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Prototyping Technology Adoption among Entrepreneurship and Innovation Libraries for Rural Health Innovations

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Abstract

Purpose: The purpose of this research study is to empirically investigate the FIGMA prototyping technology adoption factors among Entrepreneurship and Innovation Libraries for providing support to startups by developing and evolving the prototype solutions in collaboration with health libraries.

Methodology: This study uses the Technology Adoption Model (TAM) as a framework and the Partial Least Squares Structural Equation Modeling (PLS-SEM) method of Structural Equation Modeling (SEM) using SmartPLS 3.2.9 software version to investigate the prototyping adoption factors among Entrepreneurship and Innovation libraries for rural health innovations. A total of 40 libraries, spread over 16 Entrepreneurship and Innovation libraries, participated in this survey, including participants from Europe (35%), Asia (15%), and America (50%).

Findings: The findings show that Previous Experience, Social Impact, Brand Image, and System Quality have a significant positive impact on

Entrepreneurship and Innovation libraries' Perceived Usefulness (PU) of prototyping technology. Perceived ease of use of prototype technology is positively influenced by usability, training materials, documentation, experience, and self-efficacy. Together, Perceived Usefulness and Perceived Ease of Use have a significant influence on behavioural intention. Behavioural Intention is positively impacted by minimal investment and a shallow learning curve. Technology adoption is furthered by behavioural intention. **The control variables, for instance location, gender and work experience (as librarian) were found not having any impact on FIGMA technology adoption.**

Implications: Through strategic partnerships with other libraries (including health libraries), policy makers, and technology providers, the adoption of prototype technology can be further accelerated. The important ramifications for policymakers, technology providers, the public, and Entrepreneurship and Innovation libraries to create a self-reliant innovation ecosystem to foster rural health innovation based on entrepreneurship are also listed in the article.

Originality: This research is distinctive since it integrates several areas of study, including entrepreneurship, advances in rural healthcare, and libraries. A novel idea that hasn't been thoroughly investigated is the collaboration between Entrepreneurship and Innovation libraries and health libraries for supporting businesses. This study offers insights into the factors that drive technology adoption and offers practical advice for policy makers and technology providers. It also advances understanding of the adoption of FIGMA prototyping technology among libraries for rural health innovation. Overall, this study provides a novel viewpoint on the nexus between different disciplines, showing the opportunity for cooperation and innovation in favor of rural health.

Keywords: Health libraries; Entrepreneurship and Innovation libraries; Health innovations; Rural health innovations; Business Model Innovations; Value proposition innovations; Small businesses, Startups; Entrepreneurship; Prototyping Technology; Technology adoption.

1. Background

The health sector is a steadily expanding industry with a growing market. The pandemic caused changes in the healthcare sector, but it also led to innovations, like the development of Covid vaccinations, the digitization of healthcare delivery, the development of new medical technologies, etc. Technologies, such as the use of telemedicine, remote patient monitoring, and automated or asynchronous solutions, had a significant effect on minimizing the pandemic's effects (Young, 2022). Additionally, due to the epidemic, health institutions must digitally change their services. For instance, providing patients with medical treatments online, giving them virtual access to medical information, etc. (Charbonneaua and Vardell, 2022).

Policymakers, entrepreneurs, medical experts, academics, and researchers all turned their attention to the pandemic and now view the health industry as a prime opportunity for innovation. This was demonstrated by rising health sector budget expenditures as a percentage of national GDP and rising investment in healthcare (Young, 2022). The pandemic's impact on digital changes led to a rise in technology usage among consumers and medical care providers. As a result, the health industry now relies heavily on technology like artificial intelligence, 5G, Big data, and cloud computing to address its problems (Young, 2022).

Despite the increased focus on the health sector, efforts must be made to reduce gaps between rural and urban areas. The disparities are a result of the resource shortages that rural areas have, including a lack of doctors, beds, and medical supplies (Kumar et al., 2020). The rural health sector also has limited opportunities and capacities to contribute to health improvements, such as challenges in forming partnerships with local, national, and international health agencies, as well as funding issues (Lenstra and Roberts, 2022). Rural health libraries that can help with innovation in this area face these challenges. Therefore, to close the gaps between rural and urban health, research efforts must initially focus on rural health improvements. Furthermore, any effort made to advance rural health will also help to innovate urban health.

In literature, health libraries—public libraries and university libraries with a focus on the health field—have been cited as important proponents of health innovations. As a source of reliable and well-organized health information, as a source of resources relevant to health, such as periodicals and patent access, and as a source of synthesized health pieces of evidence compiled through systematic reviews, their function in the health domain had been to provide these services (Kwoh and Kim, 2009; Becker et al., 2010; Oh and Noh, 2013; Horrigan, 2016; Phipps, 2019; Pelczar et al., 2021; Charbonneau and Vardell, 2022). They collaborate with other national and international health organizations, which promotes increased knowledge sharing and innovation (Kinengyere, 2019).

University libraries were deemed an essential part of the innovation environment for companies with limited resources (Gupta et al., 2021a; 2022a; 2022b; 2022c; 2022d). Contrary to health libraries, these libraries as studied by the authors of this paper were owned by the universities with no special focus on the medicine domain (Gupta et al., 2021a; 2022a; 2022b; 2022c; 2022d). In other words, they were focused on offering traditional services to students and faculty as well as resources for businesses for their market success. These libraries lack health domain expertise, but they provide great support for assisting in promoting entrepreneurship both locally and internationally. Supporting small enterprises is a third objective of public libraries as well. However, health libraries lack entrepreneurial culture (Dhainaut et al., 2020) and are likely to have limited capabilities to support entrepreneurs. In the following article, we refer to public libraries and university libraries that encourage entrepreneurship initiatives in an economy as Entrepreneurship and Innovation library. Here, the term "Entrepreneurship and Innovation Library" is created to distinguish it from "entrepreneurial libraries," which are defined as libraries with an entrepreneurial culture to innovate their services and not focused on offering support to entrepreneurs.

Entrepreneurship and Innovation libraries aid businesses in the development of their business models by conducting market research for them and providing them with vital information on both domestic and international markets. In the USA, their support for small businesses throughout the pandemic had been quite clear. Due to the pandemic, these libraries had to undergo a digital transformation, which expanded the use of technology, such as social networking sites (Nadi-Ravandi and Batooli, 2022). The health libraries have a wealth of health knowledge but lack the competence to support entrepreneurs (inside the institutions or outside parties). On the other side, Entrepreneurship and Innovation libraries are becoming more adept at assisting startups. Together, these libraries can reinvent the health industry.

Although startups, especially in rural regions, have a positive impact on health advances, their failure rates are higher (almost 98%) and there is minimal startup research on topics like entrepreneurship, business frameworks, and regulation (Chakraborty et al., 2021). Startups should commercialize their ideas that address the genuine needs of the health market if they want to flourish in the sector and aid in the development of the country. They should research customers' actual demands and familiarise themselves with the medical industry to make this happen. However, in practice, entrepreneurs are ignorant of the challenges that the health systems face (Dhainaut et al., 2020). To put it another way, the creative solutions must address problems that are unique to medicine and be simple enough for rural areas to adopt. For instance, telemedicine solutions should make it simpler for rural patients to use the technology and should aid in digitally connecting patients and their healthcare providers.

Entrepreneurship plays a key role in rural health breakthroughs. In healthcare institutions like hospitals, universities, and libraries, this activity does not exist (Dhainaut et al., 2020). To reinvent rural health, third parties (entrepreneurs outside of health institutions) must step forward. These medical facilities, especially health libraries are now acting as co-innovation partners, disseminating medical knowledge to startup teams, and encouraging rural people to contribute as users of innovation to their needs.

Health libraries owing to their proximity to medical experts, rural people, and other libraries, could help to involve these stakeholders in contact with the startup team to foster prototyping sessions and thereby support the customer development process. Otherwise, due to a lack of technology expertise and startup branding concerns, individuals will be hesitant to contact the startup team (Gupta and Fernandez-Crehuet, 2021b). Their insights and the opinions of the rural people about the invention assist the startup team in continually testing their value proposition hypotheses and ultimately deploying successful innovations.

Social networking technology could connect potential customers and health domain experts with libraries and startups for startup activities. Personal sources, for instance, family and friends, government organizations, for instance, centers related to health, and healthcare professionals are the most influential sources of covid-19 information on social media (Nabi et al., 2023). The social media then disseminated Covid-19 related information to the public for their information and actions which reforms the social capital. Social capital and social media could be great platforms to access the potential stakeholders of health innovation solutions for undertaking experiments for customer development. However, there exist digital gaps between rural and urban areas (Nadi-Ravandi and Batooli, 2022) that should be addressed to innovate successfully in rural areas.

The term "media literacy" describes the capacity to use and create media messages in a variety of contexts, including news, social media, and entertainment. Contrarily, health literacy describes the capacity to acquire, process, and comprehend fundamental health information and services to make wise decisions. Those with higher media literacy are better able to analyze health information critically and recognize credible and reliable sources of this information. There exists a positive correlation between Health Literacy and Media Literacy (Afshar et al., 2020). As a result, individuals can identify whether health information is true and trustworthy, which can lead to an improvement in health literacy. Media literacy can encourage people to take an active role in health promotion initiatives. The ability to generate and distribute accurate, educational, and entertaining health-related media messages can help people promote positive habits and attitudes in their social networks. Those who are more health literate can undoubtedly be of great assistance to entrepreneurs as they research the medical problem space for their novel goods. They can give entrepreneurs ideas, feedback, and communication support so they can create products that effectively address the target population's health requirements. Due to the increasing professional proximity of residents who are more actively participating in health promotion activities, the beneficial effects on health promotion will also assist entrepreneurial and innovation libraries as well as health libraries in conducting customer interactions. Libraries can aid in fostering media literacy and civic engagement in local communities, but they must enhance their pedagogical and media literacy expertise (Kine and Davidsone, 2021). Additionally, the involvement of residents in prototyping activities is a co-creational process that will help libraries to build their media literacy and pedagogical skills because of the active participation of residents with higher media literacy skills.

The article's central argument is that Entrepreneurship and Innovation libraries, which now have business support as their third mission, could promote rural health entrepreneurship by utilizing the health libraries' wealth of medical expertise and their proximity to medical professionals and rural residents (preferably those that are actively involved in health promotion activities and those with higher media literacy). The startup team can accurately test their value proposition hypothesis and find a scalable and repeatable business model thanks to co-innovation with health libraries.

There are several prototype development technologies, but technology acceptance depends on several aspects, including the amount of investment required, how simple it is seen to be to use, how beneficial it is, etc. Authors of this paper have already recognized the technology adoption criteria (Gupta et al. 2022a), but there isn't any research in the literature evaluating particular prototype technologies. In the context of Figma technology, this article does a statistical analysis of the technological adoption factors as identified by Gupta et al. (2022a). The choice of Figma technology is based on the authors' professional backgrounds, the adoption of this technology in several libraries, and the growing popularity amongst designers.

Figma[1] is an all-encompassing online design platform that enables designers to work together to create solutions to problems utilizing technology design tools. Figma offers a variety of tools that enable designers to complete many design-related tasks, including wireframing, brainstorming, graphics, user interface (UI), and user experience (UX). To swiftly build and evolve the prototype solutions, it is feasible to construct the time-based motion between the designs (known as animations) using design elements provided by this technology. The goal of this study is to determine the factors that motivate Entrepreneurship and Innovation libraries to embrace Figma prototype technology. Research is motivated by positive trends in the health industry, health libraries, Entrepreneurship and Innovation libraries, startups, and entrepreneurship. The Technology Acceptance Model (TAM) (Davis, 1985; Davis et al., 1989) was used as a framework to achieve the research objectives, based on the adoption factors from the previous research study of authors of this paper as reported in (Gupta et al., 2022a). Entrepreneurship and Innovation libraries will employ prototyping technology (with the help of health libraries), thus in this article, the authors aim to scientifically examine the factors of technology adoption from the perspective of Entrepreneurship and Innovation libraries as its users. Health libraries make use of prototypes rather than prototyping technology (for instance, videos, animations, and software).

[1] https://www.figma.com/

The format of this article is as follows: The section titled "theoretical background and research framework" provides background information on startups' and health libraries' contributions to health innovations generally and rural health innovations specifically. This section also discusses how businesses might support entrepreneurship, particularly through prototyping. Following that, the TAM's fundamentals are presented. The structural equation model which is taken from the previous work of authors of this paper as reported in (Gupta et al., 2022a), is discussed in detail in the following section on "Research model,". The "Methods" section describes the methods employed in the research for sampling, participant information, data collection, and analysis. The two-stage PLS-SEM algorithm execution for the evaluation of the measurement model and the evaluation of the structural model is presented in the "result analysis" section. The "Discussion" section follows with a discussion of the research's theoretical and practical contributions and finally, the study is concluded.

2. Theoretical Background and Research Framework

2.1. Rural Health Innovations and Startups

With their innovative solutions to reach disadvantaged markets, startups have the potential to disrupt the health industry (Chakraborty et al., 2021). The increased investments in the health industry show the growing significance of startups in the field. For instance, a total of 2.2 billion dollars in investments were made in the Indian health technology startup ecosystem. Following the coronavirus (COVID-19) pandemic, the value of startup capital in the healthcare industry grew[2]. For instance, EIT Health recently awarded grants totaling up to €5.5 million from the Start-up Rescue Instrument to 11 startups that offer health-related solutions[3]. For instance, one such startup that received funding from EIT Health is the Austrian startup Allcyte GmbH (https://www.exscientia.ai/). This startup actively employs AI to precision engineer drugs more quickly and effectively so that people can live healthier and more fruitful lives[4]. The relevance of startups for bettering rural health cannot be overstated. An

[2] https://www.statista.com/statistics/1344121/india-value-of-funding-for-healthtech-startups-by-stage/

[3] https://eithealth.eu/news-article/eit-health-helps-11-start-ups-disrupted-by-covid-19/

[4] https://www.exscientia.ai/

American startup called Homeward Health, for instance, seeks to close the healthcare gap between urban and rural locations. Through in-person and online sessions, this startup connects medical professionals with rural patients. The Series B funding for this business recently totaled $50 million[5]. Blackfrog Tech (https://www.blackfrog.in/), an Indian startup, is yet another fantastic example of how entrepreneurship can improve health in rural places. This start-up created Emvólio, a quick cooling device, to transport biologicals like Covid vaccinations in a temperature-controlled manner. With the least amount of loss possible, the Covid vaccination team was able to offer vaccination to rural India. This was made possible by the vaccines' need for temperatures between 2 to 8°C, which can be easily maintained using Emvólio[6]. Even though startups have a promising contribution to the field of health innovations, particularly in rural areas, their failure rates are higher[7] and there is little startup research about domains like entrepreneurship, business frameworks, and legislation (Chakraborty et al., 2021).

2.2. Library support for rural health innovations

Public libraries' contributions to health advances in both urban and rural areas of the country are discussed in the literature. Some of the earlier research has concentrated on academic libraries that promote health breakthroughs. These public and university libraries are referred to as "health libraries" since they have competence in the field of health. These health libraries are mentioned in previous literature as having a role in health innovation as (a) a source of trustworthy and well-organized health information, such as information about cancer and COVID-19 (Kwoh and Kim, 2009; Becker et al., 2010; Oh and Noh, 2013; Horrigan, 2016; Pelczar et al., 2021); (b) a source of resources related to health information, such as access to health centers, health magazines, patent accesses, and health expertise (Kwoh and Kim, 2009; Oh and Noh, 2013); and (c) a source of synthesized evidence as gathered through systematic reviews (Phipps, 2019; Charbonneau and Vardell, 2022). Public libraries work with national and international organizations, such as the World Health Organization (WHO), to exchange rich knowledge to further improve the body of

[5] https://www.forbes.com/sites/ariyanagriffin/2022/08/03/this-startup-just-raised-50-million-to-bring-more-doctors-to-rural-areas/?sh=702e99c87107

[6] https://www.forbesindia.com/article/take-one-big-story-of-the-day/how-a-clutch-of-startups-is-taking-healthcare-to-rural-india/68351/1

[7] https://www.forbes.com/sites/davechase/2016/05/18/why-98-of-digital-health-startups-are-zombies-and-what-they-can-do-about-it/?sh=44343da8359a

knowledge connected to health. Additionally, libraries take to engage in hackathons as providers of health resources to assist participants in finding innovative solutions to issues in rural health. This enables hackathon participants to benefit from the wealth of health resources that libraries offer, such as access to bibliographic databases and health expertise.

Libraries that provide health information have undergone digital transformations because of the pandemic, which curtailed face-to-face encounters between clients seeking health information and libraries (Charbonneau and Vardell, 2022; Chisita et al., 2022). For instance, the libraries provided online platforms for sharing health-related information as well as services for online research and the provision of consistently updated and trustworthy Covid-related information. The benefits of these libraries for enhancing health in nations like Uganda are widely documented by Alison (2019). Health libraries have a thorough awareness of health issues, health domains, and proximities to the population (users of library services).

University of Toronto incubation programs, for instance, those led by BRIDGE[8] successfully incubated five African startups dealing with health innovations in Africa[9]. These startups were declared winners of the Health Entrepreneurship Challenge 2022. BRIDGE is a joint venture between the UTSC management department and the UTSC library. The success of these health-focused startups clearly articulates the importance of academia and libraries for fostering entrepreneurship in domains like health.

2.3. Library as a market research resource for Startups

Previous research studies conducted by the authors of this paper reported that for businesses with limited resources, university libraries are a crucial component of the innovation ecosystem (Gupta et al., 2021a; 2022a; 2022b; 2022c; 2022d). To promote entrepreneurship in both local and international markets, libraries actively support entrepreneurs. A few public libraries also provide such assistance to entrepreneurs. Such public and university libraries have served as resources for businesses by giving them access to books, journals, market research tools, contacts with specialists, experts from other countries' universities, and training programs. Additionally, libraries are helping businesses by doing market

[8] https://www.utsc.utoronto.ca/thebridge/

[9] **https://www.utsc.utoronto.ca/thebridge/african-impact-pitch-day-2022**

research and supplying them with crucial data on both domestic and foreign markets, thereby assisting them in the innovation of their business models. Despite the paucity of research on libraries as information sources for small firms like startups, the findings that have been published in the literature, for instance, the results disseminated in (Gupta et al., 2021a; 2022a; 2022b; 2022c; 2022d), have been based on the authors' professional interactions with these enterprises and university libraries. Based on the actual experiences of a Spanish startup that employed the services of an American university with a center in Madrid to do market research on the USA. The significant contribution of libraries to the internationalization of startup business is reported by Gupta et al. (2021a). In another work, Gupta et al. (2022b) reported that social networking sites (SNS) could support long-term collaborations between businesses and libraries to benefit both parties. Gupta et al. (2022c) surveyed 50 librarians from universities in Europe, Asia, America, Africa, and Australia to determine the adoption of social networking technology by university libraries to provide market research data to businesses. Gupta et al. (2022c) reported that libraries can charge different prices for the services they provide to businesses using one of four pricing models, free, freemium, subscription, and revenue-sharing. Prototyping with customers is one way to conduct market research. Customers can provide useful input on a product or service during the prototype process, and businesses can use this data to make improvements or changes. As a result, organizations are better able to comprehend their target market's needs, preferences, and problem areas. Prototyping helps to innovate business model value propositions, leading to better customer value and successful market launches.

2.4. Prototyping & Prototyping Technology for market research

Entrepreneurs create prototypes of different interactivities and fidelities to gather user feedback on the product. The startup team can validate their assumptions about the value proposition of their product by allowing people to interact with prototypes. For a Spanish startup to communicate with international clients and achieve their globalization goals in the USA, the real case study of prototyping is reported by Gupta et al. (2021c). The startup used a variety of prototypes, including interactive applications, photos, videos, and animations. "GPBBD-Gamified Prototype for Better Business Decisions" was the term of the interactive tool that they used with potential customer segments. It has been shown that using varying fidelity and interactive prototypes can aid in ideation, problem validation, problem/solution fit, and product/market fit. It was recommended to use low-fidelity, low-interactivity prototypes first to avoid spending development dollars on sophisticated prototypes if product assumptions turned out to be incorrect. More interactive and fidelity-oriented prototypes are encouraged as the startup's learning progresses and it gets closer to stages that are concerned with products, including product/market fit. This is because using prototypes makes the product more comprehensible, which enables buyers to give more accurate feedback.

Authors of this paper in their earlier work (Gupta et al., 2021c) suggested five components that motivate entrepreneurs for adopting prototyping technology namely usefulness (or usability), ease of use for the company, ease of use for clients, time to develop a prototype, and prototype recyclability. The findings were based on their consulting work with a Spanish startup that investigated the US and German markets for its sanitization product. The five-element adoption framework was further improvised and re-constructed based on the Technology Adoption Model as given by Davis (1985), drawing on their ongoing experiences with businesses in Europe, America, and Asia (Gupta et al., 2022a). The proposed framework suggests that entrepreneurs are motivated to adopt prototyping technology based on multiple factors namely Previous Experience (PE), Social Impact (SI), Brand Image (B), System Quality (SQ), Usability (U), Training Materials and Documentation (TMD), Experience (E), Self-Efficacy (SE), Involved Investment (II), and Learning Curve (LC), Perceived Usefulness (PU), Perceived Ease of Use (PEU), Behavioural Intention (BI) and Technology Acceptance (TA). The prototyping technology adoption framework is represented in Figure 1.

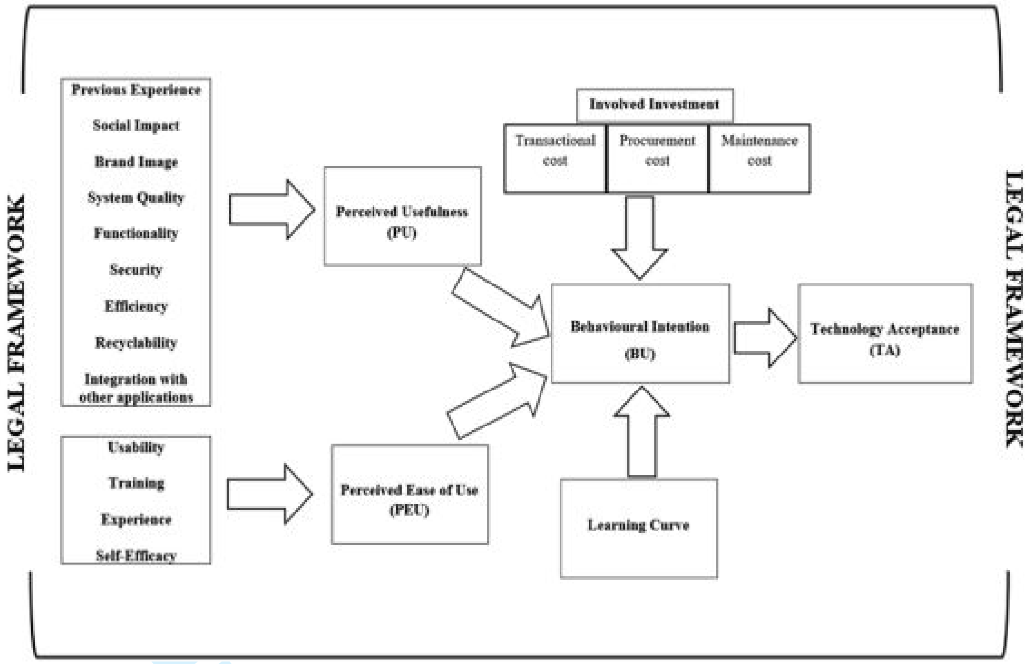

Figure 1: Prototyping technology adoption model (Gupta et al., 2022a) (© 2022 IEEE, republished with permission from the publisher)

The authors used a sample of 14 startups that had been operating since 2015, had adopted the prototype technology adoption framework, and had weathered a pandemic. The financial statement study of these businesses indicates that the use of a technology adoption framework has enhanced the business' financial characteristics. Thus, the framework has been evaluated in actual startup environments.

2.5. Research motivation: Leveraging the power of Health libraries, Entrepreneurship and Innovation libraries, Startups, and entrepreneurship

Health Libraries have made a significant contribution to health improvements, particularly in rural health, yet they still confront many difficulties. The limitations include a lack of financing, problems with the staff, a lack of infrastructure, a lack of technological proficiency among library patrons, and problems with partnerships (Kinengyere, 2019; Lenstra and Roberts, 2022). The aforementioned difficulties are exacerbated in rural settings due to variations between urban and rural environments (Rubenstein et al., 2021). For instance, in remote areas, libraries have limited funds, collaborations, and capacity to implement health improvement activities (Lenstra and Roberts, 2022). Rural residents may also acquire technology more slowly due to their lack of technological skills, which would slow the pandemic's effects on the digital world. The role of university libraries in fostering entrepreneurship and small enterprises like startups contributing to technology advancements in the health sector is becoming increasingly important as evident from the preceding sections.

Startups are unfamiliar with the health systems and the difficulties they face (Dhainaut et al., 2020). Innovations are what lead to better health care, and entrepreneurship plays a crucial part in these innovations. The ability of entrepreneurs in the healthcare industry to address medically specific issues with their technology-based solutions is crucial to their success. To make this happen, individuals must have a deeper awareness of medical concepts and work processes, in which the participation of health practitioners is crucial (Young, 2022). Additionally, there is no entrepreneurial culture in healthcare institutions and hence co-innovating through partnerships between startups and health institutions is one strategy to advance the health sector through entrepreneurship (Dhainaut et al., 2020). By utilizing the vast amount of medically related information held within healthcare facilities, startups provide breakthroughs in the health sphere.

The capacity of startups in the rural health sector to effectively examine the problem domain—that is, to identify creative product value propositions that may be readily embraced by the rural population—strongly influences their ability to succeed. As discussed in the preceding section, prototyping is one of the powerful techniques to elicit learning about ideas by fostering customer interactions. The startup team must maintain continuous communication with rural residents to develop innovative value propositions using technologies that, on the one hand, maximize the extraction of their expectations from the suggested solution and, on the other, resolve the challenges associated with expectation elicitation-related technologies adoption by rural residents. This is accomplished with lower fidelity and less interactivity prototype solutions. Due to their extensive involvement in rural health projects, health libraries had excellent access to rural people, which might be useful to encourage them to engage in contact with startup teams for prototyping sessions. Because they have a deep awareness of the issues facing rural areas and the medical fields, additional viewpoints from health libraries during prototyping sessions will be helpful to co-innovate health solutions. The startup team must successfully adopt the prototype development technologies for successful prototyping. For some of the technologically savvy stakeholders among health library librarians and rural populations, etc., higher fidelity and interactive prototypes could be created.

In summary, the research was conducted by observing promising research trends (Figure 2):

a) As seen during the pandemic, startups are becoming increasingly important in health advancements. This represents chances for improving health, particularly in rural regions, through creative products offered by businesses.

b) The significance of public and university health libraries for health innovations in urban and rural settings. Increased knowledge of health-related issues, best - practices, proximity to customers, etc. are all reflected by their active involvement in health programs.

c) The growing significance of libraries, both public and academic, in supporting entrepreneurship locally and globally. These libraries are furnished with tools like social networking, prototyping, and other resources that assist businesses in identifying and innovating their business models.

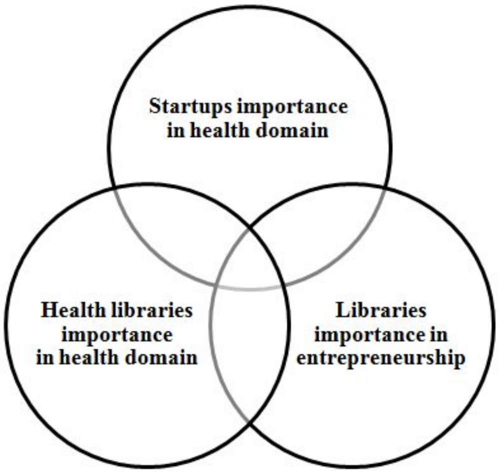

Figure 2: Research motivation.

2.6. Theoretical Framework: Technology Acceptance Model

The acceptance, integration, and usage of technology by end users are referred to as technology adoption. Users often adopt technology in a bell-shaped pattern known as the technology adoption lifecycle, with a small percentage of early adopters embracing it before the vast majority of other users. The usefulness of technology to its users is one of several factors that affect its adoption. Even if the technology is simple to use as well as useful to its end users but cost-prohibitive to acquire, its adoption may take some time or even fail. Thus, a variety of interrelated factors affect adoption decisions. Technology providers must pinpoint the elements that will encourage people to adopt new technology. If these aspects are correctly understood, the technology's user acceptance process will also be correctly understood, resulting in successful technology design and implementation (Davis, 1985).

To predict the adoption of the technology at individual levels (and not organizational levels), Davis (1985) proposed Technology Adoption Model (TAM). The Technology Adoption Model (TAM) was established to achieve this goal of defining the technology adoption criteria (Davis, 1985). According to this concept, a user's attitude toward technology is influenced by how valuable and simple he perceives the technology to be for his work (perceived utility) and how easy it is to use (perceived ease of use). His attitude encourages him to utilize the technology more, which eventually results in the end user accepting the technology. The two key factors influencing people's acceptance of technology are perceived usefulness and perceived ease of use. Later, it was revealed that attitude is a partial mediator of the relationship between perceived usefulness and perceived ease of use on Behavioral intention, as found by Davis et al. (1989). However, many other factors affect perceived usefulness and perceived ease of use, such as social influence, training, etc. A technology that could be easily adopted by consumers can be commercialized thanks to the identification of these variables.

3. Research Model

3.1. Research Hypothesis

The prototyping technology adoption framework as proposed by Gupta et al. (2022a) contains 14 latent variables which are broken down into three groups: External variables, Core variables, and outcome variables. Previous Experience (PE), Social Impact (SI), Brand Image (B), System Quality (SQ), Usability (U), Training Materials and Documentation (TMD), Experience (E), Self-Efficacy (SE), Involved Investment (II), and Learning Curve (LC) are some of the external variables. Perceived Usefulness (PU) and perceived ease of use (PEU) are core variables. Behavioural Intention (BU) and Technology Acceptance (TA) are outcome variables. This adoption framework was proposed from the perspective of entrepreneurs that are developing prototypes to validate their product value proposition assumptions with their potential customers. To meet the research objective of identifying the factors influencing librarians' adoption of Figma prototype technology to provide resources for entrepreneurs developing innovations in rural health, this framework should be leveraged as a reference model.

The indicators (or items) measuring these latent variables are given in the Questionnaire (Appendix-A). The number of indicators measuring the Previous Experience (PE) is 3, Social Impact (SI) is 3, Brand Image (B) is 4, System Quality (SQ) is 7, Usability (U) is 3, Training Materials and Documentation (TMD) is 3, Experience (E) is 3, Self-Efficacy (SE) is 3, Involved Investment (II) is 3, and Learning Curve (LC) is 3, Perceived Usefulness (PU) is 6, Perceived Ease of Use (PEU) is 6, Behavioral Intention (BI) is 4 and Technology Acceptance (TA) is 3.

The measurement models and the structural model make up the structural equation model. The indicators and latent variables are connected via the measurement model. Latent variables are connected via a structural model. The structural model that accentuates the relationships between latent variables is shown in Figure 3. Table 1 explains each latent variable of a structural model.

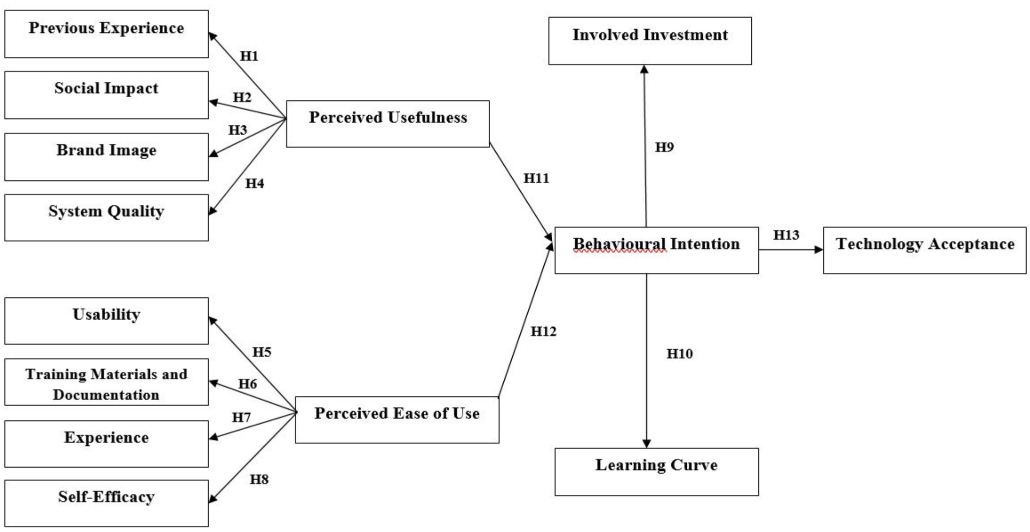

Figure 3: Research Model (Elaboration of Figure 1).

Table 1: TAM Model Latent Variables.

TAM Variable	Variable meaning
External Variable	

Previous Experience (PE)	Continual usage of Figma technology in the performance of professional duties before adopting it for solving current business problems.
Social Impact (SI)	The influence of those in close social proximity to technology users, such as recommendations by peers, startup teams and online communities, etc.
Brand Image (B)	The impression that users have of the technology provider.
System Quality (SQ)	The technology's capacity to live up to user expectations. This includes Functionality, Security, Efficiency, Recyclability, and Integration with other applications.
Usability (U)	The extent to which technology is easy to learn and use. For instance, great user experience while interacting with technology interfaces increases technology usability.
Training Materials and Documentation (TMD)	Training sessions and manuals to help users build their technology skills.
Experience (E)	Protracted and continuous usage of the technology in a professional setting. For instance, continued use of FIGMA for prototyping.
Self-Efficacy (SE)	Users of technology have a sense of confidence in their ability to successfully apply technology to meet their business objectives.
Involved Investment (II)	This represents the monetary costs related to the search for technology (transactional costs), the purchase of technology (procurement costs), and the costs related to maintaining it (Maintenance costs).

Learning Curve (LC)	A learning curve is a correlation between how well a user learns new technology and how many tries or how long it takes to finish the learning activity.
Core Variables	
Perceived Usefulness (PU) Perceived Ease of Use (PEU)	The degree to which an individual believes that using a particular system would enhance his or her job performance (Davis, 1985). The degree to which an individual believes that using a particular system would be free of physical and mental effort (Davis, 1985).
Outcome Variables	
Behavioral Intention (BI) Technology Adoption (System Use)	User intention to perform a given behaviour, for instance, technology adoption (Ajzen, 2006). The actual adoption of the technology by the user.

To achieve study objectives, the relationships between latent variables in the adoption framework (Figure 3) are formulated as hypotheses that are investigated in the study report.

The following hypotheses are tested in this research study to ensure that it meets its stated objectives.

H1: Previous Experience (PE) has a significant positive influence on the Perceived Usefulness (PU) of prototyping technology.

H2: Social Impact (SI) has a significant positive influence on the Perceived Usefulness (PU) of prototyping technology.

H3: Brand Image (B) has a significant positive influence on the Perceived Usefulness (PU) of prototyping technology.

H4: System Quality (SQ) has a significant positive influence on the Perceived Usefulness (PU) of prototyping technology.

H5: Usability (U) has a significant positive influence on the Perceived Ease of Use (PEU) of prototyping technology.

H6: Training Materials and Documentation (TMD) have a significant positive influence on the Perceived Ease of Use (PEU) of prototyping technology.

H7: Experience (E) has a significant positive influence on the Perceived Ease of Use (PEU) of prototyping technology.

H8: Self-Efficacy (SE) has a significant positive influence on the Perceived Ease of Use (PEU) of prototyping technology.

H9: Minimal Involved Investment (II) has a significant positive influence on the Behavioural Intention (BI) of prototyping technology.

H10: Shallow learning Curve (LC) has a significant positive influence on the Behavioural Intention (BI) of prototyping technology.

H11: Perceived Usefulness (PU) has a significant positive influence on the Behavioural Intention (BI) of prototyping technology.

H12: Perceived Ease of Use (PEU) has a significant positive influence on the Behavioural Intention (BI) of prototyping technology.

H13: Behavioural Intention (BI) has a significant positive influence on the Technology Acceptance (TA) by the librarian.

3.2. Control Variables

Control variables may obscure the impact of determinants on the adoption of a technology. The participant's demographics like location, gender and work experience (as librarian), are regarded as the control factors in this study as they have the potential to affect the investigated correlations between TAM variables. For instance, participants with more professional experience or skill levels may be more likely to adopt the technology than those with lesser work experience.

4. Methods

4.1. Study settings

The research study's participants were Entrepreneurship and Innovation libraries and library staff who were chosen based on whether or not they met all the three listed criteria: (a) libraries that support entrepreneurs with market research, either independently or in partnership with other universities or their libraries, or academic departments or public libraries; (b) libraries that develop prototypes of varying levels of interactivities and fidelities for small businesses using Figma technology; and (c) participation of libraries in rural health innovation programs (even without the involvement of prototypes, for instance, involvement in community development programs) independently or in close collaboration with health libraries, health universities or any other health agency.

The last two criteria make sure that library personnel are proficient in using prototyping technology and have some knowledge of rural health improvement and hence basic understanding of rural health issues and population characteristics. This offers them the potential to combine two interdisciplinary experiences in this research study and help in transferring research results to health libraries. The samples were chosen because they met all the previously mentioned criteria and were within close professional proximity of both the authors of this article and the other participating librarians in the research investigation. As a result, the sampling procedure is a mix of purposive and snowball. Additionally, libraries are becoming more involved in initiatives aimed at enhancing rural health, like community development initiatives. The sample characteristics are shown in Figure 3.

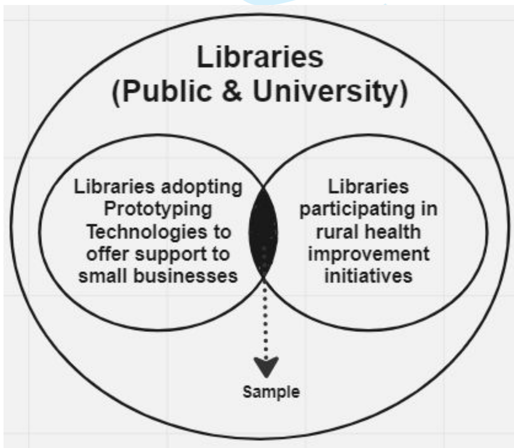

Figure 3: *Sample characteristic.*

The libraries can participate in customer engagements and the future improvement of prototype solutions. Libraries are becoming more interested in helping entrepreneurs, and this support can take many forms, from providing physical space to providing sophisticated market-related information, like by adopting social networking technologies (Gupta et al., 2021a; 2022b). The provision of providing access to prototyping resources, such as 3D printers, to business owners, was made possible in large part by libraries. It is observed that a limited number of libraries are actively involved in the development or evolution of prototypes rather than simply serving as providers of prototyping resources, such as access to 3D printers or video creation software. Even while only a small number of libraries provide these services because of their entrepreneurial ethos and close relationships with academic departments, they are extremely valuable to small enterprises with limited resources. Small enterprises will be assisted in precisely innovating their business model value propositions by the prototype creation service, high social proximity of libraries with potential customers, and strong brand recognition. Technological expertise together with the knowledge of rural health will help to improve the adoption of prototype technologies for breakthroughs in rural health.

4.2. Participant recruitment

A total of 60 participants in total were chosen for the study based on snowball and purposive sampling. Participants were presented with the informed consent form. Those who gave their consent to participate received an electronic questionnaire in the form of a Google form link (Appendix-A). A total of 40 library staff accepted the request, yielding a 67% response rate. Participants in the study came from 16 universities and public libraries spread out across Europe (35%), Asia (15%), and America (50%), located in rural and urban areas. Participants in the study are seasoned professionals with a minimum of three years of experience. There are 55% men and 45% women among the participants. The contributors' experience spans a wide range, including 3 to 5 years (45%), 5 to 10 years (40%), and more than 10 years (15%). The demographic profiles of the participants are shown in Table 3.

Table 3: Participant Profiles.

Parameter	Number	Percentage (%)
Continent		
Europe	14	35
Asia	6	15
America	20	50
Gender		
Male	22	55

Female	18	45
Work Experience		
3 to 5 years	18	45
5 to 10 years	16	40
More than 10 years	6	15

4.3. Data collection

The 40 library employees who consented to take part in the research study received the electronic questionnaire as a Google form, as was previously discussed. The questionnaire was adjusted as per responses to the feedback from the pilot test, which involved 10 library employees. The final questionnaire has 14 sections (Appendix-A). Each section examines the latent variable indicators (Figure 2). On a 5-point Likert scale, where 1 denotes strong disagreement and 5 denotes strong agreement, participants are asked to score their level of agreement or disagreement with the indicators of latent variables. Additionally, each section includes a quantitative question that enables librarians to discuss the knowledge of the TAM concept under examination that guided their responses.

4.4. Data analysis

The data obtained from 40 library personnel were analyzed using the structural equation modelling (SEM) method known as partial least squares structural equation modelling (PLS-SEM) **(Wold, 1985)**. The analysis process led to the formulation of the hypothesis being accepted or rejected, which allowed for the identification of the factors that encourage librarians to successfully embrace the prototype technology. Measurement Model Assessment (in this study, the assessment is of a reflexive measurement model) and Structural Model Assessment are the two steps of the PLS-SEM model of SEM assessment (Hair et al. 2016; Sarstedt et al. 2014). Evaluation of indicator reliability, internal consistency reliability, convergent validity, and Discriminant validity are all part of the measurement model assessment process.

The measurement model has Convergent validity if Average Variance Extracted (AVE) for each latent variable is greater than 0.50. There are several ways of calculating the Discriminant validity and one such way is as proposed in (Fornell-Larcker Criterion). This approach states that Discriminant validity is proven if the AVE square root of each latent variable is greater than the correlation of that variable with other latent variables. The measurement model has Indicator reliability if the indicator loading is above 0.60 (for exploratory study) (Hair et al., 2021) and Internal consistency reliability if the rho A reliability coefficient is greater than 0.70. After the measurement model has been successfully validated, the structural model assessment is carried out.

All endogenous latent variables' coefficients of determination (R2) are evaluated in this assessment. This number represents the percentage of the dependent latent variable's variation that can be predicted by the independent latent variables in a structural model. Additionally, the path coefficients, which show the strength of the association between two latent variables in a structural model, are computed. This research study aims to investigate a set of hypotheses for each path of the structural model (inner model). To determine whether the path coefficients are significant, the bootstrapping procedure is used. For all path coefficients, this technique determines the empirical t and p values at predetermined significance levels. In this study, a 95% confidence level (or $\alpha = 0.05$) is considered. If T Statistics is greater than 1.96 for all path coefficient values and p-value lower than 0.05 in the outer and inner models, the path coefficients are significant.

The sample size is capped at 40 since libraries are just gradually adopting prototype technology to promote small firms in the health sector. The research goals won't be met by the study using a random sample of all university libraries. The sampling criteria ensured to investigate among the "particular" categories of libraries only which best meets research objectives. The sample size was constrained by the small number of libraries that adopted prototype technology, provided support for market research, and took part in rural health initiatives. The purpose of the study question is to acquire a better understanding of how Figma technology is being used by a specific group of libraries (as per sampling criteria). In these circumstances, even if it is not possible to have a large sample size, this is valuable to generate valuable information and insights. These findings can then be used to guide future research studies that will use bigger samples. As more and more libraries begin supporting enterprises through prototyping, particularly in the rural health domains, this will be possible in the future. The PLS-SEM approach is well-suited for small sample sizes (Dale et al., 2012).

Two evaluations are conducted; one for testing common method bias (to determine whether the collected dataset contains bias resulting from the measurement model) and another to test effect size (to identify how meaningful the association between the variables is), to determine the impact of small sample size on the outcome. For the effect size testing, Cohen's f2 (Cohen, 1988) and the comprehensive collinearity evaluation technique (Kock, 2015) for common bias testing are employed. Table 9 displays the common method bias test, whereas Table 10 displays the effect size test. Partial least squares structural equation modelling (PLS-SEM) is performed using the SmartPLS 3.2.9 software application.

5. Result analysis

The PLS-SEM involves two stages, namely the assessment of the measurement model and the assessment of the structural model, as was covered in the preceding section. This section explains these two phases.

Stage 1: Reflexive Measurement Model Assessment

Measuring indicator reliability, internal consistency reliability, and convergent validity is part of the evaluation of the measurement model. Tables 4 and 5 provide the values for these reliability and validity measures. The execution of the second stage, or structural equation model assessment, follows the successful validation of the measurement model.

Table 4: Validity and Reliability of Model.

Latent Variables	Indicators	Indicator Loading	rho_A	AVE	Validity (okay?)	Reliability (okay?)
Previous Experience (PE)	PE1	0.812	0.887	0.708	Yes	Yes
	PE2	0.925				
	PE3	0.78				
Social Impact (SI)	SI1	0.975	0.812	0.679	Yes	Yes
	SI2	0.698				
	SI3	0.774				
Brand Image (B)	B1	0.877	0.785	0.527	Yes	Yes

	B2	0.654				
	B3	0.625				
	B4	0.722				
System Quality (SQ)	SQ1	0.874	0.779	0.567	Yes	Yes
	SQ2	0.745				
	SQ3	0.788				
	SQ4	0.652				
	SQ5	0.669				
	SQ6	0.778				
	SQ7	0.741				
Usability (U)	U1	0.652	0.712	0.684	Yes	Yes
	U2	0.698				
	U3	0.702				
Training Materials and Documentation (TMD)	TMD1	0.822	0.756	0.613	Yes	Yes
	TMD2	0.812				
	TMD3	0.710				
Experience (E)	E1	0.705	0.785	0.580	Yes	Yes
	E2	0.752				
	E3	0.823				
Self-Efficacy (SE)	SE1	0.873	0.802	0.713	Yes	Yes
	SE2	0.898				
	SE3	0.756				
Involved Investment	II1	0.962	0.714	0.696	Yes	Yes

(II)	II2	0.782				
	II3	0.743				
Learning Curve (LC)	LC1	0.855	0.801	0.699	Yes	Yes
	LC2	0.854				
	LC3	0.798				
Perceived Usefulness (PU)	PU1	0.922	0.846	0.692	Yes	Yes
	PU2	0.800				
	PU3	0.722				
	PU4	0.855				
	PU5	0.802				
	PU6	0.876				
Perceived Ease of Use (PEU)	PEU1	0.744	0.862	0.649	Yes	Yes
	PEU2	0.716				
	PEU3	0.763				
	PEU4	0.804				
	PEU5	0.887				
	PEU6	0.902				
Behavioural Intention (BI)	BI1	0.653	0.702	0.605	Yes	Yes
	BI2	0.667				
	BI3	0.972				
Technology Acceptance (TA)	TA1	0.682	0.793	0.642	Yes	Yes
	TA2	0.802				
	TA3	0.905				

Table 5: Discriminant validity (Fornell-Larcker Criterion).

	PE	SI	B	SQ	U	TMD	E	SE	II	LC	PU	PEU	BI	TA
PE	**0.84**													
SI	0.78	**0.82**												
B	0.65	0.65	**0.73**											
SQ	0.72	0.59	0.61	**0.75**										
U	0.59	0.55	0.68	0.52	**0.83**									
TMD	0.61	0.61	0.52	0.61	0.39	**0.78**								
E	0.75	0.67	0.67	0.67	0.68	0.43	**0.76**							
SE	0.69	0.64	0.70	0.69	0.78	0.53	0.69	**0.84**						
II	0.73	0.53	0.71	0.73	0.71	0.41	0.68	0.78	**0.83**					
LC	0.74	0.59	0.63	0.71	0.62	0.49	0.52	0.77	0.56	**0.84**				
PU	0.62	0.63	0.62	0.56	0.66	0.52	0.57	0.82	0.65	0.74	**0.83**			
PEU	0.66	0.61	0.64	0.87	0.63	0.59	0.53	0.65	0.63	0.77	0.80	**0.81**		
BI	0.61	0.66	0.52	0.65	0.71	0.63	0.46	0.63	0.74	0.67	0.69	0.78	**0.78**	
TA	0.70	0.63	0.53	0.62	0.76	0.66	0.48	0.56	0.78	0.69	0.72	0.71	0.59	**0.80**

According to an analysis of Table 5, the measurement model has Indicator reliability, Internal consistency reliability, and Convergent reliability. This is due to the values of the indicators for latent variables falling within the acceptable range, such as loading between 0.60 and 0.70 for exploratory research (indicator reliability), rho_a reliability coefficient for each latent variable being individually greater than 0.70 (internal consistency reliability), and Average Variance Extracted (AVE) for each latent variable being greater than 0.50 (Convergent validity). Because there has been little past research in the area of library support for rural health innovation, the study is exploratory in nature. Therefore, a loading value of 0.60 to 0.70 is deemed acceptable in an exploratory study (Hair et al., 2021).

Table 5 analysis indicates that the measurement model has Discriminant validity. This is due to the Fornell-Larcker Criterion, which states that Discriminant validity is present if each latent variable's AVE square root is greater than its correlation with other variables. Tables 4 and 5 together signify that the measurement model (outer model) has higher quality levels.

Stage 2:Structural Model Assessment

In the preceding section, it was explained that the bootstrapping procedure is performed and that a confidence level of 95% (or $\alpha = 0.05$) is taken into account to test the significance of path coefficients (and subsequently, hypothesis testing). This process yields the calculation of p and t values for each path in the structural model (Table 6). To test the significance of the pathways between indicators and latent variables, such values are also produced for the measurement model (outer model) (Table 7). If T Statistics is greater than 1.96 for all path coefficient values in the outer and inner models, the path coefficients are significant. Additionally, for path relationships to be considered significant, the p-value must be lower than 0.05.

Table 6: T value of Hypothesis after bootstrapping.

Hypothesis Number	**Hypothesis**	**β Value**	**T value**	**P-Value**	**Hypothesis Testing outcome**

H1	Previous Experience (PE)➔Perceived Usefulness (PU)	0.171	2.351	0.046	Accepted
H2	Social Impact (SI)➔Perceived Usefulness (PU)	0.214	4.325	0.032	Accepted
H3	Brand Image (B) ➔ Perceived Usefulness (PU)	0.143	4.113	0.04	Accepted
H4	System Quality (SQ)➔Perceived Usefulness (PU)	1.212	2.986	0.025	Accepted
H5	Usability (U)➔Perceived Ease of Use (PEU)	1.097	3.324	0.024	Accepted
H6	Training Materials and Documentation (TMD)➔ Perceived Ease of Use (PEU)	1.231	3.423	0.040	Accepted
H7	Experience (E)➔Perceived Ease of Use (PEU)	0.129	3.564	0.030	Accepted
H8	Self-Efficacy (SE)➔ Perceived Ease of Use (PEU)	1.645	3.237	0.007	Accepted

H9	Involved Investment (II)➔ Behavioural Intention (BI)	0.239	2.012	0.025	Accepted
H10	Learning Curve (LC)➔ Behavioural Intention (BI)	0.098	2.987	0.037	Accepted
H11	Perceived Usefulness (PU)➔ Behavioural Intention (BI)	0.394	4.589	0.036	Accepted
H12	Perceived Ease of Use (PEU)➔ Behavioural Intention (BI)	0.596	6.875	0.000	Accepted
H13	Behavioural Intention (BI)➔ Technology Acceptance (TA)	0.442	4.289	0.023	Accepted

Table 7: Outer Loading.

Indicator	T Value	P-Value	Significant?
B1 ←Brand Image (B)	2.981	0.016	Accepted
B2 ←Brand Image (B)	8.923	0.036	Accepted
B3 ← Brand Image (B)	2.986	0.000	Accepted
B4 ← Brand Image (B)	4.327	0.001	Accepted
BI1 ←Behavioral Intention (BI)	5.893	0.020	Accepted
BI2 ← Behavioral Intention (BI)	4.442	0.000	Accepted
BI3 ← Behavioral Intention (BI)	3.987	0.021	Accepted
BI4 ← Behavioral Intention (BI)	3.112	0.001	Accepted

E1 ←Experience (E)	3.234	0.020	Accepted
E2 ←Experience (E)	2.915	0.014	Accepted
E3 ←Experience (E)	2.817	0.001	Accepted
II1 ←Minimal Involved Investment (II)	2.985	0.000	Accepted
II2 ←Minimal Involved Investment (II)	2.225	0.006	Accepted
II3 ←Involved Investment (II)	3.002	0.000	Accepted
LC1 ←Learning Curve (LC)	3.678	0.071	Accepted
LC2 ←Learning Curve (LC)	4.021	0.005	Accepted
LC3 ←Learning Curve (LC)	4.662	0.000	Accepted
PE1 ← Previous Experience (PE)	3.987	0.018	Accepted
PE2 ← Previous Experience (PE)	3.194	0.072	Accepted
PE3 ← Previous Experience (PE)	4.2973	0.000	Accepted
PEU1 ←Perceived Ease of Use (PEU)	5.862	0.004	Accepted
PEU2 ←Perceived Ease of Use (PEU)	5.983	0.031	Accepted
PEU3 ←Perceived Ease of Use (PEU)	3.209	0.022	Accepted
PEU4 ←Perceived Ease of Use (PEU)	3.289	0.000	Accepted
PEU5 ←Perceived Ease of Use (PEU)	5.2982	0.000	Accepted
PEU6 ←Perceived Ease of Use (PEU)	2.874	0.002	Accepted
PU1 ←Perceived Usefulness (PU)	3.677	0.072	Accepted
PU2 ←Perceived Usefulness (PU)	3.591	0.009	Accepted
PU3 ←Perceived Usefulness (PU)	3.598	0.000	Accepted
PU4 ←Perceived Usefulness (PU)	4.328	0.30	Accepted
PU5 ←Perceived Usefulness (PU)	2.911	0.000	Accepted

PU6 ←Perceived Usefulness (PU)	2.457	0.025	Accepted
SI1 ← Social Impact (SI)	3.297	0.002	Accepted
SI2 ← Social Impact (SI)	3.334	0.034	Accepted
SI3 ← Social Impact (SI)	6.789	0.028	Accepted
SQ1 ←System Quality (SQ)	4.445	0.000	Accepted
SQ2 ←System Quality (SQ)	6.897	0.000	Accepted
SQ3 ←System Quality (SQ)	4.136	0.044	Accepted
SQ4 ←System Quality (SQ)	5.429	0.022	Accepted
SQ5 ←System Quality (SQ)	5.411	0.001	Accepted
SQ6 ←System Quality (SQ)	3.975	0.021	Accepted
SQ7 ←System Quality (SQ)	5.172	0.042	Accepted
SE1 ←Self-efficacy (SE)	2.322	0.023	Accepted
SE2 ←Self-efficacy (SE)	2.199	0.011	Accepted
SE3 ←Self-efficacy (SE)	3.1222	0.022	Accepted
TA1 ←Technology Acceptance (TA)	2.888	0.022	Accepted
TA2 ←Technology Acceptance (TA)	2.911	0.019	Accepted
TA3 ←Technology Acceptance (TA)	4.591	0.002	Accepted
TMD1←Training Materials and Documentation (TMD)	3.228	0.000	Accepted
TMD2←Training Materials and Documentation (TMD)	2.912	0.000	Accepted
TMD3←Training Materials and Documentation (TMD)	3.339	0.020	Accepted
U1 ←Usability (U)	4.598	0.019	Accepted

U2 ←Usability (U)	3.998	0.011	Accepted
U3 ←Usability (U)	3.881	0.000	Accepted

All the hypotheses (H1 to H13) are true, as shown in Table 6. T statistics for each of these hypotheses are greater than 1.96, with a P value of less than 0.05. Hypothesis H1 is accepted because Previous Experience (PE) with (β=0.171, t-value=2.351, p-value=0.046) affects Perceived Usefulness (PU). Hypothesis H2 is accepted because Social Impact (SI) with (β =0.214, t-value=4.325, p-value=0.032) affects Perceived Usefulness (PU). Hypothesis H3 is accepted because Brand Image (B) with (β =0.143, t-value=4.113, p-value=0.04) affects Perceived Usefulness (PU). Hypothesis H4 is accepted because System Quality (SQ) with (β=1.212, t-value=2.986, p-value=0.025) affects Perceived Usefulness (PU). Hypothesis H5 is accepted because Usability (U) with (β=1.097, t-value=3.324, p-value=0.024) affects Perceived Ease of Use (PEU). Hypothesis H6 is accepted because Training Materials and Documentation (TMD) with (β=1.231, t-value=3.423, p-value=0.040) affects Perceived Ease of Use (PEU). Hypothesis H7 is accepted because Experience (E) with (β=0.129, t-value=3.564, p-value=0.030) affects Perceived Ease of Use (PEU). Hypothesis H8 is accepted because Self-Efficacy (SE) with (β=1.645, t-value=3.237, p-value=0.007) affects Perceived Ease of Use (PEU). Hypothesis H9 is accepted because Involved Investment (II) with (β=0.239, t-value=2.012, p-value=0.025) affects Behavioural Intention (BU). Hypothesis H10 is accepted because Learning Curve (LC) with (β =0.098, t-value=2.987, p>0.037) affects Behavioural Intention (BU). Hypothesis H11 is accepted because Perceived Usefulness (PU) with (β=0.394, t-value=4.589, p-value=0.036) affects Behavioural Intention (BI). Hypothesis H12 is accepted because Perceived Ease of Use (PEU) with (β =0.596, t-value=6.875, p-value=0.000) affects Behavioural Intention (BI). Hypothesis H13 is accepted because Behavioural Intention (BI) with (β=0.442, t-value=4.289, p-value=0.023) affects Technology Acceptance (TA). The goodness-of-Fit Index (GFI), which measures how well the model fits overall, is calculated to be 0.927, which is higher than the suggested threshold of 0.90, indicating that the SEM model is fit.

Table 8: Test for common method bias.

	PE	SI	B	SQ	U	TMD	E	SE	II	LC	PU	PEU	BI	TA
PE											1.289			
SI											1.145			
B											1.125			
SQ											0.998			
U												0.963		
TMD												1.144		
E												1.241		
SE												0.589		
II													0,745	
LC													1.012	
PU													0.856	
PEU													0.872	
BI														1.512
TA														

Table 9: Effect Size Test.

	PE	SI	B	SQ	U	TMD	E	SE	II	LC	PU	PEU	BI	TA
PE											0.782			
SI											0.977			
B											1.12			
SQ											1.29			
U												0.879		
TMD												0.891		
E												1.02		
SE												1.16		
II													0.773	
LC													0.889	
PU													0.798	
PEU													0.678	
BI														1.212
TA														

Because the variance inflation factors (VIFs) have a value less than 3.3, the model is free of common method bias. Because the values are more than

0.15 and 0.35, respectively, the effect size is both moderate and large. This shows that the research is relevant and that the limited sample size has no bearing on its findings.

The coefficient of determination (R^2) to predict the measure the predictive accuracy of the model is given in Table 10.

Table 10: R^2 of the endogenous latent variables of the structural equation model.

Constructs	R^2	Outcome	Contributors to R^2
Technology Acceptance (TA)	0.724	High	Behavioural Intention (BI)
Behavioural Intention (BI)	0.529	Moderate	Perceived Usefulness (PU) & Perceived Ease of Use (PEU)

The coefficient of determination, R2, is 0.724 for the Technology acceptance (TA) endogenous latent variable. This means that Behavioural Intention (BI) highly explains the 72.5% variance in Technology acceptance. The coefficient of determination, R2, is 0.529 for the Behavioural Intention (BI) endogenous latent variable. This means that Perceived Usefulness (PU) and Perceived Ease of Use (PEU) moderately explain 52.9% variance in Behavioural Intention.

The effect of control variables on technology adoption is tested by testing the path connecting these variables with technology adoption variable of structural model. Table 11 highlight the hypothesis testing of relationship between control variables and technology adoption.

Table 11: Hypothesis testing (control variables).

Hypothesis	**β Value**	**T value**	**P-Value**	**Hypothesis Testing outcome**
Location (L)➔Technology Adoption (TA)	0.151	1.12	0.066	Rejected
Gender (G) ➔ Technology Adoption (TA)	0.090	1.29	0.172	Rejected

Work Experience (as librarian)➔Technology Adoption (TA)	0.116	1.01	0.369	Rejected

6. Discussion

6.1. Theoretical Contributions

To assist Small and Medium-Sized Enterprises, such as startups, to successfully advance rural health through their successful commercialization, this article looked into the elements that drive the Entrepreneurship and Innovation Library staff to adopt prototype technology, such as Figma. The results identify many factors that increase the Figma technology adoption among librarians owing to their significant positive influence on adoption. Technology adoption strongly depends on two factors, namely Perceived Usefulness and Perceived Ease of Use, which is in line with the findings as disseminated in (Davis, 1989). Perceived Usefulness and Perceived Ease of Use impact Behavioural Intention to use the technology that leads to technology adoption.

Factors like Previous Experience, Social Impact, Brand Image, and System Quality have a significant positive impact on Perceived Usefulness. The previous usage of this technology by library employees has improved their assessment of its value in achieving their business objectives. Even though Figma is simpler to use and has a straightforward GUI for designing systems, prior familiarity with this technology makes it simpler to persuade library personnel to use it. One of the attendees said, "*The technology was used by our librarian during a week-long training. The fact that his team used Figma to complete the workshop project was enough to inspire him to deploy this technology in the library. Previous experience overcomes people's unwillingness to use new technology*".

Social Impact has a significant positive impact on the usefulness of technology as perceived by librarians. These days, libraries are a part of library consortiums and work closely with academic institutions all over the world. Successful adoption of technology in one library provides a strong "word of mouth" branding about the usefulness of the technology among consortium members. When a library successfully implements technology, word quickly spreads throughout its network, encouraging other libraries to follow suit. One of the attendees remarked, "*When we had* *to investigate the possibility of delivering medications online during a pandemic in a small community, we used Figma technology successfully. We were aback by how simple it was to prototype with this technology. We couldn't wait to inform our partners of this information and the lessons we had learned. Positive feedback from our partners led to some of them implementing this technology as well*".

Another significant factor in determining how useful people view technology is the brand image. There are several prototype technologies, and the library community is just beginning to embrace this technology. Libraries have been advancing their offerings to businesses by adding prototyping as a new service because they recognize the importance of prototyping. When there are numerous technologies available, libraries choose one based on the market reputation of the technology suppliers and their judgments of the provider's reputation. On September 15, 2022, the well-known software business Adobe purchased Figma for $20 billion[10][11]. This branding is enough to persuade libraries to have favorable opinions of the value of this technology in resolving business problems. The perceived usefulness is positively impacted by System Quality. Librarians are more likely to find technology beneficial when it has features that make it easier to develop prototypes quickly, improve them regularly, and interface with other applications. However, as librarians use technology more frequently, their grasp of system quality improves. Thus, Previous Experience, Social Impact, Brand Image, and System Quality together enhance perceived usefulness.

Technology's perceived ease of use is improved by higher usability, training materials, documentation, experience, and self-efficacy. For instance, Figma's simple GUI and user-friendly features make it simple for librarians to use the technology. The availability of several instructional manuals and video tutorials about Figma allows librarians to learn how to utilize this technology on their own. These resources offer information that is simple to understand, assisting librarians in learning technology skills that improve their perceptions of how simple it is to use technology. The perceived ease of use likewise rises as librarians gain more experience with the technology. Additionally, their perception of the technology's perceived ease of use is influenced by their confidence in successfully using

[10] https://en.wikipedia.org/wiki/Figma_(software)

[11] https://techcrunch.com/2022/10/20/figma-ceo-dylan-field-on-why-he-sold-to-adobe/

this technology (self-efficacy). Figma, a user-friendly application, facilitates quick learning and ultimately increases PEU factor contributions.

Involved Investment, Learning Curve, Perceived Usefulness, and Perceived Ease of Use, all have a significant effect on Behavioural Intention. Libraries employ prototype technology because they believe it to be easy to use and valuable, which is motivated by perceived usefulness and perceived ease of use. However, involved investment and learning curve are two other aspects that contribute to behavioural intention. Utilizing this technology is incredibly affordable. For instance, Figma Professional costs $12 per editor per month, whereas Figma Organization costs $45 per editor per month[12]. The basic starting membership plan is free. The behavioural intention to embrace the technology is positively impacted by the technology's decreased costs. Additionally, the minimal maintenance expenses are another factor that supports higher BI. Additionally, Figma's shallow learning curve shows that learning to use this technology is easier for librarians. When a new technology is chosen for adoption in a library, the adoption process includes gradual learning. A low learning curve speeds up the learning process and supports experiential learning by librarians. Finally, Behavioural Intention drives libraries to use prototype technology.

These findings suggest that once implemented, Figma technology had a higher likelihood of being used by library staff, which would facilitate its adoption and benefit health startups. Although the perceived usefulness of this technology was driven by its higher quality and brand recognition, previous experience and social impact also had a significant role. This means that the library consortium should concentrate on regularly exchanging information about the adoption of new technologies and aiding their peers in successfully understanding the value of technology through their actual experiences with them. Perceived ease of use is another essential aspect to improve behavioural intention. Figma makes it far simpler for librarians to use this technology thanks to its simpler GUI and user experience as well as the availability of simple training materials. But continued usage of this technology strengthens it even more (accumulation of more experience). Due to these variables and continued use, librarians will rapidly boost their self-efficacy towards it, furthering their perception that this technology requires no physical or mental effort

[12] https://www.figma.com/pricing/

on their part. Additionally essential is the peer libraries' assistance. To expand their experience, self-efficacy, and training, for instance, peer libraries could arrange training sessions and offer their expertise to their peers. Because Figma technology providers have commercialized this cloud-based technology at a lesser cost, libraries with tight budgets and infrastructure can easily purchase and maintain it. Additionally, the flat learning curve makes it ideal for libraries with small staff, limited technological expertise, and limited infrastructure.

These findings suggest that peer library support may enhance the actual adoption of technology by promoting perceived utility, perceived usability, and behavioural intention. Additionally, corporate libraries might assist health libraries in successfully implementing this technology, which is now constrained by a lack of funding, staffing issues, infrastructure issues, a lack of technologically savvy library users, and issues with collaborations (Kinengyere, 2019; Lenstra and Roberts, 2022). This will aid health libraries in learning the entrepreneurial skills necessary to support health-focused startups on their own, while also allowing them to gain the dynamic capabilities to do so based on partnerships with Entrepreneurship and Innovation libraries.

Huang (2022) reported that to better serve their patrons' requirements and deliver wonderful experiences, libraries are eager to incorporate cutting-edge technologies, such as Artificial Intelligence (AI) applications. It was also reported that people-related components including human resources, librarian desire and experience, assistance from managers, and support are only a few of the documented technology adoption factors. Because FIGMA technology has been investigated as easily adoptable, meaning people-related challenges are unlikely to hinder its adoption which makes it possible for libraries to leverage across such technologies without getting impacted by hindrance factors.

Additionally, the results revealed that participant location, gender, and work experience (as librariaan) had no influence on the adoption of FIGMA technology (Table 11). As a result, regardless of the aforementioned control variables, the research findings are consistent and valid across a wide range of audiences of the research results. The control variables does not have an impact on practitioners or stakeholders when using the determinants found in this study.

The geographic location of the librarians' places of work (Europe, Asia, and America) had little impact on how quickly they adopted Figma technology. This implies that Figma's advantages and usability are universal, regardless of national issues, such as infrastructure variations. This might be partially explained by the fact that in the libraries studied in this research, there had been increasing focus on digital transformations, support for businesses, the development of entrepreneurial skills among its audience, and supporting government policies to promote enterprises.

Gender did not show up as a determinant in the adoption of Figma technology. This suggests that both male and female librarians—or those with various gender identities—perceive Figma as beneficial and simple to use. Regardless of gender, technology seems to be equally available to and applicable to librarians. One explanation would be the increasing attention being paid to digital transformations and the entrepreneurial approach to innovate library services. Emerging technologies are developed to be used with little training by non-expert users.

Surprisingly, the adoption of Figma technology was unaffected by the number of years of professional experience as a librarian. This shows that regardless of their level of experience, whether they are inexperienced beginners or seasoned pros, librarians of all levels view and use Figma in a comparable way. One explanation could be that Figma technology is made in such a way that it enables librarians, irrespective of their level of job experience, to rapidly comprehend and efficiently utilise its capabilities. Figma's functionality and user interface may be simple and easy to use, making it available to librarians of any expertise level. Another reason is that this technology does not require any specialized training to master it. Consequently, working as a librarian has no impact on one's capacity to learn this technology. Last but not least, regardless of their level of job experience, the librarians who were a part of your inquiry may have displayed a general openness to innovation. Because librarians were more open to experimenting with and adopting cutting-edge tools like Figma into their work practices, this readiness to explore and adopt new technology may have a greater impact than the influence of prior work experience. In libraries, there is a rising entrepreneurial culture that encourages experimentation and new ideas.

6.2. Practical Contributions

This study makes pertinent recommendations for technology suppliers, policymakers, and libraries. This is highlighted below:

a) **Libraries**

- **Bridging the gap between health and Entrepreneurship and Innovation libraries:** The necessity for collaboration between business and health libraries to promote entrepreneurship and innovation in rural health is highlighted by the research. Such cooperation is necessary for both building competencies in weaker areas, such as the health domain in the instance of Entrepreneurship and Innovation libraries, and for providing each other with helpful assistance. This will make it easier for business and health libraries, which have different specialties, to collaborate more successfully in the future.
- **Promoting the use of prototyping technologies:** According to research, prototyping technologies like FIGMA can help assist businesses in rural health markets to achieve product/market fit. This might motivate more entrepreneurs to investigate the usage of such technology, which might result in the creation of better healthcare options for those living in rural areas. This will increase the startup community's success rate due to successful market research for a better product/market fit.
- **Increasing libraries' ability to foster entrepreneurship:** The relevance of libraries in supporting businesses, especially in rural regions, is emphasized by research. It encourages other libraries to create comparable programs and services to boost entrepreneurship in their regions by displaying the capabilities of Entrepreneurship and Innovation libraries in this area. This could be supported by practical knowledge exchanges between libraries about essential training and real-world skills in prototyping acquired because of their experiences with such programs with library staff and entrepreneurs. In the end, this will help to build health solutions for rural communities that are more effective and efficient.
- **Supporting rural health innovation:** This study has the potential to contribute to the creation of fresh, creative health solutions that can enhance the health and well-being of rural populations by encouraging entrepreneurship and innovation in rural health. For rural populations, rural healthcare practitioners, and health libraries, this may have substantial practical ramifications.

b) **Prototyping Technology Suppliers**

- **Identification of technology adoption factors:** The report reveals the FIGMA technology adoption factors for prototyping in the healthcare industry. This knowledge can assist technology companies in creating more convenient and efficient prototyping tools that cater to the unique requirements of Entrepreneurship and Innovation libraries (as technology users) and health libraries and entrepreneurs (as prototype users).
- **Enhancing Innovation:** The study may pinpoint possible regions where FIGMA technology might be used to promote breakthroughs in rural healthcare. This knowledge can aid in the development of new features or functionalities by technology providers that will better promote innovation in the healthcare industry.
- **Collaboration Opportunities:** The study might provide chances for tech companies, health libraries, and Entrepreneurship and Innovation libraries to work together. This partnership may result in the creation of more useful resources for healthcare entrepreneurs, including funding opportunities, mentoring, and training programs.
- **Living labs:** To test and assess new technologies, in actual environments, living labs, or "real-world testing environments," can be created by technology providers. Technology companies may find it advantageous to test their prototyping tools and services in "living labs" where users and stakeholders can provide insightful feedback (including health and Entrepreneurship Innovation libraries). The design and development of living laboratories that concentrate on rural health innovations can be informed by the study's results on user needs and preferences, viable application areas, and collaboration opportunities in the healthcare industry. Living laboratories can give healthcare entrepreneurs access to prototyping technology and support services including mentoring, training, and funding options to aid in the development and improvement of their goods and services. Living labs can also give technology suppliers the chance to work with Entrepreneurship and Innovation libraries, health libraries, and other stakeholders to co-create and co-design innovative solutions that specifically address the requirements of rural health communities. Living labs can encourage innovation and hasten the adoption of new technologies

in the healthcare industry by utilizing the assets and skills of various stakeholders.

c) **Policymakers**

- **Supporting rural health innovation:** The study's findings can be used by policymakers to make legislation and programs that promote innovation in rural healthcare. For instance, governments may use the study results to create funding plans that encourage the creation and use of prototype technologies in rural health settings.
- **Building collaborative networks:** The findings of the study can be used by policymakers to pinpoint areas where entrepreneurs, healthcare practitioners, Entrepreneurship and Innovation libraries, and health libraries can work together. Policymakers can contribute to the development of a more integrated and productive ecosystem for rural health innovation by encouraging collaboration. In addition to their conventional duty of providing library services to students, policymakers might create regulations that encourage collaboration between libraries and assist them in adding business support as a third mission.
- **Promoting economic development:** Policymakers can encourage economic development in rural areas by encouraging innovation and entrepreneurship in the field of rural health. In areas that have historically suffered from poverty and unemployment, this can help to spur economic growth by luring investment, creating jobs, and increasing investment.
- **Improving healthcare outcomes:** Policies and programs that enhance healthcare outcomes in rural areas can be informed by research study findings. Policymakers can assist in addressing the special difficulties that rural people confront in accessing high-quality healthcare by fostering the development of efficient health solutions and technologies.
- **Fostering innovation ecosystems:** By encouraging the growth of an autonomous innovation ecosystem, policymakers could support the successful innovation of tech firms. Additionally, active government backing might assist them in sharing their R&D costs, making technology accessible to small enterprises.

7. Research study Limitations and future recommendations

One of the study's limitations is the small sample size, which was set at 40 because libraries are only recently adopted prototype technology to support start-up businesses in the health sector. To ascertain the effect of small sample size on the result, two evaluations are carried out: one to test common method bias (to see if the dataset collected contains bias resulting from the measurement model), and another to test effect size (to ascertain the significance of the association between the variables). The findings show that the research is not affected by the small sample size.

The results have a significant impact on advances in rural health for a variety of reasons.

- They will first emphasize the potential for partnerships between libraries and startups to collaboratively develop and commercialize successful innovations.
- Additionally, it will advance our understanding of the elements that facilitate libraries' adoption of prototype technologies, resulting in technological advancements that libraries can quickly embrace to help entrepreneurs.

Future research in this area has several potential directions.

- In the future, it is anticipated to carry out a similar study once many libraries have engaged in prototyping to turn rural health innovations into a collaborative process.
- More research on the unique requirements and difficulties faced by rural populations, health libraries (as prototype users), and Entrepreneurship and Innovation libraries would be helpful (as prototyping technology users). This will facilitate improved technological innovation. These stakeholders may be the subject of in-depth interviews, surveys, and case studies of innovative rural health practices.
- Future research might examine how living labs might be used to assist breakthroughs in rural health. Living labs might offer a useful setting for testing and assessing support services and technology prototypes in practical applications.
- It would be beneficial to look at the possibility of working with prototyping technology providers, Entrepreneurship and Innovation libraries, and health libraries to assist innovations in rural health. This could entail creating fresh support services that make use of the abilities and assets of many partners, such as training courses and mentoring possibilities.

Overall, more research in this field can increase our understanding of how prototype technologies can effectively support innovations in rural healthcare and meet the particular demands and problems of the rural healthcare sector.

8. Conclusions

To help health businesses market innovative solutions for rural health, this research looks into the elements that encourage Entrepreneurship and Innovation libraries to adopt Figma technology for designing prototype solutions. The lack of innovations in rural health was the driving force behind the research, which might be addressed by promising entrepreneurial developments in the health sector as observed in a pandemic, health libraries, Entrepreneurship and Innovation libraries, startups, and entrepreneurship. The study's findings indicate that Entrepreneurship and Innovation Libraries' Perceived Usefulness (PU) of prototyping technology is significantly positively influenced by Previous Experience, Social Impact, Brand Image, and System Quality. Usability, training materials, documentation, experience, and self-efficacy all have a beneficial impact on how intuitive prototype technology is seen to be (perceived ease of use). Perceived Usefulness and Perceived Ease of Use have a considerable impact on behavioural intention when considered together. A low learning curve and minimal investment have a good effect on behavioural intention. Behavioural intention promotes technology uptake.

The collaboration of the business and health libraries may help to accomplish two goals. First, there is an interdisciplinary knowledge transfer, where Entrepreneurship and Innovation libraries gain from health libraries' competence in medicine and health libraries gain from Entrepreneurship and Innovation libraries' entrepreneurial skills. Second, it enables libraries to impart knowledge and lessons to their colleagues, which improves the elements that influence technology adoption, such as training, experience, prior experience, social impact, etc. This helps libraries get past their reluctance to use prototype technology, together with the greater PEU and PU of Figma technology. Thirdly, it helps health libraries build their entrepreneurship competencies for assisting health startups as well as Entrepreneurship and Innovation libraries acquire competence in providing support to health entrepreneurs.

However, the collaboration must be strategic to benefit all library partners (Gupta et al., 2022b). To boost technology use and help enterprises in rural health innovations, the roles of technology suppliers, legislators, and libraries are crucial. The libraries can accurately and speedily collect input from the rural population due to the enhanced ability to employ this technology and, consequently, efficiently construct and evolve prototypes. The rural populace does not need to possess any technological expertise due to the simplicity of prototype designs. These Entrepreneurship and Innovation libraries will be able to access rural populations to nurture the customer development process thanks to the active cooperation of health libraries. This section is mandatory.

Author Contributions:

Funding:

Institutional Review Board Statement: The conducted study was approved by the Institutional Review Board of (IRB Approval number: XXXX dated: XXXX).

Informed Consent Statement: Before beginning to acquire data from research participants, researchers obtained their informed consent. They were fully informed of the study's goals, the research techniques to be used, the result's non-disclosure, the privacy of personal data, and how their responses will be used in the research study.

Data Availability Statement: Data will be provided upon reasonable request to the correspondence author. As stated in the informed consent statement, the individual responses are confidential. It may take several months to negotiate data usage agreements and obtain access to the data.

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Conflicts of Interest: The authors declare no conflict of interest.

Additional Information:

Appendix A (Questionnaire)

Informed Consent

This study aims to identify the driving forces behind Entrepreneurship and Innovation libraries' adoption of Figma prototype technology. This survey is intended to get your opinions on the use of Figma technology in your library to create prototype business solutions to meet the study's objectives. Your libraries support programs to promote public health as well as SMEs' efforts to grow their businesses in local and international markets. Figma was one of the prototyping tools your library has been employing. Even though participation is completely optional, your insights will be invaluable in advancing successful entrepreneurship-based rural health innovation. Your information will only be used to compile replies to the survey in an aggregate form; no specific responses will ever be made public.

Rating Scale: 5-point Likert scale; 1 represents strong disagreement and 5 represents strong agreement.

Section I

Previous Experience (PE)

PE1. I had worked previously using the Figma prototyping technology for other designing tasks except for health-focused businesses.

PE2. I had been using Figma drawing tools for basic drawings for my professional works.

PE3. I used Figma to create UX designs for my website.

Open Question (optional): Would you like to share your experiences that drove your reasoning behind your answers?

Section II

Social Impact (SI)

E1. A colleague in my professional network encouraged me to use Figma prototyping technology.

E2. We were inspired to embrace this Figma prototyping technology by our partners.

E3. Our expert working group recommended the Figma prototyping technology.

Open Question (optional): Would you like to share your experiences that drove your reasoning behind your answers?

Section III

Brand Image (B)

U1. The library selects the prototyping technology which is used by renowned entrepreneurs.

U2. The library selects the prototyping technology which is owned by companies with high brand values.

U3. The library selects the prototyping technology which has high-brand companies as its clients.

U4. The library selects the prototyping technology that is well-known in the market.

Open Question (optional): Would you like to share your experiences that drove your reasoning behind your answers?

Section IV

System Quality (SQ)

SQ1. Figma prototyping technology is fast to access and trigger to fetch meaningful information.

SQ2. Figma prototyping technology provides rich functionality to meet market research objectives.

SQ3. Figma prototyping technology provides a rich Graphical User Interface (GUI) to work with.

SQ4. It is highly secure to be used especially from a user privacy point of view.

SQ5. It is possible to design prototypes and integrate them with other applications using the Figma prototyping technology.

SQ6. It is great not to be responsible for the maintainability of the Figma prototyping technology.

SQ7. It is possible to continuously evolve the prototype solutions designed using Figma prototyping technology.

Open Question (optional): Would you like to share your experiences that drove your reasoning behind your answers?

Section V

Usability (U)

U1. The Figma prototype software allows me to easily comprehends the layout and navigation of technology web pages.

U2. I can work much more quickly because of the excellent interface of the Figma prototyping technology.

U3. I enjoy using Figma prototyping technology a lot.

Section VI

Training Materials and Documentation (TMD)

TMD1. I can accomplish my tasks using Figma prototyping technology with prior training sessions.

TMD2. I can use Figma prototyping technology as the training opportunities exist in my organization as well as online (through online material).

TMD3. I have good access to training on Figma prototyping technology.

Section VII

Experience (E)

E1. I had worked previously using the Figma prototyping technology for prototyping tasks.

E2. I have actively used Figma prototyping technology in providing support to the business community.

E3. The Figma prototyping technology had been used by me in evolving prototypes as per the business, customer, and other health agencies' feedback.

Open Question (optional): Would you like to share your experiences that drove your reasoning behind your answers?

Open Question (optional): Would you like to share your experiences that drove your reasoning behind your answers?

Section VIII

Self-efficacy (SE)

SE1. I can always use Figma prototyping technology to accomplish my task without the additional help of another person.

SE2. I understand the words/terms related to Figma prototyping technology.

SE3. I know how to use the Figma prototyping technology to accomplish my task even if I had never used similar technology before.

Open Question (optional): Would you like to share your experiences that drove your reasoning behind your answers?

Section IX

Perceived Ease of Use (PEU)

PEU1: Learning to operate Figma prototyping technology will be easier for me.

PEU2: I will find it easier to operate Figma prototyping technology to do what I wish to do.

PEU3: My interaction with Figma prototyping technology will be clear and understandable.

PEU4: I would find Figma prototyping technology flexible to interact with.

PEU5: It would be easier for me to become skillful in using Figma prototyping technology.

PEU6: I would find Figma prototyping technology easier to use.

Open Question (optional): Would you like to share your experiences that drove your reasoning behind your answers?

Section X

Perceived Usefulness (PU)

PU1: Using Figma prototyping technology will help me to accomplish market research tasks more quickly.

PU2: Using Figma prototyping technology will help me to improve my Job performance (related to providing support to entrepreneurs).

PU3: Using Figma prototyping technology will help me to improve my productivity at my Job.

PU4: Using Figma prototyping technology will help me to improve my effectiveness on the job.

PU5: Using Figma prototyping technology will help me to make it easier to do my job.

PU6: I would find Figma prototyping technology useful in my job.

Open Question (optional): Would you like to share your experiences that drove your reasoning behind your answers?

Section XI

Involved Investment (II)

II1. Library uses Figma prototyping technology because it's almost free.

II2. Library uses Figma prototyping technology because of the low involved maintenance costs.

II3. Library uses Figma prototyping technology because we do need not to buy any specialized software or hardware for this, which does not add to our costs.

Open Question (optional): Would you like to share your experiences that drove your reasoning behind your answers?

Section XII

Learning Curve (LC)

LC1. Library uses Figma prototyping technology because it's easy to learn for beginners as well.

LC2. Library uses Figma prototyping technology because one can greatly increase their competencies with it with little effort.

LC3. Library uses Figma prototyping technology because involved efforts to learn are minimal throughout the technology usage.

Open Question (optional): Would you like to share your experiences that drove your reasoning behind your answers?

Section XIII

Behavioral Intention (BI)

BI1: I want to use Figma prototyping technology and its future advancements for providing support to businesses.

BI2: I feel comfortable using Figma prototyping technology in providing support to entrepreneurs.

BI3: I rely on the market information provided by Figma prototyping technology.

BI4: I will recommend the use of Figma prototyping technology to all entrepreneurial libraries.

Open Question (optional): Would you like to share your experiences that drove your reasoning behind your answers?

Section IV

Technology Adoption (A)

A1: I will use Figma prototyping technology to provide support to entrepreneurs.

A2: I will use Figma prototyping technology over other traditional co-located interactions with customers and other knowledge sources.

A3: I will expand the digital skills of library staff on Figma prototyping technology.

Open Question (optional): Would you like to share your experiences that drove your reasoning behind your answers?

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