003. doi: 10.1287/mnsc.35.8.982.
- Deepthi, P., Kruse, C.S., Soma, M., Nemali, N.T., and Brooks, M. (2017). The effectiveness of telemedicine in the management of chronic heart disease - a systematic review. *Journal of the Royal Society of Medicine.*, 8(3):1-7.
- Ekman, B. (2018). Cost analysis of a digital health care model in sweden. *Pharmac. Open.*, 2(3):347-354. doi: 10.1007/s41669-017-0059-7.
- Fisher, S.I. and Howell, A.W. (2004). Beyond user acceptance: An examination of employee reactions to information technology systems. *Human Res Manag.*, 43(2-3):243-258. doi: 10.1002/hrm.20018.
- Handayani, P.W., Hidayanto, A.N., and Budi, I. (2017). User acceptance factors of hospital information systems and related technologies: Systematic review. *Inform. Health Soc. Care.*, 22:1-26. doi: 10.1080/17538157.2017.1353999.
- Holahan, P.J., Lesselroth, B.J., Adams, K., Wang, K., and Church, V. (2015). Beyond technology acceptance to effective technology use: a parsimonious and actionable model. *J. Am. Med. Inform. Assoc.*, 22(3):718-29. doi: 10.1093/jamia/ocu043.
- Holden, R.J. and Karsh, B. (2010). The technology acceptance model: its past and its future in health care. *J. Biomed Inform.*, 43(1):159-72. doi: 10.1016/j.jbi.2009.07.002.
- Jayaseelan, R., Koothoor, P., and Pichandy C. (2020). Technology acceptance by medical doctors in India: an analysis with UTAUT model. *Int. J. Sci. Technol. Res.*, 9(1):3,854-3,857.
- Karkonasasi, K., Yu-N, C., and Mousavi, S.A. (2018). Intention to Use SMS Vaccination Reminder and Management System among Health Centers in Malaysia: The Mediating Effect of Attitude. *Computers and Society*. Available from: arxiv.org/abs/1806. Doi: <https://doi.org/10.48550/arXiv.1806.10744>.
- Koivumäki, T., Pekkarinen, S., Lappi, M., Väisänen, J., Juntunen, J., Pikkarainen, M. (2017). Consumer adoption of future mydata-based preventive ehealth services: an acceptance model and survey study. *J. Med. Int. Res.*, 22,19(12): 429. doi: 10.2196/jmir.7821.
- Krousel-Wood, M., McCoy, AB., Ahia, C., Holt, E.W., Trapani, D.N., Luo, Q., Price-Haywood, E.G., Thomas, E.J., Sittig, D.F., and Milani, R.V. (2017). Implementing electronic health records (EHRs): health care provider perceptions before and after transition from a local basic EHR to a commercial comprehensive EHR. *J. Am. Med. Inform. Assoc.*, 25(6):618-626. doi: 10.1093/jamia/ocx094.
- Lee, C. and Coughlin, J.F. (2014). Perspective: older adults' adoption of technology: an integrated approach to identifying determinants and barriers. *J. Prod. Innov. Manag.*, 32(5):747-759. <https://doi.org/10.1111/jpim.12176>.
- Legris, P., Ingham, J., and Colletette, P. (2003). Why do people use information technology? A critical review of the technology acceptance model. *Inform. Manage.*,

- 40(3):191-204. [https://doi.org/10.1016/S0378-7206\(01\)00143-4](https://doi.org/10.1016/S0378-7206(01)00143-4)
- Lin, J.C.-C. and Lu, H.P. (2000). Towards an understanding of the behavioral intention to use a web site. *Int. J. Inform. Manage.*, 20(3):197-208. DOI:10.1016/S0268-4012(00)00005-0.
- Marangunic, N. and Granic, A. (2014). Technology acceptance model: a literature review from 1986 to 2013. *Univ. Access. Inf. Soc.*, 14(1):81-95. <https://doi.org/10.1007/s10209-014-0348-1>.
- Peek, S.T.M., Wouters, E.J.M., Van, H.J., Luijkx, K.G., Boeije, H.R., and Vrijhoef, H.J.M. (2014). Factors influencing acceptance of technology for aging in place: a systematic review. *Int. J. Med. Inform.*, 83(4):235-248. doi: 10.1016/j.ijmedinf.2014.01.004.
- Shadangi, P.Y. and Dash, M. (2019). A conceptual model for telemedicine adoption: an examination of technology acceptance model. *Int. J. Recent Technol. Eng.*, 8(2):1,286.
- Venkatesh, V., Morris, M.G., Davis, G.B., and Davis, F.D. (2003). User acceptance of information technology: toward a unified view. *MIS Quart.*, 27(3):425-478. <https://doi.org/10.2307/30036540>.
- Ward, R. (2013). The application of technology acceptance and diffusion of innovation models in healthcare informatics. *Health Pol. Technol.*, 2(4):222-228. <https://doi.org/10.1016/j.hlpt.2013.07.002>.
- Wass, S. (2017). The Importance of eHealth Innovations: Lessons About Patient Accessible Information [Ph.D. thesis]. Jonkoping University, Sweden, 68p. Retrieved from <http://urn.kb.se/resolve?urn=urn:nbn:se:hj:diva-38045>.