A study of the user experience of medication management: exploring the factors influencing the behavioural intentions of elderly people using the smart product-service system based on the UTAUT model.

Abstract

With the rapid development of the Internet, intelligent clouds and advances in physical technology, a new generation of production systems has emerged as products interact more closely with the web. In this context, Smart Product-Service Systems (SPSS) have become an essential area of research. According to research, SPSS can help older people improve adherence to medication management. However, the views of older people are rarely taken into account. Also, according to previous studies, some older people are reluctant to use SPSS.

Therefore, this study used a quantitative research to explore the factors of behavioural intentions influencing the use of SPSS among older people. The study's findings provide strategies for developing and improving SPSS to improve the user experience of older people.

Introduction

With the global COVID-19 pandemic, people's lives have been severely affected, especially the elderly with chronic conditions who have complex medication regimens and need to take different medications daily (Rochon PA, 2019). Moreover, older people need to remain independent at home and self-manage taking their medications to reduce outside exposure. The ability to manage medication is the cognitive and physical ability to follow a treatment regimen prescribed by a physician (Advinha, 2017.). However, low medication adherence is common among older patients in medication management (Hughes, 2004). Therefore, medication management for the elderly is a huge challenge. As medication management in the elderly is a complex process, the user's use of the product has evolved from the product to the value of the service (Valencia, Ana, et al., 2015). The SPSS system that includes multiple stakeholders as additional services has excellent potential for medication management in the elderly. However, the existing studies found that there has been an effort to build a systematic framework for the SPSS model, and most of them present the SPSS solution from the service provider's perspective, which is used to enhance the value of the commercial aspects (Imran et al., 2017). Also, there are often barriers to the use of SPSS among older people, so the adoption of SPSS among the elderly is low (Nimrod, 2018). Therefore, It is essential to explore the adoption of SPSS from the perspective of the elderly.

Literature Review

Much of the previous research on SPSS has focused on the provider's perspective on implementing and managing SPSS to improve the business value. However, little attention has been paid to the views of the elderly, for example:

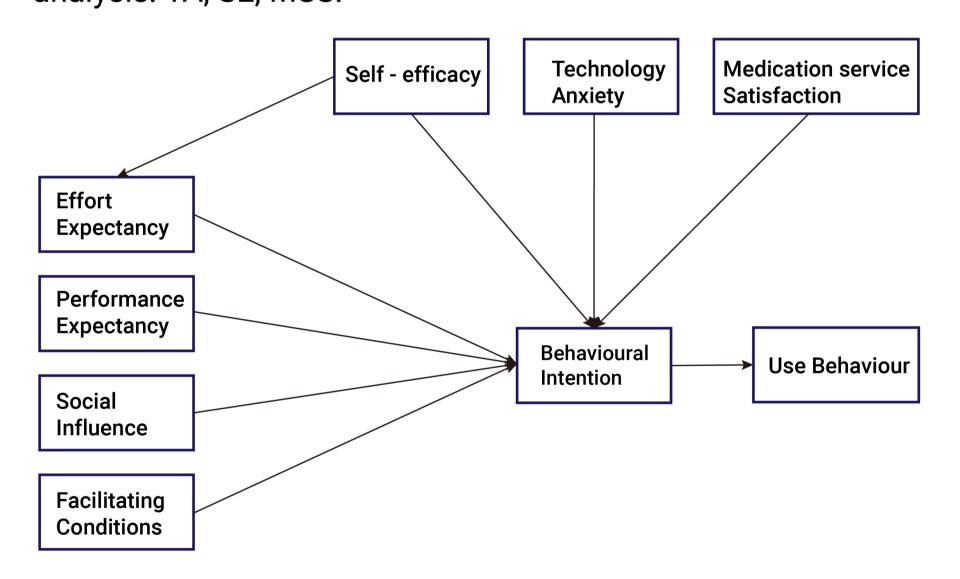
Study home monitoring systems for health management (M. Nalini, 2021). Medication management through information recognition (Ervasti, 2011).

Determine if the use of automated home medication dispensers improves medication adherence. (Hoffmann, Charles, et al., 2018).

Theoretical Framework

Theoretical UTAUT is a model developed by Venkatesh and other scholars in 2003 that is an integration of eight theories (Venkatesh et al., 2003).

UTAUT has four basic structures. PE, EE, SI, FC. in addition, in the context of SPSS I have extended three other structures through literature review analysis. TA, SE, MSS.



Methodology:

A quantitative survey was used in this study with a questionnaire consisting of a five-point Likert scale and the items measured in the questionnaire were constituted through a literature review.

A simple random sample was conducted and the target group: people over 65 years of age. No cognitive impairment and some experience with mobile phone use.

Analytical methods: descriptive statistics, reliability and validity tests(Leguina, 2015), confirmatory factor analysis(CFA), structural equation modelling (SEM).

Result & Discussion

Construct	Items	Loadings	AVE	CR	Cronbach's alpha										
Performance expectancy	PE1	0.761	0.598	0.856	0.855		PE	EE	SI	FC	TA	SE	ВІ	MSS	UE
	PE2	0.769				PE	0.774								
	PE3	0.790				EE	0.272***	0.792							
	PE4	0.775					0.346***		0.762						
Effort expectancy	EE1	0.743	0.627	0.870	0.868					0.700					
	EE2	0.841					0.203***		0.226***	0.782					
	EE3	0.810						0.317***	0.288***	0.244***	0.770				
	EE4	0.769	0.000000			SE	0.304***	0.269***	0.363***	0.197***	0.300***	0.796			
Social influence	SI1	0.750	0.627	0.847	0.844	BI	0.471***	0.398***	0.411***	0.227***	0.429***	0.488***	0.797		
	SI2	0.738				MSS	0.320***	0.434***	0.261***	0.240***	0.180**	0.333***	0.180**	0.759	
	SI3	0.733					0.277***		0.338***	0.267***	0.267***	0.375***		0.441***	0.7
	SI4	0.824	0.613	0.007	0.005	UB I	0.277	0.333	0.338	0.20/	0.20/	0.375	0.207	0.441	0.7
Facilitating conditions	FC1	0.751	0.612	0.887	0.885										
	FC2 FC3	0.789 0.860													
	FC4	0.741													
	FC5	0.741													
Technology anxiety	TA1	0.852	0.594	0.879	0.878										
	TA2	0.741	0.554	0.075	0.070										
	TA3	0.752													
	TA4	0.733													
	TA5	0.768													
Self-efficacy	SE1	0.783	0.634	0.873	0.871	Hypothesis		Path	В		t- Statistic	s P		Commer	nts
	SE2	0.792													
	SE3	0.845				H1		SE->EE	0.29	2	4.993	**	*	Support	ed
	SE4	0.762								_				_	
Behavioural intention	BI1	0.830	0.635	0.839	0.838	H2		PE->BI	0.18	9	3.244	0.0	001	Support	ed
	BI2	0.759				НЗ		EE->BI	0.15	c	3.127	0.0	102	Cummont	
	BI3	0.800				пэ		EC->DI	0.15	0	3.127	0.0	002	Support	eu
Medical service satisfaction	MSS1	0.745	0.576	0.890	0.889	Н4		SI->BI	0.16	1	2.89	0.0	004	Support	ed
	MSS2	0.839				H5		FC->BI	0.00	9	0.189	0.8	85	Not supp	norte
	MSS3	0.705							5.00		3.200	0.0	-		
	MSS4	0.723				Н6		TA->BI	0.16	9	3.09	0.0	002	Support	ed
	MSS5	0.791													
	MSS6	0.742				H7		SE->BI	0.24	7	4.185	**	*	Support	ed
	UB1	0.768	0.609	0.861	0.860			1466 - DI	0.17	-	2 202				
Use Behavior						Н8		MSS->BI	0.17	5	3.282	0.0	101	Support	ed
Use Behavior	UB2	0.823				110			0.17		J.LUL	0.0	701	Support	cu
Use Behavior	UB2 UB3 UB4	0.823 0.758 0.769				Н9		BI->UB	0.48		8.065	**		Support	

The results show that the paths include SE--->EE (t = 4.993, β = 0.292, P<0.05), PE--->BI (t = 3.244, β = 0.189, P<0.05), EE--->BI(T=3.127, β =0.156, P<0.05), SI-->BI(t=2.89, β = 0.161, P<0.05), TA->BI(t = 3.09, β = 0.169, P<0.05), SE->BI (t = 4.185, β = 0.247, P<0.05), MSS->BI (t = 3.282, β = 0.175, P<0.05), BI->UB (t = 8.065, β = 0.486, P<0.05) are significant, so H1, H2, H3, H4, H6, H7, H8, H9 were supported. However, the path of FC->BI (t = 0.189, β = 0.009, P>0.05) is not significant, so H5 was not supported in this study.

Conclusion & Future Research

This study explored the factors influencing older adults' behavioural intention to use SPSS through the UTAUT model. The findings indicated that PE, EE, SI, SE, MSS significantly positively affected older adults' behavioural intention. TA significantly negatively affected older adults' behavioural intention to use SPSS. In contrast, convenience had no significant effect on behavioural intention.

This study provides recommendations for developers and encourages them to improve and develop SPSS in line with the recommendations to enhance the user experience of older people and promote their use of the technology.

Future research: Firstly, the data collection for this study was conducted on the Internet. From a data integrity perspective, it should also include older people with barriers to using mobile electronic devices.

Secondly, this study only used quantitative research, making it difficult to explain older people's actual use of technology. Future research should use mixed methods to explore the perceptions of older people further.