ISSN 2321 3361 © 2022 IJESC

Research Article Volume 12 Issue No.3

Pharmacy Management System: A Review

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Abstract:
This project is an insight into the development and implementation of a Pharmacy Management System. The main goal is to improve the accuracy and improve the safety and efficiency of the pharmacy. Today management is one of the most important of all forms. Management provides the complexity of performing any type of work in a certain way. This is a pharmacy management system; is used to manage many pharmacy-related activities at the pharmacy.

Keywords: Digital Healthcare, Pharmacy management, Smart tools for medical.

1. INTRODUCTION:

The pharmacy management system is a management system designed to improve the accuracy and improve the safety and efficiency of the pharmacy. It is a computer-based program that helps the pharmacist to improve inventory management, cost, medical safety etc.
The system allows the user to enter the production date and expiration of a particular product or drug at the time of opening the stock and sale function. The system will also provide a report showing a list of expired products after the date specified before the expiration of the product. It also involves direct entry when new drug sets arrive and when drugs leave the pharmacy for a period of time, e.g. on a monthly basis, the pharmacist may want to produce a report on the release and release of drugs from the pharmacy, receiving information about the medication e.g. expiration date, purchase date, residual drug number, drug location at pharmacy.
Currently, the hands-on system is used in pharmacies. It requires the pharmacist to personally monitor each drug available at the pharmacy. This often leads to mistakes as the pharmacist's job grows.
Due to the size and quality of the pharmacy service, the pharmacy has a very large customer base. These customers often visit the pharmacy to get services especially when they close at work. During this time, the number of customers who use the pharmacy increases, thus making the pharmacist's job more tedious. This case makes it difficult for the pharmacist to care for customers in the short term.
In the meantime, the pharmacist must ensure satisfaction in the services to keep their customers. The above factors lead to delays in customer service, thereby reducing sales and the risk of losing key customers over time.
The “Pharmacy Management System” is a landmark project designed for medical and medical stores on purpose.
This project equips medical stores with the tools to perform their daily tasks electronically.
The software will change the process of compiling medical inventory and drug stocks, recording medical information and other medical supplies in the store, recording prescriptions issued to the Customer.
Managing a medical store is particularly complicated with regard to inventory and record keeping. Medical stores need to make sure they have enough stock of support and cater to the needs of clients.
Proper handling of records is essential to ensure the success of all store operations. Medical stores are in the process of searching for an effective and reliable daily help and relief plan. There is a need for electronic intervention in the management of medical stores.
Pharmacy managers keep a paper record in paper cupboards. Managing a large pharmacy with paper records will be tedious and difficult to maintain in-store drug-related inventory, expiration date, number of drugs available based on categories and their functions.
The pharmacist must order drugs to replenish the already depleted stock. In addition, drug orders are hand-delivered. A significant amount of time is allocated to write an order as the pharmacist needs to exceed the stock balance and make a rough estimate of the order amount based on Statistics.
Drugs should not be used after expiration. This project manager will inform the pharmacist about expired drugs, prevent the drugs from being sold and provide a solution to the aforementioned problems.

2. OBJECTIVES:

General Objective - The main goal of the project is to develop and implement a Medical Store Management System to digitally transform the operation of a medical store.

• Eliminate manual methods and paperwork involved in medical store management.

• Automatically record and store medical store data.

• Allowing medical stores to compile electronic stocks to monitor stock purchases.

• Evaluate the system in terms of user acceptance, efficiency, quality, reliability, and productivity.

• To facilitate the reporting of store stocks, drug information (photo, expiration, etc.), release recordings, and store sales.

3. DISCUSSION:

In making PDUR, many pharmacists are assisted by DUR software applications that reside on their computers at the pharmacy (i.e., a computer store assisted by PDUR). The pharmacy benefits manager or app reviewer may re-use DUR software applications online during the processing of electronic applications (Elizabeth, 2008). submit medical applications for that patient and it is easy for the organization to gather evidence against the respondent. This data is also important for users of store systems such as Gilead Pharmacy in reducing medical errors and speculation caused by a lack of quick information about pharmacy continuity. Eg.stock prices available to determine when to purchase most stocks and drug records determined by the customer. This will help to balance the facts between the pharmacist and the client who is applying in the event that the client claims to have adverse effects on prescribed medications. Records will also help to demonstrate daily sales, weekly and even monthly oi to develop an effective pharmacy welfare program.

DBMS is a complex set of software programs that control organization, storage, management, ~ and data retrieval on a website. DBMS is categorized according to its data structures or types, sometimes DBMS is also known as Data Manager. It is a set of pre-programmed programs used to store, update and access the Website. Database management systems are also a set of processes that control the database and provide access to the database ~ in the manner required by the application system as it is able to access files simultaneously, database software is better than older file systems used to manage a computer (Sawyer, 2000). DBMS accepts data requests from the system and directs the operating system to transfer the appropriate data. Glossary is a functional document that is regularly reviewed and updated to accurately reflect the state of health care technology assets. At the clinic the asset management is done through a manual (paper-based) or computer-based system, as determined by the resources available. The manual inventory system relies heavily on human actions, which increases the chances of human error. People may forget to record a work or simply misread a number of goods. This results in additional unnecessary orders that increase the cost of managing the health facility's facilities and utilizing valuable storage space. A computerized list management system does everything from capturing information to simplifying things. Manual calculation of inventory can take days, but with a computerized inventory management system, the same process can be done in a matter of hours. With a manual system, the data is only accurate and up-to-date as the final calculation. With a computer list management system, a management team can pull a report and quickly see how many units are sold, how many are sold and which products sell the fastest.

According to the World Health Organization's report on inventory, computer-based inventory is preferred over paper-based inventory. This is because computer-based inventory simplifies inventory management, especially in large archives and can also be integrated into a computerized storage management system that includes inventory, repair and storage history, and operating system into a single system. Once the list is established, it can be a very useful tool for the medical engineering department and the health facility as a whole (1). Summarizing these documents demonstrates the importance of using an effective health care technology management system to improve the quality of health care delivery. It is therefore necessary to use this system in various hospitals in our country to achieve the desired result.

New technologies have created opportunities for new types of innovations (Adams, Tranfield & Denyer, 2011; Sengupta 2015). According to Cheng, Chen and Tai Tsou (2010) companies continue to seek to develop new services or improve existing ones so that they can access profitable business opportunities. The need to produce, adopt, and distribute new services and technologies in the field of health care is an important topic (Länsisalmi et al. 2006). Digital healthcare center is a business opportunity recently launched in the Swedish market. It is a new form of innovation, which needs further investigation (Greenhalgh, Vijayaraghavan & Wherton, 2016).

In order to better understand, explain and predict the future behavior of new inventions, Adams, Tranfield and Denyer (2011) emphasize the need for a separate classification of innovative ideas and the concept should be clarified. Increasing awareness of innovation in the field of health care for both Anderson, De Dreu and Nijstad, (2004) and Länsisalmi et al. (2006) states that health initiatives, at best, should be investigated from a stakeholder perspective, which includes different stakeholders, who can contribute to the scientific knowledge base and keep the field relevant to future developers. The introduction of 3 digital health care facilities has created a viable option for the physical patient to become digital. But still the question about what Swedish patients really think about meeting an online doctor remains (Dagens Medicin, 2016) If new products and services are to succeed in the market, it is necessary for the consumer to choose to use the product or service. Roehrich (2004) refers to these people as innovators. Health renaming and new technologies in health care are often made of products or are based on the use of such products, making the user / patient opinion of this type of renaming important (Roback, 2006). A comparatively few studies that focus on the acceptance of technical services among clients (Smith, Langlois & Lazau, 2010), open the possibility of further research in this context.

4. MIXED METHOD:

In case studies it is important to explain whether the study uses a quantitative or qualitative approach (Saunders et al. 2009). The difference between quality and quantity methods is obvious according to Brannick and Roche (1997). Only a few respondents are usually included in the quality process and contact with them is usually long lasting (Ibid). Methods of measurement research instead tend to study a large portion of the population, so to a large extent it makes it possible to draw common conclusions. The use of the plural method makes it easier to reach a large number of respondents in a short period of time (Bryman, 2012). Bryman, (2012) further stated that quality researchers should select appropriate individuals or organizations to answer systematic research questions.

A qualitative research approach can also be defined as a research approach, which contains detailed descriptions of people, which is important when it comes to complexity (Denscombe, 2000). In selected topics of this thesis there is a need for further scientific research from the perspective of participants. In order to be able to sample important information from a variety of sources, the thesis is based on a multidisciplinary research approach that combines both high-quality and quantitative research. Such choices can be confirmed by Saunders, Lewis and Thornhill (2009) suggest that a number

of other strategies may be recommended for inclusion in experimental studies to ensure that the collection of information about the situation / problem is as broad as possible. According to Christensen, Engdahl, Grääs and Haglund (2010) the use of a mixed method is called a triangle.

In this way the researcher collects quantitative and qualitative data in order to provide a complete analysis of the problem of selected research (Creswell 2009). Yin (1994) and Andersen (1998) argue that different methods and sources of informative information can help researchers gain a deeper and deeper knowledge of something. Andersen (1998) also explains that the use of the triangle will increase the reliability of the final research result, especially as a combination of multiple methods and materials, can overcome weaknesses, internal bias, and problems in one encouraging way. the use of this method. The repetition of the triangle is also commendable if the purpose of the research is to identify and evaluate styles in a particular object (Bogdan & Biklen, 1992), which makes this approach important in this research. The authors of the Theater used two different methods of data collection, interactive dialogue and quantitative research, which created a broad and reliable picture of the current problem.

Using the quantitative research method as an addition to the quality research method adds an additional value to the thesis result. The authors of this thesis had difficulty finding an organization that represented a group of participants 4: Users who could be users / patients, so they had to do a lot of research, which chose both appropriate methods for the purpose of the thesis. The use of the triangle has made it possible to collect data from respondents with various extensions in the current issue.

According to Bell and Bryman (2011), there are many good reasons to study available literature before starting research on a particular topic. The most obvious reason is to find out what has been done before and what kind of information is already available, to avoid duplication. To get a full understanding of the topic the authors of this thesis first read books, science articles and magazines, to get an idea of the research available in the e-health field and specific digital health care facilities. Books to be found at Halmstad University Library, Jönköping University Library and Lund University Library, and updated articles were found by searching mainly LUBSearch, Emerald and Google Scholar.

The keywords used in the search process were mainly; "Innovation" "Service Innovation", "Technology Development", "Health", "Digital Care", "Telemedicine", "New Discovery" and "Discovery Process", both separately and collectively. This has made it a success. Bryman (2008) argues that one of the reasons why text collection is so important is that it can provide and provide solid reasons why a research problem has been chosen. It is important to study Through this literature study the authors found that scholars want more research on the renaming of "digital health care facilities" and how they can be understood, explained and classified from the perspective of stakeholders, which has helped authors narrow down the research. So it became useful in a broader sense, both scientific and practical.

5. SOURCE CRITICISM:

Rosén and Eksell (2014) state that in order for researchers to be able to analyze the resources they use, it is important that they first evaluate the effectiveness of the resources. Additionally, they should also be tested to see if they are primary or secondary sources. The first sources are usually produced near you both time and space in relation to the information you carry and the second sources rely heavily on other sources. Alvesson and Sköldberg (2008) also state that writers should analyze in depth at the same time, which means how much information was recorded and written long after the incident. It is therefore the responsibility of the student to understand the sources according to their own characteristics and thus to assess for themselves which sources are most reliable and relevant to the study (Rosén & Eksell, 2014).

The authors of this thesis chose to use a combination of both basic and secondary sources, making it possible to create a broader context for the topic. Several sources were also secondary and primary as they referred to earlier researchers when presenting their own ideas and findings. Rosén and Eksell (2014) discuss this issue in their book as numerous sources that are difficult to define as your combination of both primary and secondary sources. In order for the authors to ensure a high standard of presentation, they have tried to present as many qualified scholars as possible, especially if the scholars say the same thing and have the same ideas. Alvesson and Sköldeberg (2008) further state that there is no such thing as a flawed source of information and ideas, which researchers must consider when deciding which sources to use.

Rosén and Eksell (2014) developed this statement and argued that the combined selection, complete and post-source words are an example of something a researcher should be aware of. In order for the authors of this thesis to find the use of sources with a few biases, mainly articles and books reviewed by other scholars / scientists are used. In some cases, publications authorized by organizations and experts in the field of e-health have been used even though they are not scientifically approved. Such publications may be considered appropriate for use in this paper due to the desire to take the role of participants in improving the understanding of digital health facilities.

6. THE QUALITATIVE PART:

According to Bryman (2012) qualitative researchers tend to target respondents in order to form an empirical foundation. This means that individuals or organizations selected to comply with the planned survey questions are selected (Ibid.). Ryen (2004) argues that the purpose of qualitative methods is not to construct important mathematical information, meaning that respondents should not be randomly selected. Targeted choices are often made at several levels (Bryman, 2012). For example, the first step would be to select the right organization and then select the right people who will respond within the organization. Such a choice has been the basis of this thesis. The choice of organizations was selected with the help of a model presented by Omachonu and Einspruch (2010), which states that there are five key stakeholders in the innovation process in the healthcare sector.

In order to build a successful list of questions, there are some important things to consider (Bell &Bryman, 2011). The theory used in this thesis should be considered when constructing questions (Eliasson, 2006). In addition, it is also important to ask one question at a time (Trost, 2007). The language must also be

consistent throughout the text (Ibid). The questions should also be simple and clear so that the target group understands the questions being asked. I hope this will increase the chances of finding reliable answers as the risk of confusion is reduced according to Trost (2007).

Holme and Solvang (1997) point out that if the questionnaire is not very comprehensive the authors may be at risk of getting a few answers from the respondents. According to Trost (2007) the study should include an introduction, which explains the purpose of the study and invites respondents, in an attractive way, to prosecute the study. In the questionnaire, the most closed-ended questions were asked. The questionnaire was organized into three sections; background questions, questions about the respondent's attitude towards the use of digital health care and respondents' perceptions of "digital health facilities". The selection of these elements was based on the purpose of the research and theater framework. Consistent with the consideration of Ryen's ethical research (2004), a brief introduction was included in the questionnaire, which introduced the topic and purpose of the study. Respondents were told that the participation was voluntary.

The concept of innovation is derived from the Latin word innovare, meaning to renew (Hargadon, 2003). In theory in the field of innovation there are a number of meanings and all, more or less, refer back to the concept of the Latin origin (ibid.). The innovative nature of innovation can be both as a product or service and according to Schumpeter (1988) innovation should consider one of five innovations; the introduction of a new product / service, the introduction of a new production method, the opening of a new market, the discovery of new supply sources or a new type of organization in any industry.

Hargadon (2003) simplifies understanding of his definition of new inventions as a new combination of methods, resources and materials. While something new should contribute to new knowledge, Mettelk (1993) states that it is enough to know that information is new to a particular organization, although it may not be new to their national or international competitors. Also, Martin (2008) states that a product or service can be seen as a new thing many times when it is introduced in different communities or markets. Innovation can be initiated with different energies. Within the social sciences researcher about innovation processes he often refers to this power as the side of need and the side of supply (Roback, 2006). New coercive coercion can be defined as a new or existing problem that requires a new solution. Innovation forced by the supply side on the contrary, can be defined as a new or existing solution that requires a problem to be realized (Omachonu & Einspruch, 2010).

7. CRITICAL METHOD REFLECTION:

The method chosen for the study obviously affected the study in some way, so it is important to have a critical attitude. By paying attention to the different methods selected in the thesis, understanding how the research results are affected can grow. In this thesis a multidisciplinary method is used, which combines both high-level discussions and systematic quantitative surveys that are distributed on digital channels. Bryman (2012) believes that one of the biggest criticisms of qualitative research is that it is never morally free. This is mainly due to the fact that the results are influenced by the ideas and the researcher himself what is important in empirical data. It can therefore lead to the effects of different perspectives. The authors made an effort to reduce the risk of independent conduct by including open-ended questions in their interview guide. The first data collection was done in Swedish and then presented in English in the text. The fact that the data collected was translated into a foreign language may affect the purpose of the thesis.

By sharing testimonial data with respondents interviewed prior to publication, they were given the opportunity to correct any misunderstandings or errors. One result of describing researchers themselves is that it can be difficult to replicate research (Bryman, 2012). Bryman (2012) believes that loyalty decreases when trials can be repeated. The authors expanded the clarity of some aspects of research using a mixed approach, which included measurement methods.The system requirements and design activities, and system components that this component can be set as a contact. The reader system generally living in a groupvileleaheta model gives an overview of the system architecture. The system helps to more detailed system specifications, which are in the form of a system or a graphical presentation is to develop a modeling solution that can describe the problem. Used for the graphical representation, natural language models are often described in detail the system required more than understandable. Examples of such systems are the flowchart modeling tool.

8. SERVICE & SERVICE INNOVATION:

The concept of service establishment was first introduced by Miles (1993) and has come into existence frequently discussed and developed over the past two decades (Kristensson, Gustafsson&Witel, 2014). Ostrom et.al (2010) take a broad view of the concept of service innovation, the authors argue that innovation in the ministry may involve the development of new and / or improved service delivery, new delivery methods and processes and new businesses models to create a number of customers, employees, business owners, affiliated groups and communities. The service distinguishes the product by the way, the service occurs when the interaction between the customer and the service leads to a situation where the customer is present to obtain a positive or negative result in terms of perceived value (Edvardsson 1996; Grönroos 2008). Build and maintain the customer relationships you need Frequently developed services and products (Edvardsson, 1996; Grönroos 2008; Zhan, 2009).

Matthing, Sanden and Edvardsson (2004) argue that it is very important to see what is hidden. needs, to continually find out what the customer wants before the customer realizes it. Another difficulty with this is assessing customer needs without knowing what their needs are there is. Previously, the focus was on growing changes in service development (Bitner, Ostrom & Morgan, 2008). To improve the value of customer information, focus switches to producing a solid service renaming. One way to achieve this is by customer engagement. Customer involvement is defined as the process by which the service the provider deals with the current or potential customer to obtain covert requirements for customers and the ability to develop services that respond to the changing needs of customers (Berry, Shankar, Parish, Cadwallander & Dotzel, 2006).

9. CONCLUSION:

This study provided an overview of the newly researched innovations from participants an idea that will help experts develop their understanding of this new concept newly introduced in the market. The report will be a useful tool for health professionals to understand these types of procedures

industry issues. The results also show different types of weaknesses and threats what they should know. In addition, the participants interviewed did has identified a number of opportunities that experts can explore further. In general vision, the results have influenced research in the digital field in a health care facility, which reflects the digital value of the industry that helps there to face future challenges.

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