The moderating factors that influence trusting intentions towards online doctors

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Declaration

I declare that this thesis was composed by myself, that the work contained herein is my own except where explicitly stated otherwise in the text.

Signed: _____ Date: _____

Dedication

To Mary, I could not have done this without you.

Thank you for all your support along the way.

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Abstract

The last few years have seen the arrival of virtual doctor services that can be accessed at any time, on any smart device and like other e-commerce activities there is an extra element of doubt, anonymity and risk. Transacting online depends on the individual's belief that the other party is honest, benevolent and competent. Consumers need to decide which online doctors are trustworthy and doctors need to demonstrate they can be trusted. This study conducted an online survey with 93 valid responses to explore the moderating factors that guide trusting intentions towards engaging with online doctors. The results indicate that like e-commerce websites, structural guarantees around privacy, security and third-party assurances are essential. However, consumers also rely on instinct when making a judgement of trustworthiness and in this context, they consider the overall design of the website when forming a decision to trust.

Introduction

What is trust?

For online services to be successful, trust is a critical factor in the adoption and use of the service whether for e-Tailing, e-Government or e-Health (Urban, Amyx, & Lorenzon, 2009). However, trust is a complicated construct to define, with no generally agreed definition. In a study (Rousseau, Sitkin, Burt, & Farrell Cramerer, 1998) defined trust as "a psychological state comprising the intention to accept vulnerability based on positive expectations of the intentions or behaviours of another" (p. 395). This suggests that the user must be assured of the dependability and honesty of the provider. Further building on this definition, (Bart, Shankar, Sultan, & Urban, 2005) expanded the characterisation of online trust to "online trust includes consumer perceptions of how the site would deliver on expectations, how believable the site's information is, and how much confidence the site commands" (p. 134). A later definition by (Kim, Xu, & Gupta, 2012), describes online trust as the consumers' confidence in the seller of the product or service in completing the transaction as expected. The multiple definitions of trust demonstrate that it is a multifaceted construct mainly related to integrity, benevolence, competence, predictability and credibility. Moreover, trust is only relevant when there is an element of perceived risk. However, some people are prepared to take a leap of faith and or take the point of view that it better to start with trust rather than suspicion and caution.

By choosing to trust, for example, by sharing personal information, an individual is leaving themselves open to abuse and possible fraud if the counterparties intentions are not honourable. In comparison, choosing not to trust somebody or a company can lead to missing out on a future relationship or a mutually beneficial commercial transaction. When moving to an online environment, there are additional risks that may factor into an individual's decision to trust or mistrust, like anonymity, accountability, and limited regulation. However, privacy credentials and website characteristic can reduce the perceived level of risk and vulnerability (Jones &

Moncur, 2018). While a consumer may depend on these external factors to make a judgement on whether to trust a website or not, internal factors like their disposition to trust can also influence their decision (McKnight, Choudhury, & Kacmar, 2002; Mayer, Davis, & Shoorman, 1995).

Telemedicine

Healthcare has seen considerable change, improvements, and progress in the past thirty years. These changes have been driven by governments, patients, and technology. The strategic use of technology is seen as a way of improving the access to care, the quality of care and a reduction in the cost of delivery of care to patients (Powell, Newhouse, Boylan, & Williams, 2016). These improvements are being achieved through the use of telemedicine, electronic health records, the use of mobile devices and remote enablement and distance learning (Durrani, 2016).

The more prominent advancements in technology that have driven change are internet access, broadband, smart devices, smartphones, and mobile apps (Butcher, 2015). Today in Ireland, internet access is available to 93% of the population (Internet World Stats, 2017), and on average, 86% of users were accessing the internet every day (Statista, 2016).

While some individuals are unwilling to use digital healthcare services due to the sensitive nature of the topic or condition, research conducted by (Biesdorf & Niedermann, 2014) found that 75% of respondents wanted to use digital services once they meet their needs and delivered on quality of service. However, there are other facets to eHealth adoption and drivers to use.

Drivers for eHealth

Many factors are driving the digital agenda in eHealth;

- The number of citizens is growing, and the demographic makeup is shifting towards an older population (Central Statistics Office, 2017), and life expectancy is increasing by 2.5 years per decade;

- Doctors are also getting older thus reducing overall capacity to deliver healthcare (Commission of the European Communities, 2008);
- Costs related to setting up systems (European Commission, 2012);
- Lack of legal clarity and transparency around applications, data usage and privacy;
- Lack of awareness and distrust among citizens, and healthcare workers in eHealth.

The drivers for eHealth outlined above need to be supported with legal frameworks to encourage adoption.

Legislation and transparency

There is no signal piece of legislation governing eHealth services in Ireland or the European Union (EU). This means health providers must decide on the degree of compliance when delivering services. If an individual accesses services of a doctor in another country (EU or worldwide), what are the implications; are they certified to deliver the service in the local country and who is responsible if something goes wrong; how secure is patient data and what recourse does the user have to know how their data is being used (Arthur Cox, 2016). Progress is being made in relation to data privacy, with the introduction of the General Data Protection Regulation (GDPR). However, providers need to prove they will protect and secure users personal and health data if they are to gain the trust of the user.

What is to be trusted?

When deciding on an online consultation with a doctor, the consumer must contemplate if they trust the technology facilitating the transaction and or the entity providing the service. In the first case, they must believe in the capability of the technology, the performance, and their ability to use it. Secondly, the service provider must demonstrate integrity, benevolence and their ability to meet the consumers' expectations. Ultimately, if the consumer does not trust the technology, this will impede their use of online services (McCole, Ramsey, & Williams, 2010).

Face-to-face

When visiting a doctor face-to-face, patients are presented with several cues in establishing trust – They have a physical presence, there may be certifications on the wall, medical equipment in use, or other people in a waiting room. Patients are not generally asked to accept the 'Terms and Conditions' that contain details on the level of service and obligations of both parties. This is in contrast to online doctors. For example, the terms and conditions on the www.VideoDoc.ie (VideoDoc, 2017) website runs to approximately 14,000 words that contain details on how data is collected, how they can share your data with third parties, data retention, and user obligations. Although online and offline doctors must comply with regulations like GDPR, many citizens generally accept the terms and conditions without reading them (Steinfield, 2016). Online service providers who obscure how they will use the data and fail to provide value, based on data provided will lose the trust of the user.

Establishing online trust

A key element of establishing trust and moving more citizens to online consultations is transparency, easy access to information and availability of similar information online (Greenhalgh, et al., 2016). Also, perceived usefulness and credibility was reported by (Johnson, Rowley, & Sbaffi, 2015) as other factors used to assess a website for trustworthiness.

In an earlier study (Fogg, Marable, Stanford, & Taiber, 2002), reported that when evaluating a website for creditability and trustworthiness users did not apply strict criteria like the security of website or privacy. They made judgements based on look and feel, how information was organized, the focus of information, transparency of company motivation, and usefulness of information. While, there were other criteria these were considered the top five. The study also contrasted different categories of websites and Table 1 summarises how study participants ranked two distinct categories of websites; health information websites, examples of these include WebMD and Mayoclinic; and e-commerce websites, examples include Amazon and eBay, against the top five criteria. When comparing both categories, the data shows

that users of health information sites consider 'information focus' and 'usefulness of information' number one; this contrasts with an e-commerce website, were 'look and feel' and 'company motivation' ranked highest. This may be explained by the user's expectations of health information websites to be independent and unbiased, whereas, the motivation of an e-commerce website is to persuade the user to make a financial transaction.

Table 1: Website Ranking

	Health Information Website	**E-Commerce Website**
Look and Feel	8	6
Information Design/Structure	6	7
Information Focus	1	7
Company Motivation	5	4
Usefulness of Information	1	4

As more individuals have adapted and integrate technology into their daily lives there is a growing trend in the prevalence of online health information websites and doctors providing online consultations. This is evident with more websites like Webdoctor, MyClinic and VideoDoc, appearing in the Irish market.

Literature Review

As noted earlier, there are a growing number of health websites appearing online providing general health information, advice and services – this leaves users with the challenge of deciding which ones can be trusted. Trust in any e-commerce transaction plays a vital role in the intention of both parties to engage in a mutually beneficial transaction without face-to-face contact.

Rational decisions

Why a person decides to place their trust in someone or something may be based on their current state of mind, their attitude or their values and they may adjust their trust levels accordingly. Individuals can also make a subjective decision to trust based on the expected levels of reciprocation. However, individuals have also been shown to trust completely anonymous entities (Beldad, de Jong, & Steehouder, 2010).

Disposition to trust

Disposition to trust can be characterised as a consistent acceptance of potential risk and openness to vulnerable situations. This can be further broken out into a person's faith in humanity and trusting stance. In the first instance, posits that people are generally honest, truthful and reliable. In the second instance, it is believing that there is more to be gained by trusting the other party even though there may not be any justification for trusting. This propensity to trust does not rely on past experiences of the other entity but the culmination of learned experiences in life. A disposition to trust accelerates the development of the relationship in the early stages and forms the building blocks in establishing integrity and goodwill (Gefen, 2000). Similar research (Kim, Ferrin, & Rao, 2008; Leonard & Riemenschneider, 2013) also reported that disposition to trust was an important antecedent to consumer trust and website usage.

A disposition to trust does not infer that the consumer accepts that everybody or a company is a trustworthy actor but are open to accepting some risk and choose to believe in the other party's benevolence. When interacting with a familiar website or situation, a disposition to trust has minimal influence as the creditability, integrity and benevolence of the entity has been established. However, when confronted with a new situation like visiting an e-commerce website for the first time, a disposition to trust is a key factor in the consumers' intention to engage with the website. In this circumstance, the consumer trusts there are legal and structural assurances in place, where a similar construct can be found offline (McKnight & Chervany, 2001).

Deliberative and Associative Reasoning

In a study by (Roghanizad & Neufeld, 2015), they reported that depending on the perceived level of risk and situation consumers will take a deliberative or associated reasoning approach in evaluating a website's trustworthiness. When presented with a no risk situation, consumers will take a deliberative approach, checking for structural assurances like security, trust endorsements, and privacy statements to inform their decision. In contrast, when presented with a situation with a high level of perceived risk, consumers will take an associative approach, relying on intuition and non-conscious biases.

Judging Risk

In research by (Freeman, Stolier, Ingbretsen, & Hehman, 2014), it was reported that the human brain automatically assesses a face to make judgements on trustworthiness. These judgements are made in less than one second while ignoring other visual and behavioural cues. Similarly, when viewing a website, consumers will make a judgement on its visual appeal within one second, informing their decision to either trust or distrust (Lindgaard, Dudek, Sen, Sumegi, & Noonan, 2011).

Trusting Web Health Information Sites

In research published by (Fox & Duggan, 2013) showed that over a third of American adults used Web Health Information (WHI) sites to learn about a medical condition prior to visiting a doctor or after. In similar research (Ipsos MRBI, 2019), it was reported that 53% of Irish adults looked up medical information in the past twelve months with 32% of people looking a medical condition before visiting a doctor.

Similar research conducted into what features influence trustworthiness and credibility of WHI website by (Sbaffi & Rowley, 2017) showed that "website design, clear layout, interactive features, and the authority of the owner" (p. 1) influenced trust, while advertising "has a negative effect" (p. 1). Ease of use and quality of content also factored in the decision of the user to trust a WHI site. In an earlier study by (Sillence & Briggs, 2015), they reported similar results that the contributing factors in establishing trust were:

- The 'look and feel' of the website' – In this context, colours, graphics, and ease of navigation helped users quickly form an opinion of the website. Sites that did not match the users' internal measure of credibility within the first few seconds of viewing were rejected without any further investigation
- Websites that belong to an established brand will benefit from the transference of trust, leading to the user spending more time investigating the content
- Richness and validity of content encourage the user to further engage with the website – This can include factsheet, videos, references and links to trusted sources
- The advice was unbiased, independent, and the rationale for the advice was clearly articulated
- Evidence of credentials, clear privacy and security policies, and easily identifiable information about the provider

Trust and Credibility

The research by (Sbaffi & Rowley, 2017) consider both trust and credibility within the same construct. Considering the following two websites drinkaware.ie and askaboutalcohol.ie , both are from reputable organisations and offer credible information on the use and harms of alcohol and tobacco. The askaboutalcohol.ie website is funded by the Health Service Executive, a not for profit government agency chartered with maintaining the health of citizens. However, drinkaware.ie is funded by the alcohol and retail industry whose motivation is to increase sales and profits. It could be argued that websites that are credible like drinkaware.ie do not have the best interests of citizens and their integrity and benevolence could be questioned – two key characteristics associated with trust. A model of online trust proposed by (Corritore, Kracher, & Wiedenbeck, 2003), suggests that creditability is antecedent to trust along with the perception of ease of use and risk.

Digital and Health Literacy

Within the research by (Sbaffi & Rowley, 2017), there is little evidence that health literacy or general literacy of individuals was considered when evaluating the source material for the study. In research conducted by (Cheng & Dunn, 2015) they found that the readability of WHI sites was higher than that of the average reader. In another study, (Diviani, van den Putte, Giani, & van Weert, 2015) reported that low health and general literacy skills reduced an individual's capacity to assess the trustworthiness of a WHI.

Trusting e-Commerce websites

The internet has increased the number of channels to market for companies and enabled new business models to be developed. The internet offers a platform for vendors and consumers to transact together; for consumers to share their views on a product or service, compare offerings, and review prices across multi vendors instantly (Solomon, Bamossy, Askegaard, & Hogg, 2013). Doctors have embraced this new channel and now offer their services online for a fee.

In contrast to the study by (Sbaffi & Rowley, 2017) discussed earlier on WHI that provide health services and information for free, research conducted by (Oliveira,

Alhinho, Rita, & Dhillion, 2017) examined overall trust in 'for profit' websites and consumer purchase intentions. Their research showed that company brand, reputation, service quality, customer satisfaction, website privacy and security where the major contributors to trusting an online vendor as they influenced a consumer's perception of the vendor's competence, integrity and benevolence.

Demographics

The research by (Oliveira, Alhinho, Rita, & Dhillion, 2017) also suggested that consumers with higher education were more willing to engage in e-commerce activity. They also reported that females were more anxious about trust and confidentiality in comparison to males. The findings of (Chen, Yan, Fan, & Gordon, 2015) reported that trust propensity and gender were not correlated.

Trust Stance

The research model used by (Oliveira, Alhinho, Rita, & Dhillion, 2017) also reported that an individual's trust stance influenced the dimensions of trust, that is, competence, integrity, and benevolence. However, participants in this research reviewed only one website and could self-select the website. While it is not clear which websites participants selected, choosing a website that is familiar to a participant can influence their beliefs. It was also reported (Gefen, 2000) that the primary influence to trust a vendor was their overall disposition to trust but, familiarity with the vendor was also a contributing factor.

In an earlier model of trust concepts proposed by (McKnight & Chervany, 2001), they posited that trust disposition had two constructs, faith in humanity and trusting stance. Consumers with a high faith in humanity also have a higher belief in the competence, integrity and benevolence of the online vendor, while consumers with a trusting stance will trust the intentions of the online vendor until they have a negative experience. This also suggests that past experience or familiarity with an online vendor influences the perception of trust in the online vendor.

Similarly, (Mayer, Davis, & Shoorman, 1995) also suggested that trust is made up of past experiences, social and cultural background, and personality traits, while the situation may also factor in a decision to trust (Roghanizad & Neufeld, 2015). Expanding this further (Thielmann & Hilbig, 2015) reported that levels of trust are based on an individual recipe of personality traits and is affected by various situations. For example, in the context of sharing sensitive information like health status or financial details, the trust construct is reshaped (Bansal, Zahedi, & Gefen, 2016). An alternative view proposed by (Chen, Yan, Fan, & Gordon, 2015) reported that disposition to trust was not situational but a general trusting disposition and faith in humanity.

In another study (Kang, Lee, Kim, & Lee, 2011) found that familiarity and experience with a company offline transferred to an online environment and were positive trust was established offline this would reduce perceived risk and increase consumer confidence in their ability to control the website.

Trusting and Distrusting Website Characteristics

When deciding which websites can be trusted citizens consider several elements of a website they perceive make them trustworthy, like reputation, security, privacy, functionality, familiarity, and overall risk. The overall picture a citizen creates in their mind is a key determinant to trusting the online vendor (Walczuch & Lundgren, 2004). When considering health-focused websites, (Bart, Shankar, Sultan, & Urban, 2005) reported that appearance, accuracy, ease of navigation and social media features were most influential.

Later research by (Seckler, Heinz, Forde, Tuch, & Opwis, 2015) considered the characteristics of a website that influence both trust and mistrust. They reported that design, structure, misleading claims and privacy influenced distrust more than trust, while the brand/image, security signs, and social proof influenced trust more than distrust. They also contrasted various website categories, for example, information (sport, health), e-commerce (electronics, clothing), and finance (banking) but found no meaningful differences. However, (Fogg, et al., 2003) reported that there were noticeable differences in the characteristic's consumers considered when evaluating different categories of websites. The design was the most important at 54.6% for financial websites compared to 46.1% for health websites. Conversely, focus and clarity were considered most important at 33.0% versus 18.9% for financial websites. In addition, the study had expected users to take a more critical approach to appraise a website's credibility. However, most users made a judgement based on the look and feel of the website.

Situation and experience

Consumer characteristics and experience also play a role in the formation of trust or distrust in a website (Chang & Fang, 2013). They may be experts in the use of computers and internet technology; they may already have a positive trust disposition or are open to new experiences. When recruiting participants for the study (Seckler, Heinz, Forde, Tuch, & Opwis, 2015), used an e-commerce platform. This would suggest that the participants had a reasonable level of internet experience and a willingness to trust a third party. Furthermore, increased

knowledge of the internet increased a users' overall confidence in all websites, however, users made an extra effort to validate the information (Flanagin & Metzger, 2007).

Social presences cues

When visiting a bricks and mortar shop consumers are presented with several cues in establishing trust – There is a physical presence, there are products on the shelf, a smiling sales assistant meets them, and there are no terms and conditions to be agreed to before browsing in the shop. This is an environment familiar to the consumer. When engaging with a sales assistant, they can establish the assistant's competence, levels of knowledge, decide if they like the person and by association the shop or do they share any common traits, likes or dislikes (Doney & Cannon, 1997). In contrast, consumers considering a website have fewer cues to form a judgement if the website and owner are trustworthy (Hancock & Guillory, 2015).

Technology Acceptance Model

Technology has evolved to the point that a quick search on Google can locate nearly any product or service, reviews can be read and shared, payment can be made online, and the product delivered to your door or electronically. While these capabilities are not new to millennials, they are relatively new to previous generations. As discussed by (Davis, 1989), the features of any new technology can determine user acceptance. While Perceived Usefulness (PU) is a strong influence for experienced website users or returning customers, a propensity to trust will take precedents for customers unfamiliar with an online vendor (Gefen, Karahanna, & Straub, 2003).

Cybercrime

Cyber-enabled crimes are increasing, with a growing number of criminals taking advantage of the anonymity, speed and convenience of the internet to reach their victims. This has resulted in consumers finding it harder to decide which websites

can be trusted (Lusthaus, 2012). Also, there has been an increase in the number of reported cyber crimes in the media. This has resulted in consumers being hesitant in using online services. Using the Technology Acceptance Model as a basis, (Riek, Bohme, & Moore, 2015) extended the model to include perceived risk of cybercrime, as a factor that influences a consumer's behaviour to engage with online services. This additional construct considers both 'cybercrime experience' and 'media awareness' in model development.

In the last annual report published by the (Data Protection Commissioner of Ireland, 2016), there were 2,224 data breaches recorded with the majority relating to "Unauthorised Disclosure". Similarly, in a report published by (Online Trust Alliance, 2018) they stated that there were 159,700 reported cyber incidents in 2017 worldwide with the unreported incidents three times as high. The more news that comes into the public domain regarding data breaches, data theft, misuse of data and misinformation, results in a change in consumer behaviour and trust (Bansal & Zahedi , 2015).

Modelling trust

The model of trust proposed (Figure 1) by (Mayer, Davis, & Shoorman, 1995), suggests that trustworthiness is constructed of the trustors' belief in the trustees' ability, benevolence and integrity and associated these constructs to trusting intentions. In a similar model (Figure 2) developed by (McKnight, Choudhury, & Kacmar, 2002) they propose that there are additional cues and considerations a trustor will contemplate prior to their intention to engage with the trustee, and they distinguish between cognitive trust and affective trust, with both trust and trustworthiness being established concurrently.

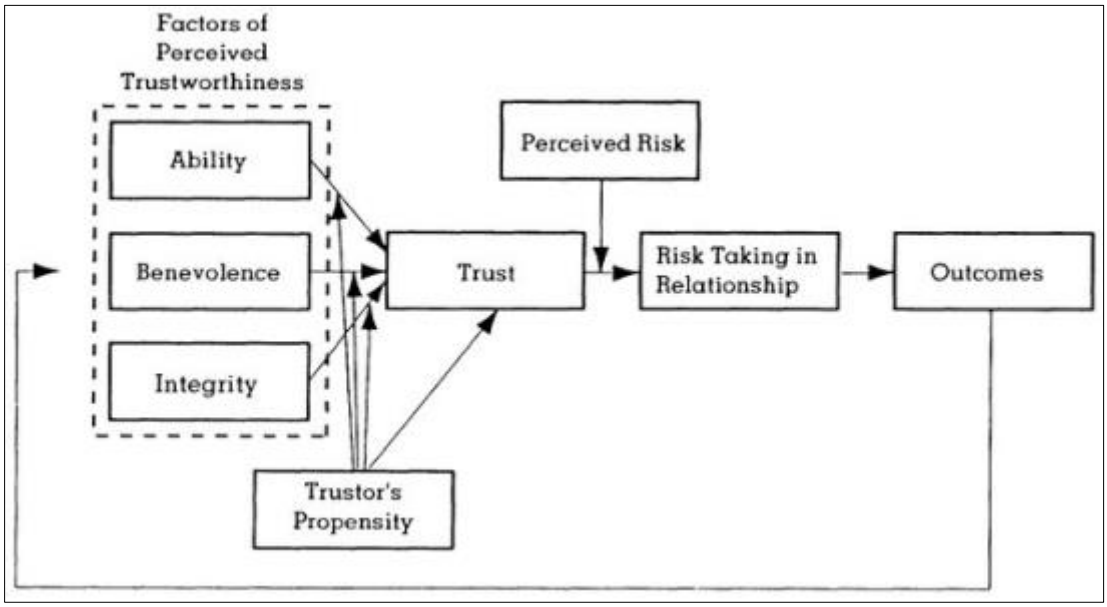

Figure 1 Proposed Model of Trust (Mayer, Davis, & Schoorman, 1995, p. 715)

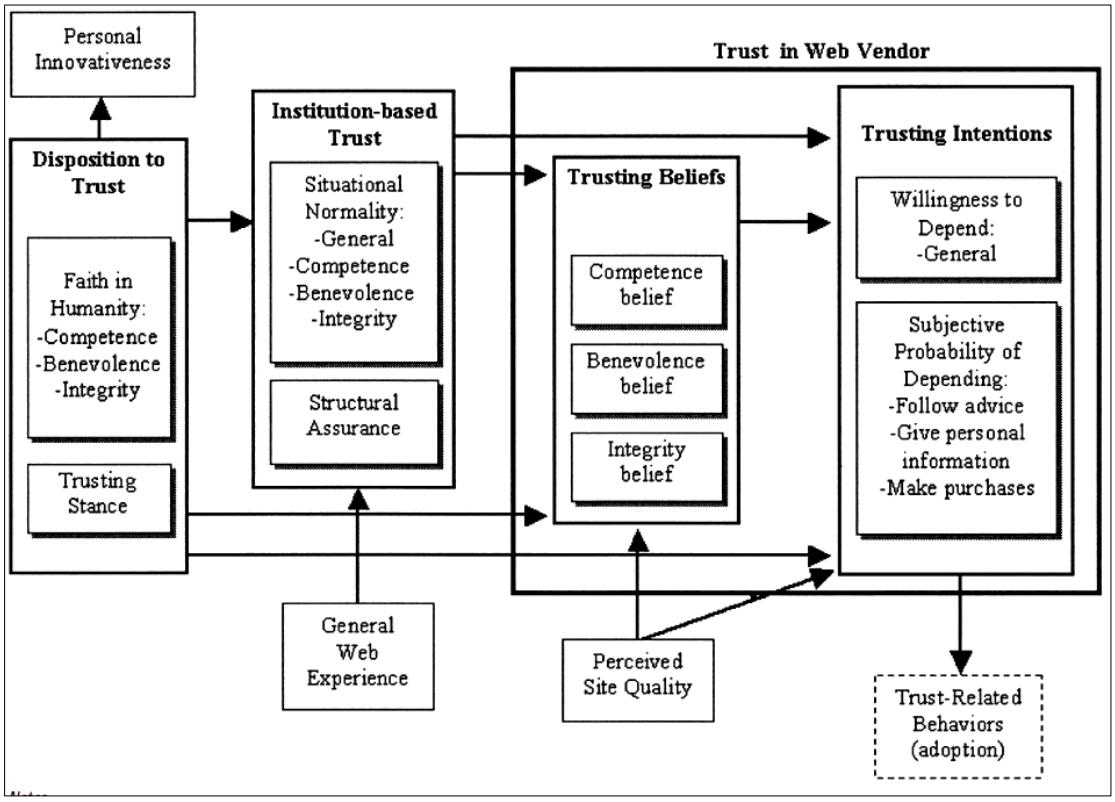

Figure 2 (McKnight, Choudhury, & Kacmar, 2002, p. 341)

Since (McKnight & Chervany, 2001) outlined it's model of e-commerce trust, the internet landscape has changed. Firstly, there are far more businesses online. There

are more channels to engage with vendors online. There are a growing number of digital natives that are adept at using computers and the internet to socialise, to play, and to shop. Secondly, there has been an increase in the number and types of cybercrime, like credit card fraud, identity theft, hacking and malware. Considering these points, consumers may consider there is an increased level of risk when using online vendors and adjust their behaviour accordingly (Jansen, Veenstra, Zuurveen, & Stol, 2016).

Summary

While the topic of trust, and web health information, and separately trust in e-commerce websites has been covered over the past number of years, little has emerged from the review of literature that considers, The moderating factors that influence trusting intentions towards online doctors, that dispense advice for a fee, for example, Videodoc.ie

The aim of this study was to add to the existing knowledge around; trust in website health information; e-tailing, and trust disposition in the context of commercial online doctors. In this context, thirteen hypotheses formed the basis of the study that is listed below.

Research Question

1) What are the moderating factors that influence trusting intentions towards online doctors?

Hypotheses

H1: Perception of website quality will affect trust in an online doctors' website

H2: Structural assurances will affect trust in an online doctors' website

H3: Propensity to trust offline translates to the online environment

H4: Institution trust will affect trust online doctors

H5: Trusting beliefs will affect trust towards online doctors

H6: Age group influences trust in online doctors

H7: Gender influences trust in online doctors

H8: Awareness of data protection regulations influences trust in online doctors

H9: Time spent online influences trust in online doctors

H10: Being a victim of cybercrime will affect trust in online doctors

H11: Reading about cybercrime will affect trust in online doctors

H12: Made an online purchase in the past will affect trust in online doctors

H13: Using a similar service will affect trust in online doctors

Method

Participants

A total of 93 participants from various domains including; workplace, college, and social network completed the survey. Most of the participants had good computer and internet skills. No participants were under the age of 18.

Materials

To test the proposed hypotheses, an online survey was used to collect research data. Web surveys offer the following advantages compared to interviews; convenient for participants, lower cost to administer, the opportunity to reach a wider and more diverse audience, time efficient, and allow anonymity. The ability to randomise the order of some questions reduced any response order effects (Krosnick & Alwin, 1987). However, response rates can be low, and the construction of the survey is dependent on the technical abilities of the author (Robson & McCartan, 2016). For this study, the functionality, convenience, and anonymity afforded motivated the choice of a web survey.

The web survey was constructed based on questionnaires developed by (McKnight, Choudhury, & Kacmar, 2002) and (Gefen, Karahanna, & Straub, 2003) with minor adjustments to fit the context of the survey. Core measures were presented as Likert-type statements measured on a five-point scale from Strongly Agree to Strongly Disagree. For additional items, participants responded in a variety of ways, for example, yes/no, and multi-choice.

A pilot survey was conducted with four participants to validate the data collection process. Subsequently, minor changes were made to enhance the process. All pilot participants were excluded from the final survey. The Videodoc.ie website was chosen for review as it is a relatively new brand in the market and does not have an offline presence.

Design

A correlation study formed the basis of the design with data collected via survey research. In addition, a within subject's design was utilised for certain elements of the study. The dependent and independent variables for this research are;

Dependent Variable: Trusting intentions towards online doctors

Independent Variable: Design

Independent Variable: Structural Assurances

Independent Variable: Propensity to Trust

Independent Variable: Institutional Trust

Independent Variable: Trusting Beliefs

Independent Variable: Age (K4) – Generation Z (18-24), Millennials (25-39), Generation X (40-54), Baby Boomers (55-74)

Independent Variable: Gender (K4) – Male, Female, Non-binary, Other

Independent Variable: Awareness of data protection regulations

Independent Variable: Time spent online

Independent Variable: Victim of cybercrime

Independent Variable: Reading about cybercrime

Independent Variable: Made online purchase previously

Independent Variable: Used similar service

Procedure

The survey was structured into two parts requiring participants to answer some initial questions around trusting beliefs, institutional trust and demographic data. Participants were then asked to consider the last time they went to a doctor while

viewing the Videodoc.ie website, they then completed the survey with questions focused around look and feel, security, and past experiences.

Ethical and data privacy considerations

This study was conducted in accordance with ethical guidelines detailed by The Psychology of Society of Ireland (The Psychological Society of Ireland) and the BPS Code of Ethics and Conduct (The British Psychological Society, 2017).

Before starting the survey, all participants were provided with an online 'Information Sheet' detailing the purpose of the study and how their responses would be used (Appendix B) and a 'Consent Form' (Appendix C).

No personally identifiable data was gathered from participants. In addition, SurveyMonkey has the option to collect anonymous responses – this was set to on. The raw data that is collected was stored within a password protected worksheet and stored on an encrypted drive. Access to data was restricted, with only the researcher and supervisor having access to the raw data. All requirements of the General Data Protect Regulation (GDPR) were complied with.

After reviewing ethical guidelines no vulnerable persons or persons falling into a 'special group' were invited to participate in the study. Other exclusions included persons under 18 years of age.

Participants were advised the survey was voluntary and they could withdraw from the survey at any time. Participants recruited from the current employer were also advised that there were no conditions attached to survey and completion or non-completion would affect them in any way.

Results

The data analysis was primarily conducted by Statistical Packages for Social Sciences (SPSS) and Microsoft Excel.

Validity of Scales

As a first step, the scales used in the questionnaire were tested for reliability of internal consistency using Cronbach's alpha. Table 2 shows that all the results were equal to or greater than .70, indicating that the measurements are reliable.

Table 2: Scale Reliability

Scale	Cronbach's Alpha	N of Items
Disposition to Trust	.82	5
Institutional Based Trust	.87	5
Trusting Beliefs	.93	9
Trusting Intentions	.88	6
Perceived Quality	.71	3
Vendor Interventions	.70	5

Participant Profiles

Two hundred people were invited to participate in the survey. Of these 126 responded, however, 33 failed to complete the survey. This resulted in a 73.8% (n=93) completion rate. Of the participants 57.0% (n=53) were female, 40.9% (n=38) were male, 1.1% (n=1) were non-binary and 1.1% (n=1) preferred not to disclose gender. Table and Table 4 provide a more detailed breakdown of the demographics and responses of participants.

Table 3: Participant Profile(a)

Age Group	**Frequency**	**Percentage**
- Baby Boomers (55-74)	18	19.4%
- Generation X (40-54)	37	39.8%
- Millennials (25-39)	33	35.5%
- Generation Z (18-24)	5	5.4%
Gender		
- Female	53	57.0%
- Male	38	40.9%
- Non-binary	1	1.1%
- Rather not Say	1	1.1%
Where a victim of cybercrime		
- No	65	69.9%
- Yes	28	30.1%
Made a purchase online last 12 months		
- No	4	4.3%
- Yes	89	95.7%
Read about cybercrime in the past 12 months		
- No	6	6.5%
- Yes	87	93.5%
Have used similar service		
- No	87	93.5%
- Yes	6	6.5%
First thing noticed when visiting a website		
- Advertisements	10	10.8%
- Contact Details	2	2.2%
- Customer Reviews	6	6.5%
- Design	59	63.4%
- Privacy Policy	5	5.4%
- Terms and Conditions	5	5.4%

- Trust seals	6	6.5%
Willing to provide personal details because of regulation		
- No	50	53.8%
- Yes	43	46.2%

Table 4: Participant Profile (b)

	0-60 Minutes	**1 - 3 Hours**	**3 - 6 Hours**	**6 -8 Hours**	**8+ Hours**
Reading news articles	29.0% (n=27)	40.9% (n=38)	21.5% (n=20)	3.2% (n=3)	5.4% (n=5)
Reading and/or posting messages to social groups	41.9% (n=39)	34.4% (n=32)	19.4% (n=18)	3.2% (n=3)	1.1% (n=1)
Accessing information on the Web about products and services you may buy	40.9% (n=38)	33.3% (n=31)	20.4% (n=19)	3.2% (n=3)	2.2% (n=2)
Shopping on the Web	67.7% (n=63)	23.7% (n=22)	5.4% (n=5)	0.00% (n=0)	3.2% (n=3)

Hypotheses Testing

Spearman's rank correlation coefficient were calculated to explore the relationship between the dependent variable, Trusting Intentions (TI) and the following independent variables; Website Quality (PQ), Vendor Interventions (VI), Institution Based Trust (IBT), Disposition to Trust (DT), Trusting Beliefs, and Time Spent Online (TS).

An independent-samples t-test was conducted to compare trusting intentions with; gender; awareness of data regulations; being a victim of cybercrime; reading about cybercrime; previous online purchase; and used a similar service.

A one-way between groups analysis of variance was conducted to explore the impact of age group on trusting intentions.

The results for each hypothesis tested is shown in Table

Table 5: Hypotheses Tests and Results

Hypothesis	**Test Results**
H1: Perception of website quality will affect trust in an online doctors' website	There was a moderate positive correlation between the two variables rho= .435**, n=93, p < .001
H2: Structural assurances will affect trust in an online doctors' website	There was a moderate positive correlation between the two variables rho= .394**, n=93, p < .001
H3: Propensity to trust offline translates to the online environment	There was a small positive correlation between the two variables rho= .250*, n=93, p < .05
H4: Institutional based trust will affect trust online doctors	There was a moderate positive correlation between the two variables rho= .449**, n=93, p < .001
H5: Trusting beliefs will affect trust towards online doctors	There was a strong positive correlation between the two variables rho= .628**, n=93, p < .001
H6: Age group influences trust in online doctors	There was no significant difference between age groups F(3,89)=.920
H7: Gender influences trust in online doctors	There was no significant difference between males (M=3.04, SD=.841) and females (M=3.02, SD=.851) conditions; t(89)=.146, p=.885

H8: Awareness of data protection regulations influences trust in online doctors	There was a significant difference between willingness to share because of regulation (M=2.70, SD=.71) and non-willingness (M=3.35, SD=.83) conditions; t(91)=-3.98, p<.001
H9: Time spent online influences trust in online doctors	There was a small negative correlation between the two variables rho= -.026, n=93, p>.05
H10: Being a victim of cybercrime will affect trust in an online doctor	There was no significant difference between victims of cybercrime (M=3.26, SD=.97) and non-victims (M=2.95, SD=.77) conditions; t(91)=1.63, p= .113
H11: Reading about cybercrime will affect trust in online doctors	There was no significant difference between reading about cybercrime (M=3.04, SD=.84) and not reading about cybercrime (M=3.20, SD=.83) conditions; t(91)=-.41, p= .68
H12: Made an online purchase in the past will affect trust in online doctors	There was no significant difference between making an online purchase in the previous 12 months (M=3.03, SD=.84) and not making a previous purchase (M=3.33, SD=.99) conditions; t(91)=-.68, p= .49
H13: Using a similar service will affect trust in online doctors	There was a significant difference between using a similar service (M=1.83, SD=.49) and not using a similar service (M=3.13, SD=.79) conditions; t(91)=-3.93, p<.001. The effect size was large (eta squared .14)

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

Discussion

To be successful online not only relies on the ability of the provider to deliver tangible benefits but also on the consumers trusting beliefs in the provider, that is, in their view, is the provider competent, benevolent and are of good integrity. They also need to trust the systems and infrastructure, so they feel safe and secure transacting online – this can come from structural guarantees around privacy, security and third-party assurances. However, consumers also rely on instinct when making a judgement of trustworthiness and in this context, they consider the overall aesthetics of the website when forming a decision to trust.

Understanding how an online presence can be established and maintained is essential in an era where consumers are relying on the internet to access products and services at a time and place that suits them. Without gaining the trust of the consumer will limit the ability of online doctors to engage with patients.

The results of this study found parallels and variances with existing research reviewed. In line with previous studies (Oliveira, Alhinho, Rita, & Dhillion, 2017; Sbaffi & Rowley, 2017; Seckler, Heinz, Forde, Tuch, & Opwis, 2015) website design and quality were moderately correlated with trusting intentions. However, breaking out the results into the different age groups, it was found that there was a strong correlation between design and trusting intentions and younger age groups. Similarly, there was a strong correlation between design and trusting intentions and females, while the opposite was the case for males. However, across all age groups and genders, website design is the first thing noticed when visiting a website. While there was no significant correlation between gender and age group relative to trusting intentions overall, the results of this study suggest that good design is an antecedence to trusting intentions.

While research by (Oliveira, Alhinho, Rita, & Dhillion, 2017; Sbaffi & Rowley, 2017; McKnight, Choudhury, & Kacmar, 2002; Mayer, Davis, & Shoorman, 1995) reported that propensity to trust was a factor to trusting intentions, this study found that there was only a moderate relationship for Generation X (40-54) participants, while

other age groups showed a weak correlation. In contrast, Generation Z (18-24) and Millennials (25-39), considered structural assurances more relevant. This suggests that a positive disposition to trust does not translate to trusting online doctors, with younger age groups looking for other assurances before engaging and transacting online. However, the propensity to trust may be the result of personality, culture and past experiences (Mayer, Davis, & Shoorman, 1995). In relation to past experiences, like being a victim of cybercrime, awareness of cybercrime or time spent online this study did not find it influenced an individual's trusting intentions.

Prior experience with a similar service was found to significantly influence trusting intentions. A website or service that is familiar to a user will reduce the level of doubt and perceived risk as the user knows what to expect (Gefen, 2000). In contrast, this study found that the amount of time a user spent online had a small negative correlation with trusting intentions. This presents some challenges for new entrants providing commercial healthcare advice online if they are not associated with an established brand as they will not benefit from the transference of trust.

Sharing personal and financial details is a prerequisite to transacting online. In relation to medical information, it may be considered these details are even more sensitive. Before providing confidential details in advance of receiving any benefits a consumer needs to make a judgement on the trustworthiness of the provider and the reliability and security of supporting systems (Grabner-Kräuter, 2002). According to the results, external factors such as General Data Protection Regulation, have a significant influence on willingness to share personal information. Similarly, structural assurances offered by the vendor, like privacy and security are considered important when deciding to trust. This is consistent with the findings of (Oliveira, Alhinho, Rita, & Dhillion, 2017; Seckler, Heinz, Forde, Tuch, & Opwis, 2015). While vendor interventions were moderately correlated overall, an initial review of age group differences suggests that Generation Z (18-24) and Millennials (25-39), are more influenced by website structural assurances and government regulation, than older generations. This suggests that consumers are looking for both vendor assurances and third-party interventions to reduce risk, particularly for younger age groups.

Theoretically, the results suggest that the provision of commercial healthcare services online shares more in common with e-commerce websites than web health information sites, relative to what makes them trustworthy.

Practical Implications

With the increasing number of doctors appearing online, consumers will have greater choice, this may present both an opportunity and a challenge for doctors to build an online practice. While a person's general disposition to trust cannot be controlled, or past experiences with other web vendors, there areas that doctors who offer services online should focus on. These can be categorized as follows;

Firstly, trusting beliefs; ensuring all aspects of their online presences instils confidence in the consumer that they will act in the consumers best interest at all times, while also demonstrating ability and integrity.

Secondly, institutional trust & vendor interventions; provide assurances in regard to data privacy and security, establish their veracity through accreditations that can be validated easily. Behave in a way the patient expects you to behave

Lastly, website look and feel; when a website has a good design, looks professional, is reliable and is easy to use, the perceived reputation of the site owner will be enhanced. In the initial stages of forming a relationship, consumers make very quick judgements whether to trust a website based on the design, and website design is more important for e-vendors that the consumer has little or no knowledge or experience of.

Limitations and Future Research

This study has several limitations. Firstly, only one online doctors' website was considered, therefore, additional research is needed to test the hypotheses against similar websites to confirm validity of the research.

Secondly, this research considered a hypothetical situation. Conducting qualitative research with participants who had used the service with an ailment may add additional data points to the quantitative research.

Thirdly, the website review did not consider the use of mobile devices when accessing services. With the limited screen real estate of mobile devices, there may be differences in how trust is perceived on these devices.

Lastly, are there particular medical conditions that patients are more willing to engage with a doctor online versus offline. Similarly, is there are a relationship with the level of risk associated with a medical condition and trusting intentions.

All the above are areas for future research. In addition, while this research deliberately selected a relatively unbranded website, another area of research would be to consider does transference of trust occur from companies like Amazon or Tesco's, into unrelated areas of their business, like healthcare.

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Appendix A – Survey Questions

Question	**Area**	**Source**
Gender	General	
What Age Group are you in	General	
I generally trust other people	Disposition to Trust	(Gefen, E-commerce: the role of familiarity and trust, 2000)
I tend to count upon other people	Disposition to Trust	(Gefen, E-commerce: the role of familiarity and trust, 2000)
I generally have faith in humanity	Disposition to Trust	(Gefen, E-commerce: the role of familiarity and trust, 2000)
I feel that people are generally reliable	Disposition to Trust	(Gefen, E-commerce: the role of familiarity and trust, 2000)
I generally trust other people unless they give me reason not to	Disposition to Trust	(Gefen, E-commerce: the role of familiarity and trust, 2000)

I feel good about how things go when I purchase goods or services on the Internet	Institution-Based Trust	(McKnight, Choudhury, & Kacmar, 2014)McKnight, D. H., Choudhury, V., & Kacmar, C. (2014)
I am comfortable making purchases on the Internet	Institution-Based Trust	(McKnight, Choudhury, & Kacmar, 2014)McKnight, D. H., Choudhury, V., & Kacmar, C. (2014)
The Internet has enough safeguards to make me feel comfortable using it to purchase goods or services	Institution-Based Trust	(McKnight, Choudhury, & Kacmar, 2014)McKnight, D. H., Choudhury, V., & Kacmar, C. (2014)
I feel confident that encryption and other technological advances on the Internet make it safe for me to do business there	Institution-Based Trust	(McKnight, Choudhury, & Kacmar, 2014)McKnight, D. H., Choudhury, V.,

		& Kacmar, C. (2014)
I feel assured that legal and/or technological structures adequately protect me from problems on the Internet	Institution-Based Trust	(McKnight, Choudhury, & Kacmar, 2014)McKnight, D. H., Choudhury, V., & Kacmar, C. (2014)
I believe that Videodoc.ie would act in my best interest	Trusting Beliefs	(McKnight, Choudhury, & Kacmar, 2014)McKnight, D. H., Choudhury, V., & Kacmar, C. (2014)
Videodoc.ie is interested in my well-being, not just its own interests	Trusting Beliefs	(McKnight, Choudhury, & Kacmar, 2014)McKnight, D. H., Choudhury, V., & Kacmar, C. (2014)
If I required help, Videodoc.ie would do its best to help me	Trusting Beliefs	(McKnight, Choudhury, & Kacmar, 2014)McKnight, D. H.,

		Choudhury, V., & Kacmar, C. (2014)
I believe Videodoc.ie would be truthful in its dealings with me	Trusting Beliefs	(McKnight, Choudhury, & Kacmar, 2014)McKnight, D. H., Choudhury, V., & Kacmar, C. (2014)
I would characterise Videodoc.ie as honest	Trusting Beliefs	(McKnight, Choudhury, & Kacmar, 2014)McKnight, D. H., Choudhury, V., & Kacmar, C. (2014)
I feel that Videodoc.ie is sincere and genuine	Trusting Beliefs	(McKnight, Choudhury, & Kacmar, 2014)McKnight, D. H., Choudhury, V., & Kacmar, C. (2014)
I feel Videodoc.ie would be competent and effective in providing medical advice	Trusting Beliefs	(McKnight, Choudhury, & Kacmar, 2014)McKnight,

		D. H., Choudhury, V., & Kacmar, C. (2014)
I fell Videodoc.ie would keep its commitments	Trusting Beliefs	(McKnight, Choudhury, & Kacmar, 2014)McKnight, D. H., Choudhury, V., & Kacmar, C. (2014)
I feel Videodoc.ie would perform its role of giving medical advice very well	Trusting Beliefs	(McKnight, Choudhury, & Kacmar, 2014)McKnight, D. H., Choudhury, V., & Kacmar, C. (2014)
If a medical issue arose; I would feel comfortable depending on the information provided by Videodoc.ie.	Trusting Intentions	(McKnight, Choudhury, & Kacmar, 2014)McKnight, D. H., Choudhury, V., & Kacmar, C. (2014)
I would confidently act on the medical advice I was given by Videodoc.ie	Trusting Intentions	(McKnight, Choudhury, & Kacmar,

		2014)McKnight, D. H., Choudhury, V., & Kacmar, C. (2014)
I feel I could count on Videodoc.ie to help with a crucial medical problem	Trusting Intentions	(McKnight, Choudhury, & Kacmar, 2014)McKnight, D. H., Choudhury, V., & Kacmar, C. (2014)
I would be willing to share past medical history with Videodoc.ie	Trusting Intentions	(McKnight, Choudhury, & Kacmar, 2014)McKnight, D. H., Choudhury, V., & Kacmar, C. (2014)
I would be willing to provide my date of birth, Personal Public Service (PPS) number and/or Health Insurance details to Videodoc.ie	Trusting Intentions	(McKnight, Choudhury, & Kacmar, 2014)McKnight, D. H., Choudhury, V., & Kacmar, C. (2014)
I would be willing to provide credit card information on the Videodoc.ie website	Trusting Intentions	(McKnight, Choudhury, &

		Kacmar, 2014)McKnight, D. H., Choudhury, V., & Kacmar, C. (2014)
Overall, Videodoc.ie worked very well and as expected	Perceived Site Quality	(McKnight, Choudhury, & Kacmar, 2014)McKnight, D. H., Choudhury, V., & Kacmar, C. (2014)
Visually, VideoDoc.ie resembled other sites I think highly of	Perceived Site Quality	(McKnight, Choudhury, & Kacmar, 2014)McKnight, D. H., Choudhury, V., & Kacmar, C. (2014)
Videodoc.ie was simple to navigate	Perceived Site Quality	(McKnight, Choudhury, & Kacmar, 2014)McKnight, D. H., Choudhury, V., & Kacmar, C. (2014)

A clear Privacy Policy is important when I decide to trust a website	Vendor Interventions	
3rd Party security seals like Trustpilot are important when deciding to purchase something online	Vendor Interventions	
I consider Design important when deciding if a website is trustworthy	Vendor Interventions	
Clear Contact Details are important when deciding to purchase something online	Vendor Interventions	
Customer testimonials are important when deciding to purchase something online	Vendor Interventions	
In a typical week, how much time do you spend Reading news articles	Web Experience	McKnight, D. H., Choudhury, V., & Kacmar, C. (2014)
In a typical week, how much time do you spend Reading and/or posting messages to social groups	Web Experience	(McKnight, Choudhury, & Kacmar, 2014)McKnight, D. H., Choudhury, V., & Kacmar, C. (2014)
In a typical week, how much time do you spend Accessing information on the Web about products and services you may buy	Web Experience	(McKnight, Choudhury, & Kacmar, 2014)McKnight, D. H., Choudhury, V., & Kacmar, C. (2014)

In a typical week, how much time do you spend Shopping (actually purchasing something) on the Web	Web Experience	(McKnight, Choudhury, & Kacmar, 2014)McKnight, D. H., Choudhury, V., & Kacmar, C. (2014)
I have previously used Videodoc or a similar paid service (excluding VHI, Laya healthcare)?	Past Experience	
I have made an online purchase in the past 12 months	Past Experience	
Have you been a victim of online fraud/cybercrime	Past Experience	
I have read or seen news articles about cybercrime in the past 12 months	Past Experience	
I am more willing to share personal information online because of Government regulations like “General Data Protection Regulation” (GDPR)?	Regulatory Interventions	

Appendix B – Information Sheet

Study Title: Factors that influence trusting intentions towards online doctors.

Purpose of the Research

The purpose of the research is to understand what are the moderating factors that influence trusting intentions towards online doctors.

Invitation

You are being invited to consider taking part in this research study. This survey is being undertaken by N00163955, as part of my MSc. Cyberpsychology at IADT, Dun Laoghaire, Co. Dublin. Before you decide whether or not you wish to take part, it is important for you to understand why this research is being done and what it will involve. Please take time to read this information carefully and discuss it with friends and relatives if you wish. Ask us if there is anything that is unclear or if you would like more information. You may contact me at N00163955@student.iadt.ie.

Do I have to take part?

You are free to decide whether you wish to take part or not. If you do decide to take part, you will be asked to indicate your consent through at the start of the survey. You are free to withdraw from this study at any time and without giving reasons.

If I take part, what do I have to do?

Each participant is asked to respond to a set of questions on their attitude to trust after which they will asked to review www.videodoc.ie, followed some final questions on their perception of the website. This survey will take approximately 15 minutes to complete. Most of the questions require a response of "Strongly agree" to "Strongly disagree".

How will information about me be used and who will have access to it?

No personally identifiable data will be gathered from participants. Access to data will be restricted, with only the researcher and Supervisor having access to the raw data. Copies of data will be managed within the guidelines detailed by IADT. All requirements outlined by the General Data Protect Regulation (GDPR) will be complied with.

What if there is a problem?

If you have a concern about any aspect of this study, you may wish to speak to the researcher(s) who will do their best to answer your questions. You should contact Donal, N00163955@student.iadt.ie or their supervisors Dean McDonnell, Dean.McDonnell@iadt.ie

Thank you

Appendix C– Consent Form

CONSENT FORM

Title of Project: Factors that influence trusting intentions towards online doctors.

Name of Researcher/s: N00163955

Name of Supervisor/s: *Dean McDonnell*

Please tick box

I confirm that I have read and understood the information sheet for the above study and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time. I am over the age of 18 years, and I agree to take part in this study.	□

Appendix D – SPSS Output

Gender

		Value	Count	Percent
Standard Attributes	Label	Gender		
Valid Values	1	Male	38	40.90%
	2	Female	53	57.00%
	3	Non-binary	1	1.10%
	4	Rather not Say	1	1.10%

Age_Group

		Value	Count	Percent
Standard Attributes	Label	Age Group		
Valid Values	1	Generation Z	5	5.40%
	2	Millennials	33	35.50%
	3	Generation X	37	39.80%
	4	Baby Boomers	18	19.40%

D2T1

		Value	Count	Percent
Standard Attributes	Label	I generally trust other people		
	1	Strongly Agree	7	7.50%
	2	Agree	65	69.90%
Valid Values	3	Neither Agree/Disagree	9	9.70%
	4	Disagree	11	11.80%
	5	Strongly Disagree	1	1.10%

D2T2

		Value	Count	Percent
Standard Attributes	Label	I tend to count upon other people		
	1	Strongly Agree	6	6.50%
	2	Agree	44	47.30%
Valid Values	3	Neither Agree/Disagree	24	25.80%
	4	Disagree	16	17.20%
	5	Strongly Disagree	3	3.20%

D2T3

		Value	Count	Percent
Standard Attributes	Label	I generally have faith in humanity		
	1	Strongly Agree	15	16.10%
	2	Agree	50	53.80%
Valid Values	3	Neither Agree/Disagree	19	20.40%
	4	Disagree	8	8.60%
	5	Strongly Disagree	1	1.10%

D2T4

		Value	Count	Percent
Standard Attributes	Label	I feel that people are generally reliable		
	1	Strongly Agree	6	6.50%
	2	Agree	53	57.00%
Valid Values	3	Neither Agree/Disagree	23	24.70%
	4	Disagree	8	8.60%
	5	Strongly Disagree	3	3.20%

D2T5

		Value	Count	Percent
Standard Attributes	Label	I generally trust other people unless they give me reason not to		
Valid Values	1	Strongly Agree	20	21.50%
	2	Agree	58	62.40%
	3	Neither Agree/Disagree	8	8.60%
	4	Disagree	6	6.50%
	5	Strongly Disagree	1	1.10%

Mean_D2T

		Value
Standard Attributes	Label	Mean Disposition to Trust
N	Valid	93
	Missing	0
Central Tendency and Dispersion	Mean	2.3312
	Standard Deviation	0.65574
	Percentile 25	2
	Percentile 50	2.2
	Percentile 75	2.6

IBT1

		Value	Count	Percent
Standard Attributes	Label	I feel good about how things go when I purchase goods or services on the Internet		
Valid Values	1	Strongly Agree	6	6.50%
	2	Agree	61	65.60%
	3	Neither Agree/Disagree	20	21.50%
	4	Disagree	5	5.40%
	5	Strongly Disagree	1	1.10%

IBT2

		Value	Count	Percent
Standard Attributes	Label	I am comfortable making purchases on the Internet		
Valid Values	1	Strongly Agree	14	15.10%
	2	Agree	56	60.20%
	3	Neither Agree/Disagree	15	16.10%
	4	Disagree	5	5.40%
	5	Strongly Disagree	3	3.20%

IBT3

		Value	Count	Percent
Standard Attributes	Label	The Internet has enough safeguards to make me feel comfortable using it to purchase goods or services		
	1	Strongly Agree	6	6.50%
	2	Agree	46	49.50%
Valid Values	3	Neither Agree/Disagree	17	18.30%
	4	Disagree	17	18.30%
	5	Strongly Disagree	7	7.50%

IBT4

		Value	Count	Percent
Standard Attributes	Label	I feel confident that encryption and other technological advances on the Internet make it safe for me to do business there		
	1	Strongly Agree	6	6.50%
	2	Agree	42	45.20%
Valid Values	3	Neither Agree/Disagree	23	24.70%
	4	Disagree	18	19.40%
	5	Strongly Disagree	4	4.30%

IBT5

		Value	Count	Percent
Standard Attributes	Label	I feel assured that legal and/or technological structures adequately protect me from problems on the Internet		
Valid Values	1	Strongly Agree	2	2.20%
	2	Agree	31	33.30%
	3	Neither Agree/Disagree	32	34.40%
	4	Disagree	27	29.00%
	5	Strongly Disagree	1	1.10%

Mean_IBT

		Value
Standard Attributes	Label	Mean Institution-Based Trust
N	Valid	93
	Missing	0
Central Tendency and Dispersion	Mean	2.5699
	Standard Deviation	0.74714
	Percentile 25	2
	Percentile 50	2.4
	Percentile 75	3

TB1

		Value	Count	Percent
Standard Attributes	Label	I believe that Videodoc.ie would act in my best interest		
	1	Strongly Agree	2	2.20%
	2	Agree	29	31.20%
Valid Values	3	Neither Agree/Disagree	44	47.30%
	4	Disagree	17	18.30%
	5	Strongly Disagree	1	1.10%

TB2

		Value	Count	Percent
Standard Attributes	Label	Videodoc.ie is interested in my well-being, not just its own interests		
	1	Strongly Agree	1	1.10%
	2	Agree	24	25.80%
Valid Values	3	Neither Agree/Disagree	50	53.80%
	4	Disagree	17	18.30%
	5	Strongly Disagree	1	1.10%

TB3

		Value	Count	Percent
Standard Attributes	Label	If I required help, Videodoc.ie would do its best to help me		
	1	Strongly Agree	4	4.30%
	2	Agree	43	46.20%
Valid Values	3	Neither Agree/Disagree	36	38.70%
	4	Disagree	7	7.50%
	5	Strongly Disagree	3	3.20%

TB4

		Value	Count	Percent
Standard Attributes	Label	I believe Videodoc.ie would be truthful in its dealings with me		
	1	Strongly Agree	4	4.30%
	2	Agree	51	54.80%
Valid Values	3	Neither Agree/Disagree	29	31.20%
	4	Disagree	8	8.60%
	5	Strongly Disagree	1	1.10%

TB5

		Value	Count	Percent
Standard Attributes	Label	I would characterise Videodoc.ie as honest		
	1	Strongly Agree	1	1.10%
	2	Agree	35	37.60%
Valid Values	3	Neither Agree/Disagree	51	54.80%
	4	Disagree	5	5.40%
	5	Strongly Disagree	1	1.10%

TB6

		Value	Count	Percent
Standard Attributes	Label	I feel that Videodoc.ie is sincere and genuine		
	1	Strongly Agree	4	4.30%
	2	Agree	24	25.80%
Valid Values	3	Neither Agree/Disagree	57	61.30%
	4	Disagree	7	7.50%
	5	Strongly Disagree	1	1.10%

TB7

		Value	Count	Percent
Standard Attributes	Label	I feel Videodoc.ie would be competent and effective in providing medical advice		
	1	Strongly Agree	4	4.30%
	2	Agree	29	31.20%
Valid Values	3	Neither Agree/Disagree	35	37.60%
	4	Disagree	22	23.70%
	5	Strongly Disagree	3	3.20%

TB8

		Value	Count	Percent
Standard Attributes	Label	I fell Videodoc.ie would keep its commitments		
	1	Strongly Agree	1	1.10%
	2	Agree	37	39.80%
Valid Values	3	Neither Agree/Disagree	49	52.70%
	4	Disagree	4	4.30%
	5	Strongly Disagree	2	2.20%

TB9

		Value	Count	Percent
Standard Attributes	Label	I feel Videodoc.ie would perform its role of giving medical advice very well		
Valid Values	1	Strongly Agree	4	4.30%
	2	Agree	25	26.90%
	3	Neither Agree/Disagree	42	45.20%
	4	Disagree	20	21.50%
	5	Strongly Disagree	2	2.20%

Mean_TB

		Value
Standard Attributes	Label	Mean Trusting Beliefs
N	Valid	93
	Missing	0
Central Tendency and Dispersion	Mean	2.7491
	Standard Deviation	0.61753
	Percentile 25	2.3333
	Percentile 50	2.6667
	Percentile 75	3.1111

Ti1

		Value	Count	Percent
Standard Attributes	Label	If a medical issue arose; I would feel comfortable depending on the information provided by Videodoc.ie.		
Valid Values	1	Strongly Agree	2	2.20%
	2	Agree	32	34.40%
	3	Neither Agree/Disagree	30	32.30%
	4	Disagree	19	20.40%
	5	Strongly Disagree	10	10.80%

Ti2

		Value	Count	Percent
Standard Attributes	Label	I would confidently act on the medical advice I was given by Videodoc.ie		
Valid Values	1	Strongly Agree	4	4.30%
	2	Agree	37	39.80%
	3	Neither Agree/Disagree	28	30.10%
	4	Disagree	18	19.40%
	5	Strongly Disagree	6	6.50%

Ti3

		Value	Count	Percent
Standard Attributes	Label	I feel I could count on Videodoc.ie to help with a crucial medical problem		
Valid Values	1	Strongly Agree	2	2.20%
	2	Agree	12	12.90%
	3	Neither Agree/Disagree	28	30.10%
	4	Disagree	37	39.80%
	5	Strongly Disagree	14	15.10%

Ti4

		Value	Count	Percent
Standard Attributes	Label	I would be willing to share past medical history with Videodoc.ie		
Valid Values	1	Strongly Agree	4	4.30%
	2	Agree	36	38.70%
	3	Neither Agree/Disagree	22	23.70%
	4	Disagree	20	21.50%
	5	Strongly Disagree	11	11.80%

Ti5

		Value	Count	Percent
Standard Attributes	Label	I would be willing to provide my date of birth, Personal Public Service (PPS) number and/or Health Insurance details to Videodoc.ie		
Valid Values	1	Strongly Agree	9	9.70%
	2	Agree	23	24.70%
	3	Neither Agree/Disagree	26	28.00%
	4	Disagree	29	31.20%
	5	Strongly Disagree	6	6.50%

Ti6

		Value	Count	Percent
Standard Attributes	Label	I would be willing to provide credit card information on the Videodoc.ie website		
Valid Values	1	Strongly Agree	6	6.50%
	2	Agree	34	36.60%
	3	Neither Agree/Disagree	25	26.90%
	4	Disagree	17	18.30%
	5	Strongly Disagree	11	11.80%

Mean_Ti

		Value
Standard Attributes	Label	Mean Trusting Intentions
N	Valid	93
	Missing	0
Central Tendency and Dispersion	Mean	3.0502
	Standard Deviation	0.84334
	Percentile 25	2.3333
	Percentile 50	3
	Percentile 75	3.6667

PQ1

		Value	Count	Percent
Standard Attributes	Label	Overall, Videodoc.ie worked very well and as expected		
Valid Values	1	Strongly Agree	3	3.20%
	2	Agree	34	36.60%
	3	Neither Agree/Disagree	53	57.00%
	4	Disagree	3	3.20%
	5	Strongly Disagree	0	0.00%

PQ2

		Value	Count	Percent
Standard Attributes	Label	Visually, VideoDoc.ie resembled other sites I think highly of		
	1	Strongly Agree	6	6.50%
	2	Agree	43	46.20%
Valid Values	3	Neither Agree/Disagree	38	40.90%
	4	Disagree	6	6.50%
	5	Strongly Disagree	0	0.00%

PQ3

		Value	Count	Percent
Standard Attributes	Label	Videodoc.ie was simple to navigate		
	1	Strongly Agree	16	17.20%
	2	Agree	52	55.90%
Valid Values	3	Neither Agree/Disagree	20	21.50%
	4	Disagree	4	4.30%
	5	Strongly Disagree	1	1.10%

Mean_PQ

		Value
Standard Attributes	Label	Mean Perceived Site Quality
N	Valid	93
	Missing	0
Central Tendency and Dispersion	Mean	2.4337
	Standard Deviation	0.5769
	Percentile 25	2
	Percentile 50	2.3333
	Percentile 75	2.6667

Vi1

		Value	Count	Percent
Standard Attributes	Label	A clear Privacy Policy is important when I decide to trust a website		
Valid Values	1	Strongly Agree	29	31.20%
	2	Agree	40	43.00%
	3	Neither Agree/Disagree	17	18.30%
	4	Disagree	5	5.40%
	5	Strongly Disagree	2	2.20%

Vi2

		Value	Count	Percent
Standard Attributes	Label	3rd Party security seals like Trustpilot are important when deciding to purchase something online		
	1	Strongly Agree	18	19.40%
	2	Agree	38	40.90%
Valid Values	3	Neither Agree/Disagree	31	33.30%
	4	Disagree	6	6.50%
	5	Strongly Disagree	0	0.00%

Vi3

		Value	Count	Percent
Standard Attributes	Label	I consider Design important when deciding if a website is trustworthy		
	1	Strongly Agree	20	21.50%
	2	Agree	45	48.40%
Valid Values	3	Neither Agree/Disagree	22	23.70%
	4	Disagree	4	4.30%
	5	Strongly Disagree	2	2.20%

Vi4

		Value	Count	Percent
Standard Attributes	Label	Clear Contact Details are important when deciding to purchase something online		
	1	Strongly Agree	32	34.40%
	2	Agree	49	52.70%
Valid Values	3	Neither Agree/Disagree	8	8.60%
	4	Disagree	3	3.20%
	5	Strongly Disagree	1	1.10%

Vi5

		Value	Count	Percent
Standard Attributes	Label	Customer testimonials are important when deciding to purchase something online		
	1	Strongly Agree	19	20.40%
	2	Agree	46	49.50%
Valid Values	3	Neither Agree/Disagree	18	19.40%
	4	Disagree	5	5.40%
	5	Strongly Disagree	5	5.40%

MeanVi

		Value
Standard Attributes	Label	Mean Vendor Interventions
N	Valid	93
	Missing	0
Central Tendency and Dispersion	Mean	2.1441
	Standard Deviation	0.61881
	Percentile 25	1.8
	Percentile 50	2.2
	Percentile 75	2.6

Made_Purchase_OL

		Value	Count	Percent
Standard Attributes	Label	I have made an online purchase in the past 12 months		
Valid Values	1	Yes	89	95.70%
	2	No	4	4.30%

Victim_Cyber

		Value	Count	Percent
Standard Attributes	Label	Have you been a victim of online fraud/cybercrime		
Valid Values	1	Yes	28	30.10%
	2	No	65	69.90%

Read_Cyber

		Value	Count	Percent
Standard Attributes	Label	I have read or seen news articles about cybercrime in the past 12 months		
Valid Values	1		88	94.60%
	2		5	5.40%

Reading_news

		Value
Standard Attributes	Label	In a typical week, how much time do you spend Reading news articles
N	Valid	93
	Missing	0
Central Tendency and Dispersion	Mean	235.48
	Standard Deviation	210.137
	Percentile 25	60
	Percentile 50	180
	Percentile 75	360

Reading_posting_messages

		Value
Standard Attributes	Label	In a typical week, how much time do you spend Reading and/or posting messages to social groups
N	Valid	93
	Missing	0
Central Tendency and Dispersion	Mean	182.58
	Standard Deviation	148.272
	Percentile 25	60
	Percentile 50	180
	Percentile 75	180

Accessing_information_about_products

		Value
Standard Attributes	Label	In a typical week, how much time do you spend Accessing information on the Web about products and services you may buy
N	Valid	93
	Missing	0
Central Tendency and Dispersion	Mean	194.19
	Standard Deviation	169.105
	Percentile 25	60
	Percentile 50	180
	Percentile 75	360

Shopping

		Value
Standard Attributes	Label	In a typical week, how much time do you spend Shopping (actually purchasing something) on the Web
N	Valid	93
	Missing	0
Central Tendency and Dispersion	Mean	133.55
	Standard Deviation	171.113
	Percentile 25	60
	Percentile 50	60
	Percentile 75	180

Time_Spent_Online

		Value
Standard Attributes	Label	Amount of time spent on these activities
N	Valid	93
	Missing	0
Central Tendency and Dispersion	Mean	186.45
	Standard Deviation	102.415
	Percentile 25	120
	Percentile 50	165
	Percentile 75	270

First_thing _noticed

		Value	Count	Percent
Standard Attributes	Label	What is the first thing you notice when visiting a website		
Valid Values	1	Advertisments	10	10.80%
	2	Contact Details	2	2.20%
	3	Customer Reviews	6	6.50%
	4	Design	59	63.40%
	5	Privacy Policy	5	5.40%
	6	Terms and Conditions	5	5.40%
	7	Trust seals	6	6.50%

Used_Similar_Service

		Value	Count	Percent
Standard Attributes	Label	Have you used a similar service before		
Valid Values	1	Yes	6	6.50%
	2	No	87	93.50%

Willing_because_GDPR

		Value	Count	Percent
Standard Attributes	Label	I am more willing to share personal information online because of Government regulations like “General Data Protection Regulation” (GDPR)?		
Valid Values	1	Yes	43	46.20%
	2	No	50	53.80%