

The Acceptance of HomeVisit Program on Hospital: Modification of the Technology Acceptance Model

Hasyim¹, Heppy Christina¹, Rokiah Kusumapradja¹ and Rina Anindita¹

¹Management Department, Universitas EsaUnggul, Jakarta

Keywords: home visit, perceived ease of use, perceived usefulness, customer's trust

Abstract: Decision-making process to accept a program is influenced by a range of stimuli either originating internally such as psychology, attitude, taste, traits, or external such as the program itself that is attractive, economic factor, culture, as well as technology. Hospitals as one company engaged in services also have the same goals in order to survive and provide services and earn revenue. These goals can only be obtained if the company can meet the needs and desires of customers and can provide satisfaction. Hospitals are trying to make innovations to improve Bed Occupancy Rate (BOR) as an indicator of a hospital's health. Bed Occupancy Rate (BOR) is the percentage of bed usage in a given time unit. This study was conducted with the aim to know the perception of hospital customer to home visit program conducted on the hospital industry in Indonesia. The researchers tested two crucial aspects in the technology acceptance theory namely perceived usefulness and perceived ease of use taking into account level of customer trust into the research model. This theory is mainly used to see how the pattern of acceptance of respondents to technology. However, the theory is modified and tested to be applied to acceptance of home visit program of hospital customers. Hospital management is starting to realize the importance of delivering services focusing on customer expectations and satisfaction. Hospitals make efforts in order to provide satisfaction to customers by providing a program that is easy to understand and give benefits to customers or implementing innovative programs that can attract customers to visit the hospital. The characteristics of innovations, as perceived by individuals, help to explain their different rates of adoption. The results indicate that the home visit program not only is perceived usefulness significantly in childbirth (before, during, and after delivery), but it also is perceived easy to implement. The two factors influence the level of trust and interest to give birth at hospital significantly. The findings show that the technology acceptance model (TAM) may also be used in health research, particularly on program acceptance-in this case: home visit program. The TAM is commonly used in research of the broad field.

1 INTRODUCTION

No matter what their advantages, newer technologies are not adopted by all potential buyers immediately (Coelho et al., 2010), which means an innovation needs a long process to be adopted. The consequence that if people tend to accept so the innovation will continue and if people reject such innovation so such innovation will be terminated (Hasyim and Anindita, 2016).

We defined innovation in service delivery and organization as a novel set of behaviours, routines, and ways of working that are directed at improving health outcomes, administrative efficiency, cost-effectiveness, or users' experience and that are

implemented by planned and coordinated actions. (Greenhalgh et al., 2004)

Hospitals as one company engaged in services also have the same goal in order to survive and provide services and earn revenue. These goals can only be obtained if the company can meet the needs and desires of customers and can provide satisfaction

Hospitals are trying to make innovations to improve Bed Occupancy Rate (BOR) as an indicator of a hospital's health. Bed Occupancy Rate (BOR) is the percentage of bed usage in a given time unit. The higher the BOR is a measure that the hospital is in demand. The high level of BOR shows that the management has understood the needs and expectations of their customers.

According to the SERVQUAL scale, quality is perception-minus-expectation (Sultan & Wong, 2010). The problem is relying on the Innovation acceptance process is a relatively long process because innovation may bring certain risks, to the group of society that adopts it (Hasyim & Anindita, 2016).

Home visit services are performed by an activity conducted by doctors and paramedics to visit patient's homes, which are expected to answer questions and issues surrounding pregnancy. The home visit program also provides the expectant mother with an opportunity to understand the patient at her residence and can provide a broad knowledge to her family during the delivery period. The Home Visit service expects that the patient and family can understand and learn what is needed in the coming period of childbirth. The home visit program is intended to increase the intention to visit the hospital. This program is also intended as a means of public education, especially to expectant mothers who will give birth by providing knowledge associated with prenatal, during, and post childbirth.

Finally, the home visit program serves as an effort of the hospital to increase level of trust of public in general toward hospital as stated: Many scholars have argued that trust is a prerequisite for successful commerce, because consumers are hesitant to make purchases unless they trust the seller (Kim et al., 2008).

The research question, how are the people perceived that kind of program, are they will accept or not, because the consequences of acceptance or rejection both result in a change (Rogers, 1995).

2 LITERATURE REVIEW

There are theories on the acceptance of innovations such as Innovation Diffusion Theory (Rogers, 1995) and the Acceptance Model (Davis et al., 1989). Those theories explain the perception of community groups toward an innovation before they accept it. The decision to accept or reject something new communicated to society member, in general, provides a consequence for the sustainability of the community group. The consequences of acceptance or rejection both result in a change (Rogers, 1995).

The Technology Acceptance Model (TAM) of Davis is used in this research. The TAM states that the acceptance of a technology is usually based on the perception of ease of use and perceived usefulness of the technology. There are two dimensions assessed by customers to a technology;

that is perceived ease of use and perceived usefulness. The perceived ease of use is defined as a level or state in which one is convinced that using a particular system requires effort that is easy, without difficulty, relieved of difficulty or unnecessary effort, two factors are primary determinants of system use: perceived ease of use and perceived usefulness (Kim et al., 2009). TAM is often used to explain the behaviour of the use or acceptance of information technology.

Venkatesh and Davis (2000) divide the dimensions of Ease of Use Perception into the following: a. Individual interaction with the system is clear and understandable. b. It does not take much effort to interact with the system (does not require much mental effort). c. Easy to use the system. d. Easy to operate the system by what the individual wants to do (easy to get the system to do what he/she wants to do (Brown and Venkatesh, 2003)

Regarding behavioural theory; it is assumed that positive perceptions both regarding ease of use and from the side of expediency will create a positive attitude as well. Vice versa if the technology is perceived negatively then one's behaviour will be negative. A positive attitude will encourage the continued use of technology, and negative attitudes will encourage the creation of technological rejects (Brown and Venkatesh, 2003).

In the perspective of a home visit program in which the program is an innovation of hospital management to provide insight into expectant mothers who are going to give birth depends on customer perceptions of both dimensions of TAM; the ease and usefulness of the program. If the customer's perception of the home visit program is positive, then the customer will accept it well and vice versa, The time at which an innovative product is introduced may affect the rate of its diffusion (Brown and Venkatesh, 2003).

Intention construct is mentioned in the TAM (Hunt et al., 2006). One's attitude consists of cognitive, affective, and behavioural components. However, the relationship between trust and satisfaction is unclear (Hunt et al., 2006), while Kim et al. (2009) said the relationship between trust and satisfaction is significant statistical (Hunt et al., 2006). The time at which an innovative product is introduced may affect the rate of its diffusion. The time at which an innovative product is introduced may affect the rate of its diffusion (Meade and Islam, 2006).

Perceived usefulness is the degree to which a person believes that a particular system would enhance his or her job performance (Meade and

Islam, 2006) benefit is the extent to which a person believes that using technology will improve his performance.

Perceived usefulness is a strong determinant of the acceptance of the use of an information system, adoption, and behaviour of users. Utilization is also defined as the probability of subjectivity of individuals that the use of a particular application system will improve the performance of the individual in the organizational context. Perceived usefulness and perceived ease of use affect behavioural interest (behavioural intention). Technology users will have an interest in using technology (interest in behaviour) if they feel the technology system is useful and easy to use. Utilization also affects ease, but not vice versa (Meade and Islam, 2006).

Based on the above explanation it can be said that the customer's perception of the ease and usefulness of the home visit program becomes an indicator of the success of the program (Kim et al., 2009). This means that if a perceived innovation has a relative advantage, in accordance with existing conditions and accordance with the values and norms prevailing in the community, it can be tested, the results can be viewed and not too complicated, then people will accept the innovation faster than other innovations that do not have these characteristics, because strong understanding towards the utility of products will trigger the growth of customer trust which at the end of the day will cause purchase intention (Hasyim, 2017).

Something that is considered new introduced to community groups generally faces various forms of response. There are those who accept immediately, those waiting for those who are considered references, others whom a priori reject it.

The adopter categories discussed in the traditional adoption and diffusion models include technology enthusiasts, visionaries, pragmatists, conservatives, and sceptics (Pant et al., 2011) as described in the following paragraph.

Technology enthusiasts: Technology enthusiasts are innovators and are usually the first to try a new product or innovation (Rogers, 1995; Tagliaventi et al., 2010). They are often viewed as the opinion leaders (Tagliaventi et al., 2010). They account for only 2.5% of consumers.

Visionaries: Visionaries belong in the early adopter market and are interested in using the new product. They are the first constituency who can and will bring real money to the table and are enthusiastic about the new functions that new

products bring. They account for 13.5% of consumers (Meade and Islam, 2006).

Pragmatists: Pragmatists are customers in the early majority and make the bulk of all technology infrastructure purchases. They seek out substantial productivity enhancements. When they are struggling with the decision of adopting new technology, they will consult those they trust for advice (Rogers, 1995). They account for 34% of market share (Hasyim & Anindita, 2016).

Conservatives: Conservatives are customers in the late majority. The late majority conservatives are risk-averse and technology-shy and need entirely surefire solutions. Although the market tends to be saturated and the profit is less, the late majority still account for 34% of market share.

Sceptics: Sceptics represent the last segment of the technology adoption cycle and are technology laggards who want only to maintain the status quo. They account for 16% of market share. The adopter categories discussed in the traditional adoption and diffusion models include technology enthusiasts, visionaries, pragmatists, conservatives, and sceptics conservatives (Pant et al., 2011).

Rogers (1995) has synthesized some previous studies related to adoption behaviour, factors affecting adoption behaviour, namely relative advantage, complexity, compatibility, trialability and observability, as shown below:

The first group is called **Innovators** who are the first to receive an innovation (Rogers, 1995). They have a broad ability about a new thing that makes it easier for them to accept it. This group plays a vital role in accepting and disseminating innovation to other community groups. This group first bears the risk if the adopted innovation has a negative impact. Otherwise, if the innovation has a positive or beneficial effect, the innovator group will benefit first. The usual innovator group is also called the risk taker group. That is the group of people who dare to bear the consequences of any change.

The next group is the **Early adopters**; these groups tend to be more integrated into the social system than the innovators. This group is often the pioneer in accepting an innovation, as they tend to conduct more in-depth evaluations before accepting or rejecting an innovation so that the early adopter's group becomes a reference or change agent.

The third group, the **Early-majority** is the largest group. This group tends to accept the innovation after all groups in the community receive it. In accepting an innovation, this group takes a long time than the innovator group and early majority. Many considerations are made before accepting an

innovation. In addition to consideration of this, this group also tends to refer to people who are considered influential as a group reference. If the reference group accepts the innovation, then this group also adopts the innovation. So it is often too late to benefit from innovation.

Late-majority adopters group is also a large group in society. The difference with early majority groups is that the organization in the late-majority category adopts an innovation after the average organization in an industry receives innovation. Acceptance in this group tends to be reactive rather than proactive. Thus this group is the last group in accepting an innovation.

Laggards is a group separate from other community groups. This group is marked by the tendency to reject the opinions of other community groups. They are very dependent on what they have done in the past. So, the acceptance of innovation from this group usually takes a very long time compared to other community groups. They tend to avoid failure or risk in doing something. If they will use something new or commonly called the risk averter (Pant et al., 2011).

2.1 Customer's Trust

Results of several scholars' researches show the role of trust in driving acceptance or rejection over innovation or program offered to a community group. Trust for the business world is a critical element, because it implies a long-term relationship, in this case, the relationship between customer and service provider (Hasyim, 2017).

Trust and satisfaction are two stepping stones for successful E-commerce relationships (Kim et al., 2009). Both trust and satisfaction positively influence the intention to purchase. Furthermore, the concept of trust has been studied in diverse contexts, by researchers from various disciplines and backgrounds, and as a result, there are various definitions of trust (Koufaris and Hampton-Sosa, 2004). Trust arises if one feels confident towards the other party regarding reliability and integrity. Thus, beliefs arise if a person or a company can show something good so it can convince a person of his or her ability and integrity. Trust appears if someone feels confident about other party's reliability and integrity. Thus, the trust will come if someone or a company can show its competence or integrity (Sultan & Wong, 2010).

In the same sense, the concept of trust as a belief in the ability and integrity is shown by colleagues based on one's experience of the institution or

institutional high degree of trust not only stimulates and meets consumers' high expectations of satisfying transactions, but it also eliminates uncertainty, perceived risks, and interdependences in most online transactions (Chen and Barnes, 2007).

In his research Chaudari and Holbrook (2001), Morgan and Hunt (2004) reiterated that trust is the desire of most consumers to trust the ability of a particular brand to deliver its performance by what should or by what it promises (Afzal et al., 2009). Trusts can also be interpreted as 'goodwill and willingness' of the consumer to take risks, where goodwill is built on prior experience, and Trust is the hope of a positive outcome, while the willingness is the desire of the consumer to face the risks that may be received related to the brand to be consumed.

Consumer's trust will take place because of the customer's initiative itself who will subsequently trust what is offered by a brand. Trust will reduce the sense of uncertainty as the customer not only knows that a product or brand deserves to be trusted, but it can also be reliable, safe, and truthful in presenting the product that is sold.

Nevertheless, it is necessary to see that Consumer's Trust can be seen as a cognitive component since it can be an emotional drive. The emotional drive may emerge from satisfaction upon previous buying process (Afzal et al., 2009).

Trust is related to one's belief in reliability and integrity showed by someone or product of a corporation; average want of customer on competence shown by a brand or corporation. Trust is also a relevant situation in uncertainty when more celebrated brands versus minor differences among brands occur. Trust is also related to uncertainty situation when popular brands are competing with other brands.

Trust can reduce uncertainty as a customer not only knows trusted brand, but the customer may also get the product or good that is safe for consumption.

3 RESEARCH METHOD

This research is of causality that analyzes how changes in a free variable may influence the other variable. In proving the hypothesis, it uses a quantitative approach where data collection is conducted through a survey with research instrument that uses a questionnaire that is composed of indicators of research variable and is also based on theory and concept referenced to in this research.

The population of the research using 260 expectant mothers who will or potentially give birth. For the validity of the research instrument, the research uses product moment validity test and alpha Cronbach reliability test. To test the hypothesis, the research uses a t-test to see the level of significance of each independent variable to the dependent variable. At the final stage, the research uses path analysis through Sobel test to see whether a variable of the level of trust significantly become the intervening variable between independent variable to dependent variable either directly or indirectly.

4 RESULT AND DISCUSSION

The research has satisfactorily proven that there is a significant effect of the variable of perceived usefulness and perceived ease to intention to use home visit program.

The index in Table 1 shows that overall average index value of customer's perception on ease of use of home visit program is moderate with index value 75.75. The index is high on ease of childbirth, ease of pregnancy control, ease of post-partum as perceived by expectant mother. Table 1 shows that the customer (expectant mother) presume that the home visit program provides information/ knowledge that will ease them do the treatment before, during, and after childbirth. In general, they are positive about the home visit program and accept it.

Table 1: Perceived Ease of Use

No	Description	Index	Status
1	Information on home visit program is easy to understand	76	Moderate
2	A home visit is easy to apply	77.5	Moderate
3	The home visit does not require extra effort	73	Moderate
4	Home visit helps ease childbirth	78.25	High
5	Home visit eases maintenance during pregnancy	80	High
6	Home visit eases post-childbirth maintenance	77.5	High
7	Information on a home visit is easy to understand	71.75	Moderate
8	Information on a home visit is easy to apply	72	Moderate
	Average	75.75	Moderate

Table 2 shows that customer's (expectant mother) perception on usefulness they receive from home visit program is high with average index value 78.03.

Table 2: Perceived Usefulness

No	Description	Index	Status
1	Home visit program provides information to expectant mother	78.5	High
2	Home visit program eases expectant mother to deal with pregnancy	78.5	High
3	Home visit program eases expectant mother to deal with childbirth	76	Moderate
4	Home visit program provides information on mother and child's health	78.25	High
5	Home visit program helps ease stresses of an expectant mother	80	High
6	Home visit program helps reduce MMR	78.5	High
7	Home visit program helps improve mother and child's health	77.75	High
8	Home visit program helps increase the level of a visit to the hospital	74	Moderate
	Average	78.03	High

Table 2 shows that customer (expectant mothers) perceive that the home visit program is useful on the control before, during, and after childbirth. In general, they are positive about the home visit program and accept it.

Table 3 shows that overall average index of customer's trust on the home visit program is high with index value 78.39. This shows that customers (expectant mothers) believe that the home visit program carried out by the hospital is deemed to provide medical help for expectant mothers. They believe that home visit program will help them in improving mother and child's health. In general, they are positive about the home visit program and accept it.

Table 3: Consumers' Trust

No	Description	Index	Status
1	I trust the home visit program as it is carried out by medical staff	78	High
2	I trust that the staff carrying out the home visit program is competent	78.5	High

3	I trust that the period before pregnancy will run well after receiving the home visit program	78	High
4	I trust that the period during pregnancy will run well after receiving the home visit program	78.25	High
5	I trust that the post-partum period will be excellent after receiving the home visit program	80	High
6	I trust that the home visit program is to help the mother and child	77.5	High
7	I trust that the home visit program is useful	78.5	High
	Average	78.39	High

The index in Table 4 shows that overall the average index of expectant mothers interested to give birth at a hospital is high with index 78.57 as the hospital has home visit program. This shows that customers (expectant mothers) trust that the home visit program carried out by the hospital is to provide medical help for expectant mothers. They believe that the home visit program will help them improve mother and child's health. In general, they are positive about the home visit program and accept it.

Table 4: Intention to Give Birth at Hospital

No	Description	Index	TS
1	The home visit program encourages me to know more about the program	78.5	High
2	I am interested in giving birth at Syarif Hidayatullah hospital as it has a home visit program	78	High
3	After knowing the home visit program, I am more interested in giving birth at Syarif Hidayatullah hospital	78.25	High
4	I am interested in giving birth at Syarif Hidayatullah hospital as its program is useful	78.25	High
5	I am interested in giving birth at Syarif Hidayatullah hospital as its program is easy to understand	80	High
6	I am interested in giving birth at Syarif Hidayatullah hospital as its program help ease before, during, and after pregnancy/ childbirth	78.5	High
7	I will certainly give birth at Syarif Hidayatullah hospital	78.5	High
	Average	78.57	High

Based on the statistical calculation in Table 5, the significance is $0.000 < 0.05$ meaning that the model used in this research fits. Furthermore, the effect of the independent variable to the dependent variable is calculated partially as follows:

Table5: Model Test Value

Model	Sum of Squares	Df	Mean Square	F	Sig.	
1	Regression	714.855	3	238.285	2,368.281	0.000 ^c
	Residual	7.345	73	0.101		
	T o t a l	722.200 ^d	76			

Source: Data processed by the researcher, 2018

Based on the statistical calculation in Table 6, $t_{\text{calculated}} > t_{\text{table}}$ that is $5.34 > 1.96$ and the significance value is $0.000 < 0.05$. This means that there is an effect of perceived ease to the level of trust of the patient so that H_0 is rejected and H_a is accepted. This can be seen that the standardized coefficient betas 0.521. So does the effect of perceived usefulness to the level of trust of the patient shows that $t_{\text{calculated}} > t_{\text{table}}$ that is $4.530 > 1.96$ and the significance value is $0.000 < 0.05$ so that H_0 is rejected and H_a is accepted.

This can be seen in Table 6 that the unstandardized coefficient betas 0.435. Therefore, if perceived usefulness increases, the level of patient's trust will also increase. This implies that ease of home visit program needs to be improved so that patient will trust more on ease provided when a patient receives the home visit program.

Table6: Test Results of Effect of Type 1

No	Model	Unstandardized Coefficients		Standardized Coefficients	Sig.	
		B	Std. Error	Beta		
		1	Perceived ease of use	0.521		0.097
2	Perceived usefulness	0.435	0.096	0.456	4.530	0.000

Source: Result of regression calculation

This is supported by a theory from Davis stating that *Perceived Ease of Use* (PEoU) refers to one's level of trust on ease in technology, while *Perceived Usefulness* (PU) is the extent of customer's perception on the benefit that can be received from a home visit program. Hence, if a home visit program can be trusted and give confidence to the patient on its usefulness and ease, then the home visit program may increase the patient's trust in the hospital.

Table 7: Hypothesis Test Results

Hypothesis	Description	Result	Conclusion
H1	There is an effect of perceived ease of home visit program to patient's level of trust on the hospital	Sig. 0.000 < 0.05	Accepted
H2	There is an effect of perceived usefulness of home visit program to patient's level of trust on the hospital	Sig. 0.000 < 0.05	Accepted
H3	There is an effect of patient's perceived trust of home visit program to patient's interest to visit the hospital	Sig. 0.001 < 0.05	Accepted
H4	There is an effect of perceived ease of home visit program to patient's interest to visit the hospital	Sobel test: 2.807 > 1.988	Accepted
H5	There is an effect of perceived usefulness of home visit program to patient's interest to visit the hospital	Sobel test: 2.027 > 1.988	Accepted

Based on Table 7, the research results show that customer's perception toward ease and usefulness and level of trust on the home visit program are high on average. This means that customer considers that the home visit program gives an understanding of pre, during, and post childbirth process.

The implication of the research is that the home visit program implemented by the RSSH management shows that it apparently may increase people's interest in the program. This is because respondents perceive significant usefulness that ones can benefit from the home visit program.

The expectant mothers see that the home visit program provides knowledge that eases the process of pre-childbirth, pregnancy, and postpartum. Also, to easing in the process mentioned above, the respondents also perceive that the home visit program improves the knowledge on childbirth and help solve problems related to prenatal, ante-natal, and post-natal, as well as post-partum. Thus, the perception of ease by referring to the individual believes that the home visit program that will be used by patient and family is not inconvenienced or does not require considerable effort.

The hospital needs to sustain and continue the home visit program by expanding the program coverage and increase respondents to increase and improve interest of the respondents to give birth in hospital having a home visit program.

The respondents also perceive that the home visit program is easy to follow and easy to apply in preparing prenatal, antenatal, and postnatal, as well as postpartum processes. To this, the management of RSSH needs to consider seriously that the home visit program is more comfortable to access and accommodative to respondents' capability.

Table 8 shows the direct effect of perceived usefulness on interest to accept home visit program is higher than its indirect effect (0.384 > 0.096). As well, the direct effect of perceived ease on interest to receive home visit program is higher than its indirect effect that is 0.419 > 0.080. Hence, level of trust as an intervening variable in this model may be neglected. Furthermore, to increase interest to give birth at the hospital, perceived usefulness and perceived ease need to be increased without considering its effect on the level of trust. The total effect may be seen in the following table.

Table8: Calculation of the Effect

Variable	Direct Effect	Indirect Effect	Total Effect
X1 → Y	0.348	0.521 × 0.184 = 0.096	0.348 + 0.096 = 0.444
X2 → Y	0.419	0.435 × 0.184 = 0.080	0.419 + 0.080 = 0.499
Z → Y	0.184	-	0.184

5 CONCLUSION

Based on the statistical calculation, means that there is an effect of perceived ease to the level of trust of the patient so that H₀ is rejected and H_a is accepted. Therefore, if perceived ease increases, the level of patient's trust will also increase. This implies that ease of home visit program needs to be improved so that patient will trust more on ease provided when the patient receives the home visit program.

This is supported by a theory from Davis stating that Perceived Ease of Use (PEoU) refers to one's level of trust on ease in technology, while Perceived Usefulness (PU) is the extent of customer's perception on the benefit that can be received from a home visit program. Hence, if a home visit program can be trusted and give confidence to the patient on its usefulness and ease, then the home visit program

may increase the patient's trust in the hospital.

The expectant mothers see that the home visit program provides knowledge that eases the process of pre-childbirth, pregnancy, and postpartum. Also, to easing in the process mentioned above, the respondents also perceive that the home visit program improves the knowledge on childbirth and help solve problems related to prenatal, ante-natal, and post-natal, as well as post-partum. Thus, the perception of ease by referring to the individual believes that the home visit program that will be used by patient and family is not inconvenienced or does not require considerable effort.

The hospital needs to sustain and continue the home visit program by expanding the program coverage and increase respondents to increase and improve interest of the respondents to give birth in hospital having a home visit program.

REFERENCES

- Afzal, H., Khan, M. A., ur Rehman, K., Ali, I., and Wajahat, S. (2009). Consumer's trust in the brand: Can it be built through brand reputation, brand competence and brand predictability. *International Business Research*, 3(1): 43.
- Brown, S. A., and Venkatesh, V. (2003). Bringing Non-Ado p 76. *Communications of the ACM*, 46(4): 76–80.
- Chen, Y., and Barnes, S. (2007). Initial trust and online buyer behaviour. *Industrial Management & Data Systems*, 107(1): 21–36. <https://doi.org/10.1108/02635570710719034>
- Coelho, D., Drozdenko, R., and Jensen, M. (2010). Re-examing the factors that affect consumer acceptance of innovation. *ASBBS Annual Conference*, 17(1): 362–375. Retrieved from <http://asbbs.org/files/2010/ASBBS2010v1/PDF/D/Drozdenko.pdf>
- Davis, F. D., Bagozzi, R. P., and Warshaw, P. R. (1989). User acceptance of computer technology: a comparison of two theoretical models. *Management Science*, 35(8): 982-1003.
- Greenhalgh, T., Robert, G., Macfarlane, F., Bate, P., and Kyriakidou, O. (2004). Diffusion of innovations in service organizations: systematic review and recommendations. *Milbank Q*, 82(4): 581–629. <https://doi.org/10.1111/j.0887-378X.2004.00325.x>
- Hasyim, H. (2017). Consumers' Trust As The Mediating Factor For Insurance Buying Intention In Indonesia. *Statistics*, 3: 894.
- Hasyim, H., and Anindita, R. (2016). Developing Conceptual Model for Online Shopping Attitude in Indonesia: Based on the Diffusion of Innovations Theory. *International Journal of Economics, Commerce and Management*, IV(6): 560–581.
- Hunt, S. D., Arnett, D. B., and Madhavaram, S. (2006). The explanatory foundations of relationship marketing theory. *Journal of Business & Industrial Marketing*, 21(2): 72–87. <https://doi.org/10.1108/10610420610651296>
- Kim, D. J., Ferrin, D. L., and Rao, H. R. (2008). A trust-based consumer decision-making model in electronic commerce: The role of trust, perceived risk, and their antecedents. *Decision Support Systems*, 44(2): 544–564. <https://doi.org/10.1016/j.dss.2007.07.001>
- Kim, Y. J., Chun, J. U., and Song, J. (2009). Investigating the role of attitude in technology acceptance from an attitude strength perspective. *International Journal of Information Management*, 29(1): 67–77. <https://doi.org/10.1016/j.ijinfomgt.2008.01.011>
- Koufaris, M., and Hampton-Sosa, W. (2004). The development of initial trust in an online company by new customers. *Information and Management*, 41(3): 377–397. <https://doi.org/10.1016/j.im.2003.08.004>
- Meade, N., and Islam, T. (2006). Modelling and forecasting the diffusion of innovation - A 25-year review. *International Journal of Forecasting*, 22(3): 519–545. <https://doi.org/10.1016/j.ijforecast.2006.01.005>
- Pant, A., Chiu, H. C., Hsieh, Y. C., and Huang, Y. F. (2011). Desires of an Adopter's Heart: Which Product Characteristics Influence Brand Loyalty among Different Types of Adopters?. In *Competition Forum* (Vol. 9, No. 2, p. 442). American Society for Competitiveness.
- Sultan, P., and Wong, ho Y. (2010). Service quality in higher education – a review and research agenda. *International Journal of Quality and Service Sciences*, 2(2): 259–272. <https://doi.org/10.1108/17566691011057393>
- Rogers, Everett, M., 1995. Diffusion of Innovation, New York. The Free Press., 4th Edition.
- Tagliaventi, M. R., Bertolotti, F., and Macri, D. M. (2010). A perspective on practice in interunit knowledge sharing. *European Management Journal*, 28(5): 331–345.
- Venkatesh, V., and Davis, F. D. (2000). A theoretical extension of the technology acceptance model: Four longitudinal field studies. *Management Science*, 46(2): 186-204.