



ACCEPTANCE MODEL FOR ELECTRONIC PERSONALIZED HEALTH RECORDS IN PENINSULAR MALAYSIA BASED ON USERS PERSPECTIVE

NOORAYISAHBE BINTI MOHD YAACOB

Doctor of Philosophy

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NOORAYISAHBE BINTI MOHD YAACOB

**A thesis submitted
in fulfillment of the requirements for the degree of Doctor of Philosophy**

Faculty of Information and Communication Technology

UNIVERSITI TEKNIKAL MALAYSIA MELAKA

2020

DECLARATION

I declare that this thesis entitled “Acceptance Model for Electronic Personalized Health Records in Peninsular Malaysia Based on Users Perspective” is the result of my own research except as cited in the references. The thesis has not been accepted for any degree and is not concurrently submitted in candidature of any other degree.

Signature :

Name : Noorayisahbe binti Mohd Yaacob

Date :

APPROVAL

I hereby declare that I have read this thesis and in my opinion this thesis is sufficient in terms of scope and quality for the award of Doctor of Philosophy.

Signature :

Supervisor Name : Professor Dr. Abd Samad bin Hasan Basari

Date :

DEDICATION

This study is dedicated to the Ministry of Health Malaysia (MOHM), eHealth planning division for further reference and continuing work related to designing, development including implementation of electronic Personalized Health Records [e-PHR] in Malaysia.

This study is dedicated to Biomedical Computing and Engineering Technologies (BIOCORE) Applied Research Group, UTeM for further reference in development and implementation of health informatics in Malaysia.

ABSTRACT

The healthcare sector is growing rapidly in developing electronic personalize health records (e-PHR) as an internet-based eHealth implementation in many countries. The e-PHR has recognized as one of the important roles in managing personalze health and health informatics. However, the acceptance of e-PHRs in Peninsular Malaysia is still under study. The lack of user acceptance is a critical impediment to the success of an information system (IS) model. Thus, understanding an individual's acceptance or rejection of information technology (IT) is considered as one of the most challenging issues. Most of the primary care sector, both public and private hospitals including clinics in Malaysia are still ambiguous with e-PHR. Therefore, the need to conduct a research on the factors that influence and how e-PHR can be accepted especially for Malaysian patients, physicians and organizations are very essential. The aim of this study is to investigate the factors that are important in order to propose an e-PHR acceptance model from patients, physicians and organizations perspectives within the context of Malaysian public and private hospitals including clinics. Accordingly, this study integrated the Unified Theory of Acceptance and Use of Technology (UTAUT2), Diffusion of Innovations (DOI), Technology Organization Environment (TOE) and Cultural (Hofstede) to propose the factors influencing acceptance of the e-PHR in Peninsular Malaysia. This research utilized the mix method approach which are triangulation technique and interviews including a survey through a web-based questionnaire that involved seventy-one dimensions for patients, eighty-four dimensions for physicians and about ninety-four dimensions for the organization. Twenty-four hypotheses have been determined to test the proposed model. The analysis has been done through SPSS and SmartPLS software to evaluate internal consistency, indicator reliability, convergent and discriminant validity of the survey instrument. The results from the initial hypotheses testing indicated that personal innovativeness, knowledge, privacy and security, and trust are the most significant factors for the acceptance of e-PHR based on Peninsular Malaysia patients, physicians and organizations with Average Variance Extracted (AVE) > 0.05 . The results from moderation hypothesis testing shown that there is no significant effect with AVE < 0.05 on the relationships in the model. The proposed model has been validated by ten selected experts from different organizations. This study concluded that there is an existence of significant factors on e-PHR acceptance among patients, physicians and organizations. The research findings conclude that the significant factors have the same effect on e-PHR acceptance within Peninsular Malaysia patients, physicians and organizations. This research has contributed to the body of knowledge in the field of health informatics which focusing on e-PHR acceptance in Peninsular Malaysia.

ABSTRAK

Sektor penjagaan kesihatan sedang berkembang dengan pesat dalam membangunkan rekod kesihatan peribadi elektronik (*e-PHR*) sebagai pelaksanaan *eHealth* berdasarkan internet di banyak negara. *e-PHR* telah diiktiraf sebagai salah satu peranan penting dalam menguruskan kesihatan peribadi dan informatik kesihatan. Walau bagaimanapun, penerimaan *e-PHR* di semenanjung Malaysia masih diperingkat kajian. Kekurangan penerimaan pengguna merupakan halangan kritikal bagi kejayaan model sistem maklumat (IS). Oleh itu, pemahaman penerimaan atau penolakan teknologi maklumat (IT) individu dianggap sebagai salah satu isu yang paling mencabar. Sebahagian besar sektor penjagaan kesihatan awam dan swasta termasuk klinik di Malaysia masih tidak jelas dengan *e-PHR*. Sewajarnya keperluan untuk menjalankan kajian berkaitan faktor-faktor yang mempengaruhi dan bagaimana *e-PHR* dapat diterima terutamanya oleh pesakit, pegawai perubatan dan organisasi di semenanjung Malaysia adalah amat penting. Dengan itu, matlamat kajian ini adalah untuk mengkaji faktor-faktor yang penting bagi mencadangkan model penerimaan *e-PHR* dari perspektif pesakit, pakar perubatan dan organisasi dalam konteks hospital awam dan swasta di semenanjung Malaysia termasuk klinik. Oleh yang demikian, kajian ini menyatukan Teori Penerimaan dan Penggunaan Teknologi Unified (UTAUT2), Difusi Inovasi (DOI), Persekitaran Organisasi Teknologi (TOE) dan Budaya (Hofstede) untuk mencadangkan faktor-faktor yang mempengaruhi penerimaan *e-PHR* di semenanjung Malaysia. Kajian ini menggunakan pendekatan kaedah campuran iaitu teknik triangulasi dan mengendalikan temubual termasuk tinjauan melalui soal selidik berasaskan web yang melibatkan tujuh puluh satu dimensi untuk pesakit, lapan puluh empat dimensi untuk doktor dan kira-kira sembilan puluh empat dimensi untuk organisasi. Dua puluh empat hipotesis telah ditentukan untuk menguji model yang dicadangkan. Analisis telah dilakukan melalui perisian SPSS dan SmartPLS untuk menilai konsistensi dalaman, kebolehpercayaan indikator, kesesuaian dan kesahihan diskriminasi instrumen kajian. Hasil daripada ujian hipotesis awalan menunjukkan bahawa inovatif, pengetahuan, privasi dan keselamatan peribadi, dan kepercayaan peribadi adalah faktor yang paling penting untuk penerimaan *e-PHR* berdasarkan kepada pesakit, pegawai perubatan dan organisasi di semenanjung Malaysia dengan Purata Variance Extracted (AVE) > 0.05 . Hasil dari ujian hipotesis menunjukkan tiada kesan signifikan dengan AVE <0.05 pada hubungan dalam model. Model yang dicadangkan telah disahkan oleh sepuluh pakar terpilih dari organisasi yang berbeza. Penemuan kajian menyimpulkan bahawa terdapat kewujudan faktor penting dalam penerimaan *e-PHR* di kalangan pesakit, pakar perubatan dan organisasi di semenanjung Malaysia.

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