

From Trust to Transaction: Conceptualizing E-Wallet Use in the Healthcare Industry through TAM, UTAUT2, and HBM

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ABSTRACT

Digital payment systems such as e-wallets have become an integral component of financial transactions worldwide. Until now, healthcare institutions have remained cautious in their adoption despite evidence that such systems can improve efficiency, transparency, and patient satisfaction, with scholars noting that healthcare is among the most under-digitized industries, and payments remain one of the biggest bottlenecks. This paper develops a conceptual framework that integrates the Technology Acceptance Model (TAM), the Unified Theory of Acceptance and Use of Technology (UTAUT2), and the Health Belief Model (HBM) to explain e-wallet adoption in healthcare. A conceptual synthesis was conducted using Web of Science publications on fintech, healthcare informatics, and digital adoption, emphasizing perceived usefulness, perceived ease of use, trust, privacy/security concerns, and organizational support as antecedents of adoption, with demographic and contextual factors serving as moderators. The study bridges a theoretical gap between technology adoption and health behavior theories, while contributing to managerial practice by guiding healthcare providers in enhancing e-wallet implementation strategies. Conceptually, the model posits that usefulness and ease of use act as key enablers, whereas privacy/security concerns and trust issues may hinder adoption, and organizational support, together with demographic moderators such as age, gender, digital literacy, and healthcare frequency, significantly shape adoption dynamics. Overall, the framework extends traditional fintech adoption theories into healthcare and offers testable propositions for future empirical studies.

Keywords: E-wallet adoption; digital payment; healthcare sector; technology acceptance; perceived usefulness; perceived ease of use; privacy concerns; trust; Malaysia; conceptual framework

INTRODUCTION

The global fintech ecosystem has grown rapidly over the past decade, with the World Bank (2022) noting that mobile payments have already surpassed traditional bank transfers in several emerging economies, while the Asia-Pacific region leads in e-wallet penetration. In Malaysia, e-wallet usage expanded dramatically during the COVID-19 pandemic, when contactless transactions became essential for reducing physical contact. Yet, scholars emphasize that the pandemic accelerated digital adoption across industries, but healthcare remained relatively slow to change (Leong, Hew, Ooi, & Lin, 2021). Despite the widespread success of e-wallets in retail, food delivery, and transportation, healthcare institutions remain hesitant, with studies showing that only a small fraction of hospitals in Southeast Asia have integrated mobile payment systems (Zhang, Sun, Liu, & Wang, 2022). This contrasts sharply with consumer readiness, as surveys indicate that nearly 70% of Malaysians are willing to use e-wallets for hospital bills if the option were available (Abdullah & Said, 2023). The mismatch between consumer demand and institutional provision highlights a critical sectoral lag that warrants closer scholarly and managerial attention. The reluctance of healthcare providers to embrace e-wallets stems from concerns that

differentiate healthcare transactions from those in retail or transport. Medical billing is closely linked with sensitive health records, amplifying privacy and regulatory risks. Patients' reliance on institutional credibility means that even minor payment failures could erode trust and disrupt the care experience. Moreover, healthcare serves a demographically diverse population, including elderly patients with lower levels of digital literacy who may find mobile payment systems difficult to navigate. As Mohd Yusof et.al. (2024) observed, digital transformation in Malaysian services has advanced in retail but remains constrained in healthcare due to institutional inertia and consumer trust concerns. These contextual challenges highlight the need for a more nuanced understanding of adoption in healthcare than is offered by traditional technology adoption models.

Against this framework, this study aims to clarify how technology-related factors such as perceived usefulness and ease of use shape the intention to adopt e-wallets in healthcare, while also examining the influence of contextual concerns, including privacy, security, and trust. It further investigates the enabling role of organizational support and considers how demographic characteristics - such as age, gender, digital literacy, and frequency of healthcare usage - condition adoption dynamics. To address these issues, the study develops a conceptual model that integrates the Technology Acceptance Model (TAM), the Unified Theory of Acceptance and Use of Technology (UTAUT2), and the Health Belief Model (HBM), thereby extending traditional fintech adoption theories into the healthcare domain. The objective is not only to identify the antecedents and moderators of healthcare e-wallet adoption but also to provide theoretical propositions for future empirical testing, while offering actionable insights for healthcare administrators and policymakers seeking to strengthen digital payment strategies.

LITERATURE REVIEW

Digital payments have expanded rapidly across Asia, yet healthcare institutions remain notably cautious in their adoption. According to Abdullah and Said (2023), healthcare payment adoption is significantly slower than retail because it is entangled with regulatory frameworks and sensitive patient data. Studies conducted in China, Malaysia, and Saudi Arabia consistently demonstrate strong consumer willingness but weak institutional readiness to embrace such technologies (Zhang et al., 2022; Al-Emran et al., 2022). While McKinsey (2021) estimated that digital payments could reduce hospital billing costs by up to 30%, adoption is shaped not only by potential cost savings but also by trust and usability. As Rydzik and Kissoon (2024) note that consumers may accept digital wallets for groceries but demand higher assurance when paying medical bills, underscoring the heightened sensitivity in the healthcare context.

The Technology Acceptance Model (TAM) and the Unified Theory of Acceptance and Use of Technology 2 (UTAUT2) provide useful frameworks to explain this phenomenon. TAM emphasizes perceived usefulness (PU) and perceived ease of use (PEOU) as core determinants of adoption (Davis, 1989), and recent studies reaffirm their influence in healthcare contexts with correspondence Mohd Yusof et.al. (2025) highlighted that the results related to ease of use reinforce the TAM assertion that perceived effortlessness is essential for positive technology experiences. For example, Zhang et al. (2022) found PU to be the strongest predictor of e-wallet adoption in Chinese hospitals. Similarly, Kilani et al. (2023) extended UTAUT2 and concluded that performance expectancy and effort expectancy remain central drivers of intention to use e-wallets. UTAUT2 also integrates social influence and facilitating conditions, which are critical in developing economies. Leong et al. (2021) highlighted that technology readiness among Malaysians significantly moderates e-wallet adoption, suggesting that social and infrastructural support are as important as individual attitudes. Beyond technology acceptance, the Health Belief Model (HBM) offers complementary insights by incorporating psychological and health-related factors such as perceived benefits, barriers, susceptibility, and severity. During the COVID-19 pandemic, Daragmeh et al. (2021) demonstrated that self-efficacy and perceived benefits strongly influenced continuous intention to use e-wallets. This is particularly relevant for healthcare payments, where privacy concerns and risk perceptions often override convenience. Albous and Al-Jayyousi (2025) argue that privacy concerns may outweigh convenience when financial and medical data are combined, highlighting the unique complexities of digital payment adoption in this sector.

Trust and privacy concerns consistently emerge as decisive factors. While in retail contexts, privacy concerns often rank low (Leong et al., 2021), healthcare users attach significantly higher weight to security and confidentiality. Zhang et al. (2022) found that security concerns directly influenced adoption decisions, while

Zhao and Bacao (2021) emphasized that patients expect absolute confidentiality; a breach in payment systems could erode institutional trust irreparably. Consequently, building and maintaining trust is a prerequisite for digital payment diffusion in healthcare. Equally important is the role of organizational support and institutional readiness, which remain underexplored in many models. Healthcare adoption is heavily contingent on hospital management, infrastructure, and training. Abdullah and Said (2023) observed that Malaysian hospitals lacked the necessary resources and staff competencies to integrate e-wallet systems effectively. This view aligns with Al-Romeedy (2024), who stressed that organizational support functions as a facilitator of trust and adoption in healthcare digitalization. Without adequate institutional readiness, even strong consumer demand may not translate into effective adoption. As illustrated in Table 1, prior research on e-wallet adoption between 2021 and 2025 highlights diverse theoretical perspectives and methodological approaches, offering a comprehensive view of how digital payment technologies are being integrated into various service sectors, including healthcare.

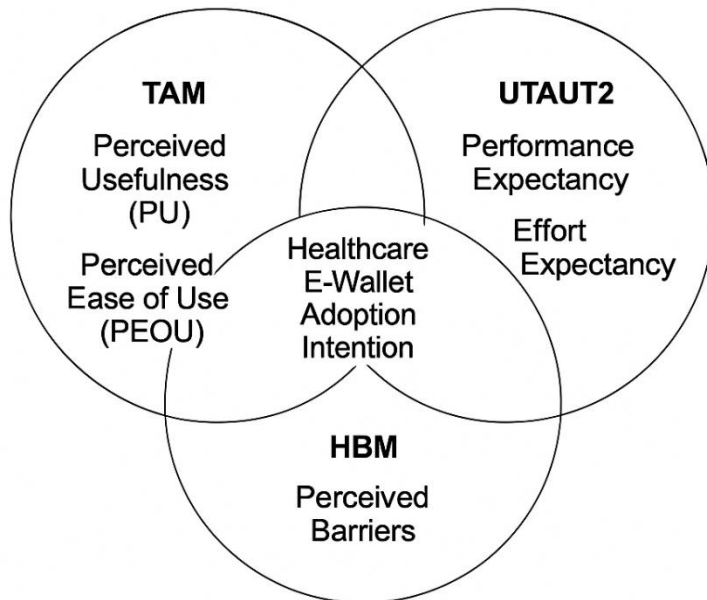
Table 1 Summary of Prior Research on E-Wallet Adoption (2021–2025)

Author(s) & Year	Context	Theory/Model	Key Findings	Gap
Leong et al. (2021)	Malaysia, retail	TAM/Tech Readiness	Tech readiness moderates adoption	Not healthcare-focused
Daragmeh et al. (2021)	Global, COVID	HBM + TCT	Self-efficacy & benefits drive adoption	Pandemic-specific
Zhao & Bacao (2021)	China, pandemic	UTAUT	Contactless payments adoption	Retail, not healthcare
Zhang et al. (2022)	China, healthcare	TAM	PU strongest predictor	Needs integration with trust
Al-Emran et al. (2022)	Healthcare IT	SLR	Adoption depends on context	No payment focus
Abdullah & Said (2023)	Malaysia, healthcare	Mixed	Hospitals lack readiness	Empirical depth missing
Kilani et al. (2023)	Jordan, fintech	UTAUT2	Performance expectancy central	Not healthcare
Albous & Al-Jayyousi (2025)	Saudi Arabia, AI & payments	HBM	Privacy barriers crucial	Healthcare link needed
Rydzik & Kissoon (2024)	UK, digital health	Innovation Theory	Cost & efficiency key	Missing trust element

From this synthesis, three research gaps are evident. First, the healthcare sector remains underrepresented in the broader body of fintech adoption research. Second, while trust and privacy are recognized as crucial, they are often inconsistently modeled across studies. Finally, organizational support and institutional readiness, though critical in healthcare, are rarely integrated into conceptual or empirical models. Addressing these gaps would enrich theoretical understanding and provide actionable guidance for policymakers and practitioners seeking to advance digital payment adoption in healthcare. Figure 1 presents a conceptual integration of three key theoretical models - TAM, UTAUT2, and HBM through overlapping circles. TAM highlights the roles of perceived usefulness and ease of use, UTAUT2 extends this with performance expectancy, effort expectancy, and facilitating conditions, and HBM incorporates health-related perceptions of barriers and benefits. The convergence of these perspectives emphasizes that the joint influence of technology acceptance, facilitating conditions, and health beliefs determines healthcare e-wallet adoption intention.

Figure 1 Theoretical Foundations of three overlapping circles for TAM, UTAUT2, and HBM. TAM contributes PU & PEOU; UTAUT2 contributes performance expectancy, effort expectancy, facilitating conditions; HBM contributes perceived barriers/benefits. At the intersection → Healthcare E-Wallet Adoption Intention

Theoretical Foundations of E-Wallet Adoption in Healthcare



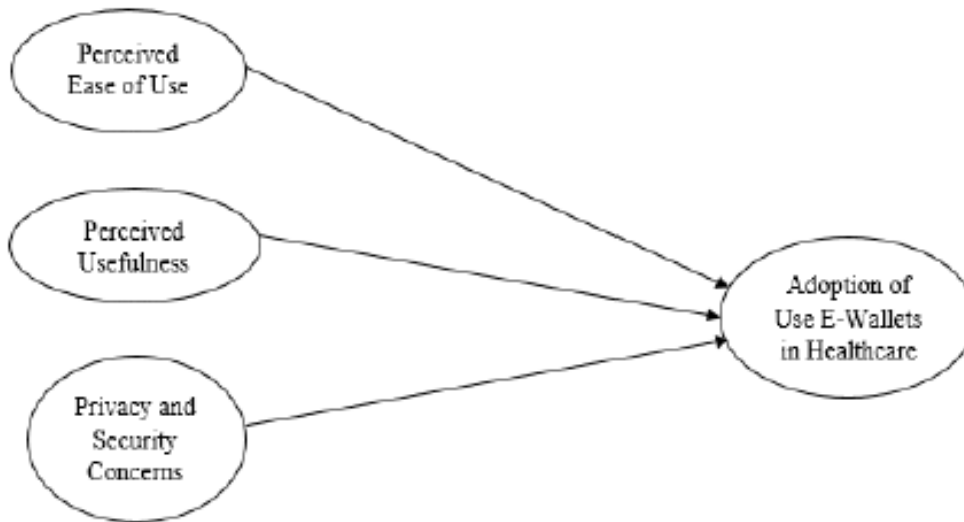
Conceptual Framework

The adoption of e-wallets in healthcare requires the integration of technology acceptance theories such as the Technology Acceptance Model (TAM) and the Unified Theory of Acceptance and Use of Technology 2 (UTAUT2) with health-behavior perspectives from the Health Belief Model (HBM). While fintech research has consistently highlighted the roles of perceived usefulness and ease of use, the healthcare context introduces additional complexities, including trust, privacy, and organizational readiness. As Mohd Yusof et.al. (2025) argued, *patients view healthcare payments not only as transactions but as reflections of institutional reliability*. This study, therefore, proposes a conceptual framework (Figure 2) in which five antecedents and three moderators jointly shape the intention to adopt e-wallets in healthcare.

Perceived usefulness (PU) captures the belief that using e-wallets enhances transaction performance through faster billing, transparent records, and reduced queues. Prior evidence identifies PU as the strongest determinant of healthcare payment adoption (Zhang et al., 2022). Accordingly, it is hypothesized that PU positively influences adoption intention (H_1). Similarly, perceived ease of use (PEOU) plays a crucial role, particularly for elderly patients or those less familiar with fintech. Kilani et al. (2023) confirm that effort expectancy remains central to adoption intention, leading to the proposition that PEOU also positively influences intention. Beyond these TAM constructs, trust emerges as a critical factor. In healthcare, patients' confidence in both technology and institutions is paramount, as *trust is a threshold condition; without it, no digital system can succeed in healthcare* (Zhao & Bacao, 2021). Thus, trust is expected to influence adoption intention positively. Conversely, privacy and security concerns are anticipated to discourage adoption. As Albous and Al-Jayyousi (2025) highlight, *privacy barriers are magnified when financial and medical records intersect*. Unlike in retail, healthcare contexts demand heightened sensitivity to data protection, leading to the hypothesis that privacy and security concerns negatively influence intention. Finally, organizational support—including hospitals' technical, financial, and cultural readiness is crucial. As Abdullah and Said (2023) stressed, *organizational support is the linchpin between patient willingness and actual implementation*. Hence, organizational support is hypothesized to moderate the relationship between PU/PEOU and adoption intention.

Figure 2 presents the research framework, in which the dependent variable is the adoption of e-wallets in healthcare. The framework incorporates six independent variables: perceived ease of use, perceived usefulness, technological readiness, organizational support, trust, and privacy and security concerns, which are hypothesized to influence adoption.

Figure 2: The Research Framework



DISCUSSION

This study contributes to the adoption literature by extending classical models through the integration of the Technology Acceptance Model (TAM) and the Unified Theory of Acceptance and Use of Technology 2 (UTAUT2) with the Health Belief Model (HBM). Previous fintech adoption studies have often overlooked healthcare-specific considerations such as trust, privacy, and patient vulnerability. As Al-Emran et al. (2022) concluded, healthcare technology adoption must reflect institutional sensitivities and user vulnerabilities, which differ from retail contexts. By embedding HBM into the framework, this study highlights psychological and risk-related factors that are particularly salient in healthcare. For example, Albous and Al-Jayyousi (2025) argued that privacy barriers are magnified in health contexts, where breaches affect both financial and medical trust. This underscores why privacy and security concerns must remain central in healthcare adoption, even though they are often treated as secondary in retail environments.

A further theoretical advancement lies in the inclusion of organizational support. Traditional TAM and UTAUT2 studies emphasize individual-level perceptions such as perceived usefulness and effort expectancy. However, in healthcare, successful adoption depends not only on patient intention but also on institutional readiness. Abdullah and Said (2023) observed that “organizational readiness acts as a missing link between patient intention and actual implementation. Thus, this framework enriches adoption theory by incorporating organizational support as a moderator that bridges the gap between individual acceptance and systemic implementation.

Practical Implications

From a managerial perspective, the proposed framework offers practical strategies for healthcare providers seeking to encourage e-wallet adoption. First, hospitals must emphasize benefits by communicating how e-wallets reduce waiting times and increase billing transparency. As Zhang et al. (2022) emphasized, perceived usefulness remains the single most important determinant of healthcare e-wallet adoption. Second, simplifying user interfaces is vital, particularly for elderly patients and those with limited digital literacy. Kilani et al. (2023) confirmed that effort expectancy significantly impacts adoption intention. Third, privacy and security concerns must be explicitly addressed by providing visible assurances of confidentiality. Zhao and Bacao (2021) cautioned that patients expect absolute confidentiality; any breach could erode institutional trust irreparably. Fourth, hospitals should adopt trust-building measures through transparent communication and strategic branding to reassure patients of their credibility. Finally, organizational support must be strengthened through staff training,

system integration, and financial investment. Abdullah and Said (2023) warned that without institutional readiness, even willing patients cannot adopt new systems. Collectively, these strategies highlight that adoption is not solely a technological issue but a socio-technical process requiring alignment between patients and institutions.

Contradictions with Literature

This study also uncovers contradictions with prior findings - one striking contrast concerns privacy and security. Retail-focused studies often rank these concerns as relatively unimportant (Leong et al., 2021), whereas healthcare users consistently rank privacy as a top priority (Zhang et al., 2022). This discrepancy underscores the necessity of sector-specific frameworks. Similarly, hedonic motivation - a common predictor of retail e-wallet adoption—appears largely irrelevant in healthcare contexts. Patients prioritize efficiency and trust rather than enjoyment or novelty. This aligns with Mohd Yusof et.al. (2025), who found that transactional convenience outweighed hedonic factors in Malaysian healthcare contexts.

Future Research

The conceptual framework outlined here opens several promising avenues for future inquiry. First, quantitative surveys using structural equation modeling (SEM) can empirically validate the hypothesized relationships. Second, cross-country comparisons should be conducted to capture cultural differences in healthcare payment adoption, particularly in regions where Shariah-compliant systems are emphasized (Albous & Al-Jayyousi, 2025). Third, longitudinal studies are needed to track adoption trajectories over time and reveal how patient attitudes evolve with repeated exposure. Fourth, qualitative methods, such as in-depth interviews with patients and administrators, could uncover richer insights into trust and privacy dynamics. Finally, emerging technologies such as artificial intelligence (AI) and blockchain deserve attention. As Rydzik and Kissoon (2024) suggested, blockchain could provide the transparency and security patients demand, making it a promising avenue for advancing secure and patient-centered healthcare payment systems.

CONCLUSION AND FUTURE RESEARCH

This study developed a conceptual framework to better understand e-wallet adoption in healthcare by integrating three prominent theoretical perspectives: the Technology Acceptance Model (TAM), the Unified Theory of Acceptance and Use of Technology 2 (UTAUT2), and the Health Belief Model (HBM). Unlike the majority of fintech adoption studies that focus on retail and transportation contexts, this framework acknowledges that healthcare involves additional layers of complexity, including patient trust, institutional credibility, and heightened privacy and security concerns. The framework posits that perceived usefulness, perceived ease of use, trust, privacy and security concerns, and organizational support serve as the central drivers shaping patients' intention to adopt e-wallets. Moreover, demographic and contextual moderators such as age, gender, digital literacy, and frequency of healthcare use are identified as influential in explaining variations in adoption behavior across diverse patient groups.

The contributions of this framework span theoretical, practical, and policy dimensions. Theoretically, it extends existing technology acceptance models by embedding constructs from health-behavior theory, particularly risk perceptions and institutional trust. This integration acknowledges that patients do not evaluate digital payment systems solely on their efficiency or usability but also on whether they feel secure, respected, and supported within healthcare institutions. As Al-Emran et al. (2022, p. 4842) argued, “healthcare adoption models must not be imported wholesale from retail; they require sector-specific adaptation.” By situating e-wallet adoption within healthcare-specific realities, this study advances the literature on digital payment systems and enriches the theoretical discourse on health-related technology adoption.

From a practical standpoint, the framework offers actionable insights for hospitals, clinics, and other healthcare providers. Simplifying user interfaces can reduce perceived effort, while transparent communication about security measures helps alleviate patients' anxieties regarding data breaches and fraud. Organizational support, including staff training and patient assistance services, further enhances adoption by ensuring that patients encounter minimal resistance during actual use. These findings collectively highlight how bridging the gap between intention and implementation requires both technological and institutional readiness.

At the policy level, the framework aligns with national digital transformation initiatives such as Malaysia's MyDigital Blueprint and international agendas like the World Health Organization's Digital Health Strategy. By addressing trust, inclusivity, and digital literacy, the framework provides a roadmap for governments to promote equitable access to healthcare payment innovation. Policy interventions that strengthen digital infrastructure, establish robust data protection standards, and incentivize organizational readiness will play a pivotal role in scaling e-wallet adoption across healthcare systems.

Despite these contributions, the study remains conceptual, and its propositions require empirical validation. Future research should test the framework across diverse healthcare settings - public hospitals, private clinics, and rural health centers - to capture variations in adoption dynamics. Longitudinal studies are particularly needed to track how adoption behavior evolves, especially as patients become more familiar with digital payment systems - also, emerging technologies such as blockchain and artificial intelligence warrant deeper exploration. Blockchain has the potential to enhance transaction transparency and data integrity, while AI-enabled personalization could improve user experiences and mitigate privacy concerns. Finally, comparative cross-country studies could provide insight into how cultural, regulatory, and infrastructural differences shape adoption outcomes. As Mohd Yusof et.al. (2025) emphasized, healthcare digital transformation cannot succeed without trust-building and sector-specific adaptation.

In conclusion, this framework contributes to advancing scholarship and practice by recognizing the unique interplay of technological, psychological, and organizational factors in healthcare e-wallet adoption. By grounding digital payment innovation in sector-specific realities, it not only enriches theoretical discourse but also equips practitioners and policymakers with actionable pathways to drive inclusive and trustworthy digital transformation in healthcare.

Ethical Considerations

This study involves voluntary participation, and the respondents agreed to take part in the study. Information gathered during this study is confidential.

Conflict of Interest

The authors declare that they have no conflict of interest.

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