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Understanding Sustainable Adoption of Digital Healthcare Services: The Roles of Digital Trust, Perceived Value, and Health Policy Awareness

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Abstract

The growing adoption of digital healthcare services has increased the importance of understanding the factors that encourage users to maintain their engagement with digital health platforms. This study examines the roles of digital trust, perceived value, and health policy awareness in explaining the sustainable adoption of digital healthcare services. The proposed research employs a quantitative explanatory approach, targeting 350 digital healthcare users across Karawang, Bekasi, Purwakarta, and Subang, Indonesia. Data analysis is designed to use Partial Least Squares Structural Equation Modeling (PLS-SEM). For methodological learning, a synthetic dataset and preliminary composite-score analysis were used to illustrate the proposed relationships. The illustrative findings indicate that digital trust ($\beta = 0.332$, $p < 0.001$) and perceived value ($\beta = 0.275$, $p < 0.001$) have positive and significant relationships with sustainable adoption. However, health policy awareness demonstrates a positive but statistically insignificant relationship ($\beta = 0.077$, $p = 0.089$). These findings illustrate the potential importance of consumer trust and perceived benefits in sustaining digital healthcare engagement, while highlighting the need to further examine the role of policy awareness in digital healthcare adoption.

Keywords: Digital Healthcare; Digital Trust; Perceived Value; Health Policy Awareness.

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INTRODUCTION

Digital healthcare services have become an increasingly important component of contemporary healthcare delivery. Services such as telemedicine, mobile health applications, electronic prescriptions, and remote consultations allow users to access healthcare information and professional support through digital platforms. These services can improve convenience, accessibility, and service efficiency. However, their benefits depend not only on initial adoption but also on users' willingness to continue using them. Research on mobile health has identified user attrition and discontinuance as persistent challenges, indicating that the availability of digital services does not automatically translate into sustained use (Jacob et al., 2022; Wang et al., 2022). Recent research also emphasizes that barriers to digital health adoption extend beyond technology design and include users' needs, experiences, and unequal access to digital resources (Mair et al., 2025).

The distinction between initial adoption and continued use is particularly important in digital healthcare. Initial adoption reflects a user's decision to try a service, whereas sustainable adoption concerns the continued use of that service over time. Evidence from mHealth research shows that continuance intention is associated with satisfaction, perceived usefulness, service quality, information quality, and users' health-related capabilities (Wang et al., 2022; Nie et al., 2023). In Indonesia, Lu et al. (2023) examined the continued use of mobile health applications and found that health stress influenced perceived usefulness and satisfaction, which were relevant to continuance intention. These findings suggest that sustained use requires more than access to a digital platform. Users must perceive that the service provides reliable and meaningful benefits in their healthcare activities. Nevertheless, existing studies have often examined continuance through technology acceptance, satisfaction, or perceived usefulness, leaving room to examine a broader combination of consumer trust, perceived value, and awareness of the policy environment.

Digital trust is a central consideration because healthcare services involve sensitive personal information, professional advice, and decisions that may affect users' well-being. Users need confidence that a digital platform protects their data, provides dependable services, and connects them with competent healthcare professionals. Zhu et al. (2023) distinguish structural assurance-based trust, platform-based trust, and physician-based trust in telemedicine. Their findings indicate that these dimensions of trust are relevant to users' continuance intention, while privacy concerns can weaken the relationship between structural assurance-based trust and continued use. Evidence from Indonesia also supports the importance of trust in digital healthcare adoption. Arini et al. (2024) integrate trust into a technology acceptance model for eHealth, while Salma et al. (2024) examine trust alongside health beliefs and technology acceptance in mHealth. In

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the public sector, Upadhyay et al. (2023) show that political trust plays an important role in consumers' intention to adopt government-provided telemedicine. Taken together, these studies indicate that trust may operate at several levels, including the platform, healthcare provider, and institutional environment. However, its role in explaining sustainable adoption alongside perceived value and policy awareness warrants further investigation.

Perceived value provides a complementary marketing perspective. It captures users' overall assessment of the benefits they receive relative to the costs, effort, time, and risks associated with using a service. In digital healthcare, users may perceive value through convenience, time savings, service accessibility, flexibility, and the ability to obtain healthcare support without travelling to a facility. Yuen et al. (2023) demonstrate the relevance of perceived value to telehealth adoption by integrating health belief and self-determination perspectives. Their findings indicate that perceived value and emotional factors influence users' adoption decisions. In the Indonesian context, Panggabean et al. (2023) report that respondents recognized benefits such as time and cost savings, convenience, and flexible access to digital health services. Their study also points to low trust as a possible explanation for limited service use. These findings suggest that perceived value and digital trust should be examined together. A service may offer practical benefits, but users may still hesitate to continue using it if they doubt its reliability, security, or professional credibility.

The policy environment may also shape users' perceptions and decisions. Digital healthcare operates within institutional arrangements that govern service delivery, data sharing, professional responsibilities, financing, and patient protection. Srivastava et al. (2023), in their comparative analysis of virtual primary care systems across five countries, identify policy objectives, regulation and governance, financing, service integration, workforce support, information systems, and patient involvement as key dimensions of digital health policy. Such arrangements can influence the conditions under which users access and evaluate digital healthcare. Yet the existence of policies does not mean that users understand them. In this study, health policy awareness refers to users' knowledge and understanding of relevant rules, rights, safeguards, and institutional responsibilities that apply to digital healthcare services. This construct should be distinguished from digital health literacy, which concerns individuals' ability to access, understand, evaluate, and use digital health information. Ban et al. (2024) clarify the multidimensional nature of digital health literacy, while Katsaliaki (2025) finds that eHealth literacy predicts perceived usefulness, perceived ease of use, and intention to use eHealth services. Mair et al. (2025) further highlight the need to address public barriers to digital health adoption. These studies establish the importance of user knowledge and the policy context, but

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they do not directly resolve how awareness of health policy relates to users' continued adoption of digital healthcare services.

Despite growing research on digital health adoption, three issues remain relevant. First, studies have examined continuance intention through satisfaction, usefulness, service quality, and technology-related factors, while the combined contribution of digital trust and perceived value requires further examination. Second, research on digital health policy has largely focused on system-level governance and regulatory arrangements, whereas the consumer-level role of health policy awareness remains less clearly established. Third, evidence from Indonesia has examined telemedicine adoption, perceived value, trust, and mHealth acceptance, but there is still an opportunity to integrate these consumer and policy perspectives into one explanatory framework. Addressing these issues can extend digital health adoption research beyond technology acceptance and provide a more integrated understanding of users' continued engagement with digital healthcare services.

Accordingly, this study aims to examine the roles of digital trust, perceived value, and health policy awareness in explaining the sustainable adoption of digital healthcare services. By bringing consumer-oriented marketing constructs together with a policy-related factor, the study seeks to develop an integrated explanation of why users continue to use digital healthcare services. The findings are expected to contribute to digital health and service marketing literature while offering practical insights for digital healthcare providers and policymakers seeking to strengthen user confidence, communicate service value, and improve public understanding of the policy environment. For empirical clarity, sustainable adoption in this study is conceptualized as users' intention to continue using digital healthcare services.

RESEARCH METHODS

Research Design

This study employs a quantitative explanatory research design using a cross-sectional survey to investigate the factors influencing the sustainable adoption of digital healthcare services. The research examines the relationships between digital trust, perceived value, health policy awareness, and sustainable adoption. The unit of analysis is the individual user of digital healthcare services. The empirical setting covers four regencies in West Java, Indonesia, namely Karawang, Bekasi, Purwakarta, and Subang.

The study adopts a broad perspective on digital healthcare services, encompassing various technology-enabled platforms that facilitate healthcare access, delivery, management, and monitoring. These include telemedicine applications, mobile health applications, online medical consultation platforms, digital hospital and clinic services, electronic appointment systems, digital prescription services, patient portals,

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and remote health monitoring applications. This broader scope enables the study to capture users' experiences across different forms of digital healthcare services rather than limiting the investigation to a single platform or service category.

A quantitative approach is appropriate because the study aims to examine theoretically established relationships among latent constructs and assess their explanatory and predictive relevance. Partial Least Squares Structural Equation Modeling (PLS-SEM) will be employed to evaluate both the measurement and structural models. This approach is particularly relevant because the proposed framework incorporates reflective and formative measurement specifications (Sarstedt et al., 2022; Ringle et al., 2023).

Population, Sampling Technique, and Sample Size

The target population consists of individuals aged 18 years and above who reside in Karawang, Bekasi, Purwakarta, or Subang Regency and have used at least one digital healthcare service within the preceding six months. Eligible services include telemedicine, mobile health applications, online medical consultations, digital hospital and clinic platforms, electronic appointment systems, digital prescription services, patient portals, and remote health monitoring applications. Respondents must have direct experience using at least one of these services to ensure that their evaluations are based on actual usage experiences.

This study employs purposive sampling with geographic quota controls. Purposive sampling is applied because participation requires specific characteristics and previous experience relevant to the research objectives. Geographic quotas are introduced to ensure that respondents from all four research locations are adequately represented and that the sample is not disproportionately concentrated in a single regency. The planned allocation will consider approximately equal representation across the four locations, with the final distribution adjusted according to recruitment feasibility and the availability of eligible respondents. Because the sampling procedure is non-probabilistic, the findings will be interpreted within the characteristics of the sampled population rather than claimed as statistically representative of all digital healthcare users in Indonesia.

The study targets 350 valid respondents. To account for incomplete questionnaires, duplicate submissions, and responses that do not satisfy the eligibility criteria, approximately 400–420 questionnaires will be distributed. The final analytical dataset will consist of 350 eligible and valid responses.

The sample size will be supported by statistical power considerations. An initial multiple regression power analysis will consider three predictors, a significance level of 5%, statistical power of 80%, and an anticipated small effect size. A preliminary benchmark using an effect size of $f^2 = 0.05$ indicates a minimum requirement of

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approximately 222 observations. The target of 350 valid responses therefore exceeds this initial benchmark. Final sample adequacy will also be assessed using PLS-SEM-specific considerations rather than relying exclusively on the conventional ten-times rule (Kock & Hadaya, 2018; Sarstedt et al., 2022).

Measurement Instruments

The research instrument consist**s** of a structured questionnaire developed from relevant literature on digital healthcare adoption, consumer trust, perceived value, health policy, and continuance intention. The questionnaire measures four principal constructs: digital trust, perceived value, health policy awareness, and sustainable adoption, comprising 17 proposed measurement indicators.

Digital trust is measured using five indicators covering perceived platform competence, reliability, integrity, benevolence, and data protection. These indicators reflect users' confidence in the platform's ability to deliver dependable healthcare services and responsibly manage personal health information. The operationalization is informed by previous research examining trust in telemedicine and digital healthcare adoption (Zhu et al., 2023; Arini et al., 2024; Salma et al., 2024).

Perceived value is measured through four indicators covering time value, effort value, cost-benefit value, and overall perceived value. These indicators capture users' evaluations of the benefits obtained relative to the resources and sacrifices involved in using digital healthcare services. The measurement framework draws on previous studies examining perceived value and telehealth adoption (Panggabean et al., 2023; Yuen et al., 2023).

Health policy awareness is operationalized through five indicators covering awareness of the existence of digital healthcare regulations, personal data protection, user rights, provider regulatory compliance, and access to official policy information and complaint mechanisms. These indicators capture users' understanding of the institutional and regulatory environment surrounding digital healthcare services. The operationalization is informed by research on digital health governance and digital health literacy (Srivastava et al., 2023; Ban et al., 2024). Unlike digital health literacy, which emphasizes the ability to access and evaluate digital health information, health policy awareness focuses on users' understanding of applicable policies, regulatory provisions, and institutional responsibilities.

Sustainable adoption is measured through three indicators reflecting future continuance intention, reuse intention, and regular usage intention. This construct captures users' willingness to maintain their engagement with digital healthcare services based on their previous experiences. The operationalization is informed by previous

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research on mHealth continuance intention and the continued use of digital healthcare services (Wang et al., 2022; Lu et al., 2023; Nie et al., 2023).

All questionnaire items will be measured using a five-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). The questionnaire will be prepared in English and translated into Indonesian to accommodate the respondents. A back-translation procedure will be applied to maintain conceptual equivalence between the original and translated versions. Expert evaluation and preliminary testing will be conducted before the main survey to assess content relevance, clarity, and comprehensibility.

Operationalization of Research Variables

The operational definitions and measurement indicators are presented in Table 1.

Table 1. Research Constructs and Measurement Indicators

Construct	Code	Measurement indicator
Digital Trust (DT)	DT1	Platform competence
	DT2	Platform reliability
	DT3	Platform integrity
	DT4	Platform benevolence
	DT5	Data protection trust
Perceived Value (PV)	PV1	Time value
	PV2	Effort value
	PV3	Cost-benefit value
	PV4	Overall perceived value
Health Policy Awareness (HPA)	HPA1	Policy existence awareness
	HPA2	Data protection awareness
	HPA3	User rights awareness
	HPA4	Regulatory compliance awareness
	HPA5	Policy information awareness
Sustainable Adoption (SA)	SA1	Future continuance intention
	SA2	Reuse intention
	SA3	Regular usage intention

Digital trust, perceived value, and sustainable adoption will initially be specified as reflective constructs, whereas health policy awareness will be specified as a formative

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construct. The reflective specification assumes that the underlying latent perceptions are manifested through their respective measurement indicators. In contrast, the formative specification recognizes that the distinct dimensions of health policy awareness jointly contribute to the formation of the overall construct. This distinction will guide the subsequent measurement model assessment.

Data Collection Procedure

Primary data will be collected through a structured online questionnaire distributed to eligible respondents residing in Karawang, Bekasi, Purwakarta, and Subang Regency. Data collection will involve the distribution of the survey through digital communication channels, community networks, and relevant respondent groups within the four research locations. Before completing the questionnaire, participants will receive information regarding the research objectives, voluntary participation, confidentiality, and the intended academic use of the collected data. Informed consent will be obtained before respondents proceed to the survey.

The questionnaire will include screening questions to verify respondents' age, residential location, previous experience using digital healthcare services, and the type of platform they have used. Respondents who have used multiple digital healthcare platforms will be asked to identify the platform they use most frequently or have used most recently within the preceding six months. All subsequent evaluations of digital trust, perceived value, and continuance intention will refer to this selected platform to maintain consistency in the measurement context.

The survey will also record the type and name of the digital healthcare platform to facilitate the classification of respondents according to their usage experiences. Incomplete responses, duplicate submissions, and responses that fail the eligibility criteria will be excluded from the final dataset. The study will prioritize respondents' privacy and will not require them to disclose medical records, diagnoses, or other unnecessary sensitive health information.

Data Analysis Technique

The collected data will be analyzed using Partial Least Squares Structural Equation Modeling (PLS-SEM), with SmartPLS software. The analysis will follow a two-stage procedure consisting of measurement model assessment and structural model assessment. PLS-SEM is selected because the proposed framework includes a formative construct and aims to examine the explanatory and predictive relationships among the research variables (Sarstedt et al., 2022; Ringle et al., 2023).

First, the reflective measurement models will be evaluated through indicator reliability, internal consistency reliability, convergent validity, and discriminant validity.

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Indicator reliability will be assessed using outer loadings, with values of approximately 0.708 or higher considered desirable. Internal consistency will be examined using Cronbach's alpha, rho_A, and composite reliability, with values of at least 0.70 generally indicating acceptable reliability. Convergent validity will be assessed using the average variance extracted (AVE), with a recommended threshold of 0.50. Discriminant validity will be examined using the heterotrait-monotrait ratio (HTMT), considering thresholds of 0.85 or 0.90 depending on the conceptual similarity between constructs.

Second, the formative measurement model for health policy awareness will be assessed through indicator collinearity, convergent validity, and the significance and relevance of outer weights. The variance inflation factor (VIF) will be examined to identify potential multicollinearity issues, with values below 3 preferred and values below 5 generally considered acceptable. Redundancy analysis will also be conducted to evaluate convergent validity. The significance of outer weights will be assessed through bootstrapping, while the absolute contribution of indicators will be examined through their outer loadings. Indicators will not be removed solely because their weights are statistically insignificant; their theoretical relevance and absolute contribution will also be considered.

After establishing the adequacy of the measurement models, the structural model will be evaluated by examining predictor collinearity, path coefficients, statistical significance, explanatory power, and predictive relevance. Bootstrapping with 5,000 resamples will be conducted to estimate standard errors, t-statistics, p-values, and confidence intervals for the hypothesized relationships. The coefficient of determination (R^2) will be used to assess the explanatory power of the model, while effect size (f^2) will indicate the contribution of individual predictors. Predictive relevance will be further examined using appropriate out-of-sample prediction procedures, such as PLSpredict.

The structural analysis will test three direct relationships: the effect of digital trust on sustainable adoption, the effect of perceived value on sustainable adoption, and the effect of health policy awareness on sustainable adoption. The findings will provide empirical evidence regarding the contribution of consumer trust, perceived benefits, and policy awareness to the continued use of digital healthcare services.

RESEARCH RESULTS

Respondent Characteristics

The dataset comprises 350 observations distributed across four research locations in West Java, Indonesia, namely Karawang, Bekasi, Purwakarta, and Subang. Each observation contains a unique respondent identification number and complete responses to the 17 main measurement indicators. Regarding gender, female respondents account for 53.43% of the sample, while male respondents represent 46.57%. The largest age group consists of individuals aged 18–25 years (34.29%),

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followed by those aged 26–35 years (30.57%). In terms of educational background, respondents holding a bachelor's degree constitute the largest group (48.00%). Private-sector employees represent the largest occupational category, accounting for 33.14% of the observations.

Table 2. Respondent Demographic Characteristics

Characteristics	Category	Frequency	Percentage (%)
Gender	Female	187	53.43
	Male	163	46.57
Age	18–25 years	120	34.29
	26–35 years	107	30.57
	36–45 years	80	22.86
	Above 45 years	43	12.29
Education	High school	86	24.57
	Diploma	60	17.14
	Bachelor's degree	168	48.00
	Master's/Doctoral degree	36	10.29
Occupation	Student	92	26.29
	Private employee	116	33.14
	Civil servant	52	14.86
	Entrepreneur	58	16.57
	Others	32	9.14
Total		**350**	**100.00**

The geographical distribution comprises 88 respondents from Karawang (25.14%), 88 from Bekasi (25.14%), 87 from Purwakarta (24.86%), and 87 from Subang (24.86%). This allocation provides relatively balanced representation across the four designated research locations.

Table 3. Respondent Distribution by Research Location

Research Location	Frequency	Percentage (%)
Karawang	88	25.14
Bekasi	88	25.14
Purwakarta	87	24.86

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Subang	87	24.86
Total	**350**	**100.00**

Regarding digital healthcare services, mobile health applications represent the largest platform category (29.43%), followed by telemedicine services (26.86%). Hospital and clinic applications account for 18.29%, while digital appointment and prescription services represent 17.43%. Remote health monitoring accounts for the remaining 8.00%.

Table 4. Digital Healthcare Platform Characteristics

Platform Type	Frequency	Percentage (%)
Mobile health applications	103	29.43
Telemedicine	94	26.86
Hospital/clinic applications	64	18.29
Digital appointment/prescription	61	17.43
Remote health monitoring	28	8.00
Total	**350**	**100.00**

Descriptive Statistics

Descriptive statistics were examined to identify the central tendency and variability of the four research constructs. The analysis included mean values, standard deviations, and the minimum and maximum observed scores.

Table 5. Descriptive Statistics of Research Constructs

Construct	Mean	SD	Minimum	Maximum
Digital Trust	3.010	0.971	1.000	5.000
Perceived Value	2.846	1.015	1.000	5.000
Health Policy Awareness	2.977	0.769	1.000	5.000
Sustainable Adoption	3.008	1.032	1.000	5.000

Digital Trust records the highest mean score (3.010), followed closely by Sustainable Adoption (3.008). Health Policy Awareness has a mean score of 2.977, whereas Perceived Value records the lowest mean score (2.846). These descriptive statistics provide an overview of the distribution of responses across the research constructs.

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Measurement Model Assessment

The measurement model assessment evaluates the reliability and validity of the indicators used to represent the research constructs. Digital Trust, Perceived Value, and Sustainable Adoption are specified as reflective constructs, whereas Health Policy Awareness is specified as a formative construct.

Reflective Measurement Model

The reflective constructs were evaluated through internal consistency reliability and convergent validity. The assessment considered Cronbach's alpha, composite reliability, and average variance extracted (AVE).

Table 6. Reflective Measurement Model Assessment

Construct	Cronbach's Alpha	Composite Reliability	AVE
Digital Trust	0.893	0.921	0.700
Perceived Value	0.870	0.911	0.719
Sustainable Adoption	0.844	0.906	0.763

The preliminary reliability estimates exceed the recommended threshold of 0.70. The AVE values also exceed 0.50, indicating satisfactory preliminary convergent validity. The indicator-level associations with their respective construct scores are presented in Table 6.

Table 7. Indicator-Composite Correlations

Construct	Indicator	Correlation
Digital Trust	DT1	0.823
	DT2	0.866
	DT3	0.819
	DT4	0.828
	DT5	0.846
Perceived Value	PV1	0.855
	PV2	0.832
	PV3	0.858
	PV4	0.846
Sustainable Adoption	SA1	0.877
	SA2	0.875

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	SA3	0.868

All indicator-composite correlations exceed 0.80, suggesting strong preliminary associations between the measurement items and their respective construct scores.

Discriminant Validity

Discriminant validity was examined using the heterotrait-monotrait ratio (HTMT). The results are presented in Table 7.

Table 8. HTMT Assessment

Constructs	Digital Trust	Perceived Value	Sustainable Adoption
Digital Trust	–		
Perceived Value	0.338	–	
Sustainable Adoption	0.477	0.444	–

The estimated HTMT values remain below the commonly recommended threshold of 0.85. These results indicate that the three reflective constructs demonstrate satisfactory preliminary discriminant validity.

Formative Measurement Model

Health Policy Awareness was specified as a formative construct comprising five indicators: policy existence awareness, data protection awareness, user rights awareness, regulatory compliance awareness, and policy information awareness. Indicator collinearity was assessed using the variance inflation factor (VIF).

Table 9. Formative Indicator Collinearity Assessment

Indicator	VIF
HPA1	1.209
HPA2	1.276
HPA3	1.241
HPA4	1.211
HPA5	1.218

All VIF values are below 3.0, indicating that multicollinearity does not present a substantial concern among the five formative indicators.

A preliminary redundancy assessment also produced an R^2 value of 0.544 when the five indicators were used to predict the additional global awareness criterion.

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Structural Model Assessment

The structural model evaluates the relationships between Digital Trust, Perceived Value, Health Policy Awareness, and Sustainable Adoption. The assessment considers predictor collinearity, explanatory power, and effect size.

1) Collinearity Assessment

The VIF values for the three independent constructs are presented in Table 9.

Table 10. Structural Model Collinearity Assessment

Predictor	VIF
Digital Trust	1.097
Perceived Value	1.105
Health Policy Awareness	1.008

All values remain below the recommended threshold, indicating that multicollinearity is not a substantial concern in the structural relationships.

2) Coefficient of Determination

The explanatory power of the structural model was assessed using the coefficient of determination (R^2).

Table 11. Coefficient of Determination

Endogenous Construct	R^2	Adjusted R^2
Sustainable Adoption	0.250	0.244

The model produces an R^2 value of 0.250, indicating that Digital Trust, Perceived Value, and Health Policy Awareness jointly explain 25.0% of the variance in Sustainable Adoption. The remaining 75.0% is attributable to factors outside the proposed model and unexplained variation.

Effect Size Assessment

The effect size (f^2) was examined to determine the individual contribution of each predictor to the explanatory power of Sustainable Adoption.

Table 12. Effect Size Assessment

Predictor	f^2	Effect Size
Digital Trust	0.134	Small
Perceived Value	0.091	Small
Health Policy Awareness	0.008	Negligible

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Digital Trust demonstrates the largest contribution to the explanatory power of Sustainable Adoption, followed by Perceived Value. Health Policy Awareness contributes a comparatively limited incremental effect.

Hypothesis Testing

The proposed relationships were examined using 5,000 bootstrap resamples. The assessment considered standardized path coefficients, t-statistics, p-values, and confidence intervals.

Table 13. Hypothesis Testing Results

Hypothesis	Relationship	B	t-statistic	p-value	95% CI	Decision
H1	DT → SA	0.332	6.721	<0.001	[0.233, 0.428]	Supported
H2	PV → SA	0.275	5.570	<0.001	[0.175, 0.369]	Supported
H3	HPA → SA	0.077	1.699	0.089	[-0.014, 0.166]	Not supported

The results indicate a positive and statistically significant relationship between Digital Trust and Sustainable Adoption ($\beta = 0.332$, $p < 0.001$), supporting H1. Similarly, Perceived Value demonstrates a positive and statistically significant relationship with Sustainable Adoption ($\beta = 0.275$, $p < 0.001$). Therefore, H2 is supported. In contrast, Health Policy Awareness exhibits a positive but statistically insignificant relationship with Sustainable Adoption ($\beta = 0.077$, $p = 0.089$). Consequently, H3 is not supported at the 5% significance level.

DISCUSSION

The Effect of Digital Trust on Sustainable Adoption

The results demonstrate that Digital Trust has a positive and statistically significant relationship with Sustainable Adoption ($\beta = 0.332$, $p < 0.001$). Among the three explanatory variables, Digital Trust exhibits the strongest relationship with users' intention to continue using digital healthcare services. This finding suggests that users' confidence in the reliability, competence, integrity, and data protection practices of digital healthcare platforms plays an important role in sustaining their engagement.

This relationship can be explained by the distinctive characteristics of healthcare services. Unlike conventional digital transactions, digital healthcare involves sensitive personal information, medical histories, professional recommendations, and decisions concerning individual well-being. Consequently, users require greater assurance that digital platforms can provide reliable services and protect their personal information. Trust therefore functions as an important mechanism for reducing perceived uncertainty and vulnerability during digital healthcare interactions.

The finding is consistent with Zhu et al. (2023), who demonstrated that different dimensions of trust, including structural assurance-based trust, platform-based trust, and

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physician-based trust, are relevant to continuance intention in telemedicine. Their findings also highlighted the importance of privacy concerns in shaping users' continued engagement. Similarly, Arini et al. (2024) identified trust and platform reliability as important factors influencing eHealth adoption in Indonesia. Salma et al. (2024) further demonstrated that trust, health beliefs, and technology acceptance contribute to users' intentions to adopt mHealth services. These findings reinforce the importance of trust in digital healthcare environments, particularly where users depend on technology-mediated interactions to obtain healthcare support.

Additional evidence is provided by Meng and Guo (2024), who found that doctor-patient trust significantly influences users' intentions to continue using mobile medical applications. Yan et al. (2025) also identified trust as an important determinant of telemedicine application usage decisions in Thailand. More recently, Tran et al. (2026) demonstrated through longitudinal analysis that trust significantly influences users' continuance intention toward telehealth services. Their findings emphasize the importance of perceived privacy, security, and doctor-patient communication in developing trust over time.

The relationship between trust and continued usage is also supported by Fei et al. (2024), who identified user trust as an important mechanism connecting value co-creation behavior with continuance intention in digital healthcare. Dolezel and Hewitt (2023) similarly highlighted the importance of privacy and security in explaining individuals' intentions to continue using telehealth services. From a broader perspective, Jacob et al. (2022) identified technological, social, organizational, and individual factors that jointly influence patients' adoption of mobile health tools. Wang et al. (2022), through their systematic review and meta-analysis, further demonstrated that continuance intention in mHealth is influenced by multiple factors, including satisfaction, perceived usefulness, health empowerment, and trust, although the strength of these relationships varies across contexts and user characteristics.

The contribution of this finding is its emphasis on digital trust as a central consumer-oriented determinant of sustainable adoption. Digital healthcare providers should therefore move beyond improving technological functionality and prioritize the development of credible, transparent, and secure service experiences. Users are more likely to maintain their engagement when they believe that the platform can consistently deliver dependable healthcare services and responsibly manage their personal information.

The Effect of Perceived Value on Sustainable Adoption

The findings indicate that Perceived Value has a positive and statistically significant relationship with Sustainable Adoption ($\beta = 0.275$, $p < 0.001$). This result

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suggests that users are more inclined to continue using digital healthcare services when they perceive that the benefits obtained justify the time, effort, costs, and other resources required to use the services.

From a marketing perspective, perceived value represents users' overall evaluation of the benefits received relative to the sacrifices involved in obtaining a service. In digital healthcare, these benefits may include reduced travel time, convenient access to healthcare professionals, flexible consultation arrangements, faster information retrieval, and more efficient healthcare management. Users are therefore more likely to perceive digital healthcare services as valuable when the platforms provide practical benefits that address their healthcare needs.

This finding is consistent with Yuen et al. (2023), who examined telehealth adoption through health belief, perceived value, and self-determination perspectives. Their findings demonstrate that perceived value and emotional factors contribute to users' decisions to adopt telehealth services. Similarly, Panggabean et al. (2023), in their study of digital healthcare services in Indonesia, identified several perceived benefits, including time and cost savings, convenience, and flexible service access. Their findings indicate that consumers recognize the potential value of digital healthcare services, although trust remains an important consideration in encouraging actual usage.

The present finding also corresponds with Wu et al. (2022), who demonstrated that price value, perceived reliability, performance expectancy, and other service-related factors contribute to continued usage behavior in mobile health applications. Lu et al. (2023) further identified convenience, perceived usefulness, and satisfaction as relevant factors in explaining continuance intention among users of mobile health applications in Indonesia. In addition, Nie et al. (2023) emphasized that continued usage of mHealth services is influenced by individual characteristics, technological factors, and environmental conditions. These studies suggest that sustained engagement requires digital healthcare services to provide benefits that remain relevant to users' changing healthcare needs.

Fei et al. (2024) provide further support by demonstrating that information quality, service quality, platform reputation, and emotional support contribute to value co-creation behavior, which subsequently relates to continuance intention through trust and perceived usefulness. Tran et al. (2026) also highlight the importance of utilitarian and hedonic values in developing trust and sustaining telehealth usage. Furthermore, Goel et al. (2024), through their systematic literature review of consumer adoption of digital health services, emphasize that adoption decisions involve multiple consumer-related, technological, and contextual factors.

The positive relationship between Perceived Value and Sustainable Adoption provides an important implication for digital healthcare marketing and service

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management. Healthcare platforms should not rely solely on technological availability or promotional activities. Instead, they should communicate and consistently deliver tangible benefits that users can recognize through their service experiences. Improving consultation efficiency, simplifying appointment procedures, maintaining affordable service costs, and integrating relevant healthcare functions may strengthen users' perceived value.

The Effect of Health Policy Awareness on Sustainable Adoption

In contrast to the other explanatory variables, Health Policy Awareness demonstrates a positive but statistically insignificant relationship with Sustainable Adoption ($\beta = 0.077$, $p = 0.089$). This finding indicates that greater awareness of digital healthcare policies does not necessarily translate directly into stronger intentions to continue using digital healthcare services.

One possible explanation is that awareness of healthcare regulations represents a more general understanding of the institutional environment rather than an immediate assessment of service performance. Users may understand that government regulations protect personal health information, establish healthcare service standards, and define patient rights. However, such awareness may not be sufficient to encourage continued usage when users are primarily concerned with practical service benefits, platform reliability, accessibility, and the quality of healthcare interactions.

This interpretation can be understood through the regulatory perspective presented by Iqbal and Biller-Andorno (2022). They identified regulatory gaps in digital health technologies and emphasized the importance of effective regulatory mechanisms to establish safety, efficacy, and ethical standards. Their analysis suggests that the existence of regulations alone does not automatically guarantee users' confidence in digital healthcare services. Regulatory arrangements must also provide credible assurance that digital health technologies meet appropriate standards.

Similarly, Srivastava et al. (2023) proposed a digital health policy framework based on virtual primary care systems across five countries. Their framework highlights the importance of policy objectives, regulation and governance, financing, service integration, workforce support, information systems, and patient involvement. These findings suggest that digital health adoption depends on a broader institutional environment rather than individual awareness alone.

The importance of institutional confidence is also demonstrated by Upadhyay et al. (2023), who found that political trust plays an important role in consumers' adoption intentions toward government-provided telemedicine services in India. This finding indicates that users' perceptions of government credibility may be more influential than their general knowledge of regulatory arrangements. Similarly, Alviani et al. (2023)

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identified trust, privacy concerns, and eHealth literacy as relevant factors influencing telemedicine adoption in Indonesia. Their findings emphasize that users' technological capabilities and confidence in digital healthcare providers are important considerations in the adoption process.

Furthermore, Ban et al. (2024) explain that digital health literacy involves multiple capabilities associated with accessing, processing, communicating, and using digital health information. Elgamal (2024), through a meta-analysis, identified a positive relationship between eHealth literacy and attitudes toward internet and computer technology in healthcare. Katsaliaki (2025) also found that eHealth literacy significantly predicts perceived usefulness and perceived ease of use, which subsequently influence eHealth adoption intentions. These studies provide an important distinction between digital health literacy and health policy awareness. While digital health literacy concerns individuals' ability to engage with digital health information, health policy awareness concerns their understanding of the rules, rights, and institutional responsibilities governing digital healthcare services.

The institutional dimension is further supported by Nugroho et al. (2024), who identified disparities in teleconsultation readiness among healthcare facilities in Indonesia. Their findings highlight the importance of organizational readiness and institutional capacity in implementing digital healthcare services. Mair et al. (2025) also identified public awareness, perceived benefits, accessibility, trust, and user experience as important themes influencing digital health adoption. Their findings suggest that increasing awareness must be accompanied by practical improvements in service accessibility, user experience, and public confidence.

This finding also provides an opportunity for future research to examine whether Health Policy Awareness influences Sustainable Adoption indirectly through Digital Trust, perceived security, or perceived value. Such relationships require additional theoretical development and empirical testing rather than being assumed from the current direct-effect results.

Theoretical Implications

This study provides several theoretical implications for digital healthcare adoption research, particularly at the intersection of consumer behavior, service marketing, and health policy.

First, the findings reinforce the relevance of digital trust as a consumer-oriented determinant of sustainable adoption. By identifying trust as the strongest predictor among the three proposed explanatory variables, the study emphasizes the importance of confidence in platform reliability, service integrity, and personal data protection. This

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contributes to existing digital healthcare research by positioning trust as a fundamental consideration in maintaining long-term user engagement.

Second, the positive relationship between perceived value and sustainable adoption extends the application of perceived value theory to digital healthcare services. The findings indicate that users' continued engagement is associated with their evaluation of service benefits relative to the time, effort, and costs involved. This provides further support for integrating marketing perspectives into digital healthcare research.

Third, the inclusion of Health Policy Awareness introduces an institutional and regulatory perspective into a consumer-oriented adoption framework. Although the direct relationship is not statistically significant in the current analysis, the construct provides an opportunity to investigate how individual awareness of healthcare policies interacts with trust, perceived value, and service experiences. This distinction contributes to a broader understanding of digital healthcare adoption beyond conventional technology acceptance perspectives.

Finally, the study brings together consumer-oriented marketing constructs and health policy considerations within a single conceptual framework. This integration provides a basis for further research examining how individual perceptions and institutional conditions jointly influence the continued use of digital healthcare services.

Managerial and Policy Implications

The findings provide several practical implications for digital healthcare providers, healthcare institutions, and policymakers.

First, digital healthcare providers should prioritize trust-building strategies. Platforms should strengthen personal data protection, communicate privacy policies transparently, verify healthcare professionals' credentials, and establish effective complaint-handling mechanisms. Consistent service performance and clear communication regarding the use of personal health information may strengthen users' confidence in digital healthcare platforms.

Second, providers should improve perceived value by ensuring that their services deliver tangible benefits. Improvements may include simplified registration procedures, convenient appointment scheduling, affordable consultation options, reliable access to healthcare professionals, and integration with relevant healthcare services. These improvements can strengthen users' perceptions that digital healthcare platforms provide meaningful benefits relative to the resources they invest.

Third, healthcare institutions should ensure that digital services remain accessible and responsive to different user characteristics. Differences in age, education, digital capabilities, and geographical conditions may influence how individuals experience

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digital healthcare services. Therefore, platform design and service delivery should accommodate users with different levels of digital experience.

Fourth, policymakers should strengthen public communication concerning digital healthcare regulations. Information about personal data protection, patient rights, healthcare provider responsibilities, and complaint mechanisms should be presented in accessible language through official digital channels and healthcare institutions. Public communication should move beyond merely publishing regulations and focus on helping users understand how these policies protect them in actual service interactions.

Finally, policymakers and healthcare providers should coordinate their efforts to strengthen the broader digital healthcare ecosystem. Regulatory clarity, institutional readiness, reliable technological infrastructure, and user confidence should develop together to support sustainable digital healthcare adoption.

Limitations and Future Research Directions

Despite its potential contributions, this study has several limitations that should be considered when interpreting the findings.

First, the cross-sectional research design captures respondents' perceptions at a particular point in time. Consequently, it cannot fully explain how digital trust, perceived value, and health policy awareness evolve as users gain more experience with digital healthcare services. Future studies could employ longitudinal research designs to examine changes in continuance intention and actual usage behavior over time.

Second, the purposive sampling technique and geographical focus on Karawang, Bekasi, Purwakarta, and Subang may limit the generalizability of the findings to other Indonesian regions. Future research could expand the geographical coverage and employ probability-based sampling where an appropriate sampling frame is available.

Third, the study covers multiple categories of digital healthcare platforms. Differences in platform functionality, service quality, user experience, and healthcare provider characteristics may influence the relationships among the research constructs. Future research could conduct multi-group analysis to compare telemedicine applications, mobile health applications, hospital platforms, and remote monitoring services.

Fourth, Health Policy Awareness is measured through self-reported indicators. Respondents' perceptions of their policy knowledge may differ from their actual understanding of applicable healthcare regulations. Future research could incorporate objective knowledge questions to distinguish perceived awareness from factual policy knowledge.

Finally, Sustainable Adoption is operationalized through continuance intention rather than observed long-term usage behavior. Future studies could combine survey

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responses with actual platform usage records, where ethically and legally permissible, to provide stronger evidence regarding sustained digital healthcare engagement.

CONCLUSION

This study examines the influence of Digital Trust, Perceived Value, and Health Policy Awareness on the sustainable adoption of digital healthcare services. The findings reveal that Digital Trust and Perceived Value positively influence Sustainable Adoption, with Digital Trust demonstrating the strongest relationship, while Health Policy Awareness has no significant direct effect. These results highlight the importance of platform reliability, data security, transparent services, and perceived benefits in encouraging continued usage. The study contributes to digital healthcare literature by integrating consumer and institutional perspectives, emphasizing the need for collaboration between healthcare providers and policymakers to build a trustworthy, accessible, and sustainable digital healthcare ecosystem.

REFERENCES

Alviani, R., Purwandari, B., Eitiveni, I., & Purwaningsih, M. (2023). Factors affecting adoption of telemedicine for virtual healthcare services in Indonesia. Journal of Information Systems Engineering and Business Intelligence, 9(1), 47–69. https://doi.org/10.20473/jisebi.9.1.47-69

Arini, H. M., Wijayanto, T., Trapsilawati, F., Widyanti, A., Muslim, K., & Wibawa, A. D. (2024). Trust-integrated technology acceptance model for enhancing eHealth adoption: Insights from Indonesia. International Journal of Applied Science and Engineering, 21(2), Article 2023218. https://doi.org/10.6703/IJASE.202406_21(2).011

Ban, S., Kim, Y., & Seomun, G. A. (2024). Digital health literacy: A concept analysis. Digital Health, 10. https://doi.org/10.1177/20552076241287894

Dolezel, D., & Hewitt, B. (2023). Understanding the effects of a modified theory of planned behavior that includes privacy and security on continuance intention of telehealth services. Perspectives in Health Information Management, 20(3), 1h. https://pmc.ncbi.nlm.nih.gov/articles/PMC10701640/

Elgamal, R. (2024). Meta-analysis: eHealth literacy and attitudes towards internet/computer technology. Patient Education and Counseling, 123, Article 108196. https://doi.org/10.1016/j.pec.2024.108196

Fei, C., Zhou, H., Wu, W., Jiang, L., Xu, Y., & Yu, H. (2024). Continuance intention and digital health resources from the perspective of elaboration likelihood model and DART model: A structural equation modeling analysis. Frontiers in Public Health, 12, Article 1416750. https://doi.org/10.3389/fpubh.2024.1416750

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Goel, A., Singh, A., Taneja, U., & Jain, S. (2024). Consumer adoption of digital health services: A systematic literature review and research agenda. International Journal of Consumer Studies, 48(4), Article e13070. https://doi.org/10.1111/ijcs.13070

Iqbal, J. D., & Biller-Andorno, N. (2022). The regulatory gap in digital health and alternative pathways to bridge it. Health Policy and Technology, 11(3), Article 100663. https://doi.org/10.1016/j.hlpt.2022.100663

Jacob, C., Sezgin, E., Sanchez-Vazquez, A., & Ivory, C. (2022). Sociotechnical factors affecting patients' adoption of mobile health tools: Systematic literature review and narrative synthesis. JMIR mHealth and uHealth, 10(5), Article e36284. https://doi.org/10.2196/36284

Katsaliaki, K. (2025). Factors influencing use of eHealth services during and after the COVID-19 pandemic. Health Services Management Research, 38(2), 97–106. https://doi.org/10.1177/09514848241275777

Lu, H.-H., Lin, W.-S., Raphael, C., & Wen, M.-J. (2023). A study investigating user adoptive behavior and the continuance intention to use mobile health applications during the COVID-19 pandemic era: Evidence from the telemedicine applications utilized in Indonesia. Asia Pacific Management Review, 28(1), 52–59. https://doi.org/10.1016/j.apmrv.2022.02.002

Mair, J. L., Hashim, J., Thai, L., Tai, E. S., Ryan, J. C., Kowatsch, T., Müller-Riemenschneider, F., & Edney, S. M. (2025). Understanding and overcoming barriers to digital health adoption: A patient and public involvement study. Translational Behavioral Medicine, 15(1), Article ibaf010. https://doi.org/10.1093/tbm/ibaf010

Meng, D., & Guo, Z. (2024). Influence of doctor-patient trust on the adoption of mobile medical applications during the epidemic: A UTAUT-based analysis. Frontiers in Public Health, 12, Article 1414125. https://doi.org/10.3389/fpubh.2024.1414125

Nie, L., Oldenburg, B., Cao, Y., & Ren, W. (2023). Continuous usage intention of mobile health services: Model construction and validation. BMC Health Services Research, 23, Article 442. https://doi.org/10.1186/s12913-023-09393-9

Nugroho, D. C. A., Adisaputro, K., Sigilipoe, M. A., Triastuti, I. A., Hutomo, S., Septarda, A. B., Yuwono, A., Yusuf, C. R., Sulistiawan, D., Gusbela, B., Hsu, J. C., & Su, E. C.-Y. (2024). Exploring disparities of teleconsultation readiness: A comparative analysis of healthcare facilities in Indonesia. Digital Health, 10, Article 20552076241278296. https://doi.org/10.1177/20552076241278296

Panggabean, B., Suharjo, B., Sumarwan, U., & Yuliati, L. N. (2023). Perception study of perceived value and social influence of digital health services in Indonesia.

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International Journal of Risk & Safety in Medicine, 34(4), 367–377. https://doi.org/10.3233/JRS-220058

Salma, S. A., Widyanti, A., Muslim, K., Wijayanto, T., Trapsilawati, F., Arini, H. M., & Wibawa, A. D. (2024). The influence of trust, health beliefs, and technology acceptance on the intent to use an mHealth in Indonesia: An empirical study of users and non-users. International Journal of Technology, 15(5), 1247–1257. https://doi.org/10.14716/ijtech.v15i5.5291

Srivastava, D., Van Kessel, R., Delgrange, M., Cherla, A., Sood, H., & Mossialos, E. (2023). A framework for digital health policy: Insights from virtual primary care systems across five nations. PLOS Digital Health, 2(11), Article e0000382. https://doi.org/10.1371/journal.pdig.0000382

Tran, L. T. T., Pham Thi, T. D., & Duong, N. T. (2026). What drives telehealth use? Evidence from a two-wave panel study. Digital Health, 12, Article 20552076261433830. https://doi.org/10.1177/20552076261433830

Upadhyay, N., Kamble, A., & Navare, A. (2023). Virtual healthcare in the new normal: Indian healthcare consumers adoption of electronic government telemedicine service. Government Information Quarterly, 40(2), Article 101800. https://doi.org/10.1016/j.giq.2022.101800

Wang, T., Wang, W., Liang, J., Nuo, M., Wen, Q., Wei, W., Han, H., & Lei, J. (2022). Identifying major impact factors affecting the continuance intention of mHealth: A systematic review and multi-subgroup meta-analysis. npj Digital Medicine, 5, Article 145. https://doi.org/10.1038/s41746-022-00692-9

Wu, P., Zhang, R., Zhu, X., & Liu, M. (2022). Factors influencing continued usage behavior on mobile health applications. Healthcare, 10(2), Article 208. https://doi.org/10.3390/healthcare10020208

Yan, C., Samphanwattanachai, B., Ratarat, C., & Phinyo, P. (2025). Factors influencing user decision of telemedicine applications in Thailand. PLOS ONE, 20(6), Article e0325512. https://doi.org/10.1371/journal.pone.0325512

Yuen, K. F., Chua, J. Y., Li, X., & Wang, X. (2023). The determinants of users' intention to adopt telehealth: Health belief, perceived value and self-determination perspectives. Journal of Retailing and Consumer Services, 73, Article 103346. https://doi.org/10.1016/j.jretconser.2023.103346

Zhu, L., Jiang, X., & Cao, J. (2023). Factors affecting continuance intention in non-face-to-face telemedicine services: Trust typology and privacy concern perspectives. Healthcare, 11(3), Article 374. https://doi.org/10.3390/healthcare11030374

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