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Design of Promotion Activities for Technological Living Assistive Devices

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Abstract

Changes in the social environment and family structure have resulted in changed care needs for the elderly and disabled. People who need long-term care often require adequate living assistive devices to improve their daily lives. At present, the Ankle-Foot Orthosis (AFO) is available on the global market, which is made of high-temperature materials or carbon fiber, and its target users are patients suffering from strokes, traffic accidents, or falls. These people often need the AFO to support their lower limbs, prevent their feet from sagging, or improve small motor functions in life; however, its price and ease of use are often criticized. Therefore, the launch of a foot board with high ease of use and high cost performance is expected to meet the needs of the market. This article used the AIDAS marketing campaign design model to grasp the changes in customers' psychological processes, and incorporated herd behavior and perceived risk to design marketing activities to promote the technological living assistive device.

Keywords: AIDAS, Dignity Care, Long-term Care, Living Assistive Devices

1. Introduction

The changes in social environments and family structure have resulted in changed care needs for the elderly and disabled. People who need long-term care often require adequate living assistive devices to improve their daily lives. At present, the Ankle-Foot Orthosis (AFO) on the global market is made of high-temperature materials or carbon fiber, and its target users are patients suffering from strokes, traffic accidents, or falls. These people often need the AFO to support their lower limbs, prevent their feet from sagging, or improve small motor functions in life; however, its price and ease of use are often criticized. Therefore, the launch of a foot board with high ease of use and high cost performance is expected to meet the needs of the market. Whether long-term care service recipients can accept the use of technological living assistive devices to improve their dignity and autonomy in life is an issue worthy of discussion. Kuo, Huang, and Hsu (2019) found that technology acceptance models can be used to explain the behavioral intentions of the residents of long-term care institutions for accepting technological living assistive devices. At the same time, it also shows that the herd behavior among peers has positive effect on the behavioral intention of the users of technological living assistive devices, and residents' perception of risks also have negative interference effect on their attitude towards using and behavioral intention. Therefore, manufacturers should focus on product design for developing living assistive devices for daily life to improve the convenience of residents' lives, and enhance the ease of use and usefulness of products, in order to increase residents' willingness to use them. At the same time, during the promotion process, Kuo, Huang, and Hsu suggested that they should (1) make good use of the mutual influence of peers to encourage the residents to try and use the living assistive devices; (2) reduce the residents' perceived risk of purchasing and using the living assistive devices to increase their willingness to use the products. This is an important issue for the promotion of this product. This article attempts to use the AIDAS model, which is widely used in academia and practice, to grasp the changes in customer psychological procedures, and incorporates the suggestions of Kuo, Huang, and Hsu to promote the living assistive devices.

2. Literature Review

This article discusses various issues, such as dignity-conserving care, technological living assistive devices, consumer decision-making principles, and marketing activities.

2.1. Dignity-conserving Care

The concept of human dignity has always existed in medical ethics. In 1948, the World Medical Association advocated that clinicians should include respect for human dignity while providing comprehensive medical services. In the 1990s, they began to advocate that the maintenance of dignity is no longer the responsibility of physicians only, and patients can also ask health caregivers to respect their dignity (Graff & Delden, 2009). In the 1985 Code of Nurses, the American Nurses Association also emphasized that caregivers should provide individualized services that respect human dignity regardless of the patient s 'social status, economic status, personal characteristics, or the nature of their health problem.

Matiti (2007) pointed out that privacy is important for the maintenance of patient dignity, and it is shameful and disturbing that patients in hospitals must be exposed to strangers or be separated only by curtains for examination or treatment. In addition, it was mentioned that adults generally expect to have control over themselves and their own situation, but when they are sick, these controls are quickly destroyed and disintegrated. When people are

completely excluded from the treatment plan or nursing activities of the related disease, it will cause an embarrassing situation; therefore, providing complete information when planning treatment and care is of great significance to the patient's psychological preparation. Patients and caregivers have different perceptions of dignity. From the perspective of the patient, the patient believes that care with respect for dignity is more than only appropriate clothing or covering, but also appropriate time allocation, understanding his or her point of view, considering his or her feelings, and not wanting his or her body to be treated as an object. The study by Matiti and Trorey (2008) found that hospitalized patients consider the conservation of dignity includes maintaining privacy (especially avoiding physical exposure), keeping private information private, being able to communicate (and receiving the required information), being able to choose to control and participate in care, being respected (patients feel that this requires the most attention and consideration), etc. For example: removing a cover to expose a wound site without first informing the patient during nursing, treatment, or ward rounds; openly discussing the patient's condition in the ward area of double or multi-beds; someone else waiting in the clinic office when the patient is treated, etc., which are all invisible violations of patient privacy and harm the dignity of patients in medical circumstances.

Nursing staffs believe that the elements of maintaining patient dignity are respecting patients and their privacy, improving their sense of control, and giving them time without unwarranted time constraints or interruption (IS THIS THE AUTHOR'S INTENDED MEANING?). Heijken skjöld, Ekstedt, and Lindwall (2010) pointed out that caregivers should treat patients as "humans" in order to maintain patient dignity, find the right time for patients to talk about and share their life experiences, involve patients as part of self-care, be willing to dedicate time to patients, and prohibiting other caregivers from doing things that violate the patient's dignity. If a caregiver does not respect the patient's wishes, abandons the patient, treats the patient indifferently, or treats the patient as an object, it is a serious disrespect of the patient's dignity.

Respect and patient dignity conservation are the first priority of nursing ethics and the basic elements of humanto-human interaction. The principle of respecting others is to treat others with empathy, and not to consider others as a tool or method to achieve a purpose. Conversely, it is the exploitation of others and an expression of disrespect (Jameton, 1984). From the perspective of nursing activities, respectful behaviors, including verbal and non-verbal, appropriately addressing the patient (avoid using inappropriate words), being frank and honest, willing to make good use of time to listen to patients', giving patients the opportunity to express their feelings, and supporting the spirit of independence for patients. In addition, labeling patients, talking about their condition, treating patients in a condescending manner, and selective listening are all disrespectful behaviors.

Autonomy is the basic ethical principle of medical staff in caring for patients. Before providing any medical care to a patient, the medical staff should provide all the information related to medical care to the patient and let the patient make his or her own decisions. In the medical system, the definition of patient autonomy is when patients are conscious and do not harm their bodies, non-recovery obstacles are excluded, everyone has the right to choose a treatment method for their physical condition, require that their disease is explained to them, relevant medical information is provided, and patients can participate in the entire medical process as he or she wishes. Chochinov (2010) also proposed that the best strategy for maintaining the dignity of patients is to support their autonomy and control, in order to improve the patients' self-trust and spiritual comfort.

2.2. Technological Living Assistive Devices

The Ankle-Foot Orthosis (AFO) available on the global market is made of high-temperature materials or carbon fiber, and its target users are patients suffering from strokes, traffic accidents, or falls. For example: 6.9 million patients with ischemic stroke, 3.4 million patients with hemorrhagic stroke, 22 to 50 million injuries due to traffic

accidents, and millions of elderly people falling, all need a footrest to support their lower limbs or prevent their feet from sagging, but most patients lack sufficient insurance to pay for these expensive equipment.

These technological living assistive devices are a foot support plate (ankle-foot orthosis or foot support plate), which is a front-mounted footrest formed by colored plastic bone plate material at a low temperature. This foot support plate is a newly developed and innovative product protected by patents. This eye-catching product was researched, developed, and designed by a team of the Presine Co., which was led by Larry Lai, PhD (Presine Co., 2019). Colored low temperature plastic bone material is a non-toxic, reusable, and biodegradable material, and when immersed in $60-70 \degree C (140 \sim 160 \degree F)$ water for about 2 minutes, the material becomes soft with a clay-like consistency, and can easily be deformed and shaped for used. After cooling at room temperature for 4-15 minutes, the footrest will return to its original strength, and is as strong as a hard board. Although the front type footrest can be made by pre-cutting low temperature plastic sheets, the finished product may be very fragile and easily broken when used for walking support, and because the front-mounted support plate is worn around the sides of the ankle, it is only supported by the sheet folding with mutual adhesion. The Presine Co. integrated the front footrest, which can be used for either the left or right foot, and the device is often used to treat mild to moderate symptoms caused by a cerebral vascular incident (stroke), peroneal nerve palsy, or paraplegia. Low temperature colored plastic bone plate materials can be formulated to achieve the desired hardening time and strength levels to meet the patient's need for strong, lightweight ankle-foot orthoses.

2.3. Customer Decision-making Principle

The consumer behavior theory is a comprehensive and applied science. How consumers engage in consumer behavior has always been a topic of concern for companies, sales staff, and even consumers themselves. In order to study the integrity of consumer behaviors, marketing scholars often construct consumer behaviors from different perspectives; therefore, the definitions of consumer behaviors are also somewhat different. Schiffman and Kanuk (1983) clarified the meaning of consumer behaviors as including the behaviors and actions of the search, purchase, use, and evaluation of consumer products and services to meet their needs. Consumer behaviors are all the activities of the consumers that directly involve, obtain, consume, and dispose of products, including the decision-making processes, which are triggered before and after these activities. Consumers perform a variety of actions when searching, evaluating, purchasing, using, and disposing of a product, service, or concept; therefore, in order to meet their needs and desires, consumers form a mental process of discrimination, interpretation, trust, purchase, use, and evaluation of products and services. Kotler pointed out that the research on consumer behaviors is a process of understanding the "black box" of consumers. Consumers can be stimulated by external sources, sales activities, and environmental factors, accept the stimulus, and make purchase decisions according to their "black box" processing. The factors that affect consumers' purchases are their purchasing characteristics, which include cultural, social, personal, and psychological factors.

2.4. Marketing Activities

AIDAS was derived from the AIDA consumer action model, as created by E. St. Elmo Lewis in 1898, plus Satisfaction. The AIDA model describes the four stages in which a person must guide a potential target customer to complete a transaction, that is, "Awareness", "Interest", "Desire", and "Action". The AIDA model is mainly to analyze automatic purchase, from awareness to feeling interested to having the desire to purchase, and advertisers hope that their advertisement will enable the audience to take the purchase action. The most ideal advertising goal is to enable all potential target customers who notice the advertising message to become customers who buy the product. While this is a goal that most ads cannot achieve, according to the analysis from AIDA's perspective, the information loss of the interstitial advertising media in the four stages from "arousing attention" to "facilitating

purchase" is considerable. Over time, the AIDA model has not aged, on the contrary, it has become more and more revitalized. It is worthy of learning by marketing and sales staff, as well as general consumers, who can use this concept to review their daily purchasing decisions, and know where they have been attracted, and then, decided to buy.

According to Engel, Kollat, and Blackwell (1968) and Butler and Peppard (1998), the preferred thinking perspective of many scholars is that companies actively provide consumer information and make consumers take action in the passive state. For a long time, companies have adopted a variety of marketing tools to communicate different messages to consumers, where the purpose is to obtain more sales and visibility, and use detection marketing tools to predict the effectiveness of advertising. The process of consumers from receiving information to making purchase decisions is divided into 4 stages: Awareness, Interest, Desire, and Action. Corporate marketing staff must enable their products to attract consumers' attention to the products, so that customer interest is generated, the customers' desire is produced, and finally, customers are encouraged to adopt buying behaviors to realize the buying and selling behaviors (Seung & Douglas, 2015).

AIDA is a marketing tool used to detect the effectiveness of advertising. It is also used in the consumer decisionmaking process to explain consumers' attitudes and methods to solve problems, and to plan and execute various purchasing decisions. A variety of consumer decision-making models have developed in the field of consumer behavior research, such as the EKM model simplified from the Engel-Kollat-Blackwell (EKB, 1968) model, the Kotler model, AIDMA, AISAS, and other consumer behavior models.

In 1911, Sheldon proposed that Satisfaction be added after these 4 stages, which is called the AIDAS model. The AIDA model was later used by Strong (1925) to study the hierarchical effect of the advertising domain. Therefore, most advertising practitioners still quote the original AIDA model, as proposed by Lewis. In fact, whether in brand marketing or actual sales, there are 5 steps in consumer's purchase decision-making. In order to respond to the customer decision-making process, AIDAS, meaning "Awareness", "Interest", "Desire", "Action", and "Satisfaction", are often used in the planning and implementation of marketing activities. The principle of AIDAS can be used to illustrate the different effects of advertising on consumers. As an individual or group is behind each transaction, the more focused on the needs of this individual or group, the faster it can attract him or her to buy. However, sometimes this potential desire needs to be induced, as it is a progressive psychological process for consumers to make purchasing decisions.

The so-called AIDAS model refers to the five stages of product purchase through awareness, interest, desire, action, and satisfaction:

1. Awareness

Attract customers' attention. A design highlighting the key points can immediately attract users' attention. Awareness means that consumers gradually recognize and understand the product or brand through the notification of mass media. Maybe it is a sensational title or a series of promotional activities that attract the attention of most target audiences; for example, "7-eleven is so good", "Let's get married", "Trust me. You can make it", "Natural is beauty", etc., are all advertisements that strengthen consumer brand recognition. Awareness is the first step in meeting advertising requirements. For advertisers, determining how people pay attention and how to get people's attention is of great value. In the same way, it is necessary for e-commerce websites to follow the AIDAS principle, in order that users can move from awareness to the purchase action to satisfaction during the browsing process. Increasing the intensity of the stimulus and the infectivity of the stimulus in the details of the design can enhance the website conversion rate and customer loyalty.

2. Interest

Make customers interested. Tell consumers the benefits and gains that this product can bring to them, and if necessary, highlight the features through visual design. Consumers become interested in a product or brand after noticing the message conveyed by the media. Usually, the interest is generated by some kind of life improvement provided by the manufacturer, such as: "Every day is appropriate", "I dare to swear", "Buy one get one free", or " It can make the skin fairer in four weeks". One should never forget what consumers buy are the benefits, not the features.

3. Desire

Increase customer's purchase desire. What arouses a consumer' desire to buy is that the consumer needs the product; let the consumer know that the product can solve his or her problems well, and satisfy his or her desires. If consumers have an "unstoppable sensation" about a product provided by the manufacturer, they will have the desire to own the product; that is, a desire to take the product as their own. Interest and desire are sometimes separated by just a thin line. If manufacturers can grasp the moment when consumers are interested, and turn it into desire, they will have a much better opportunity in winning consumers.

4. Action

Tell customers how to get the product. When consumers plan to buy goods, they must know how to buy and what the buying process is. Providing clear and reliable information to simplify the process of registration, shopping, and delivery is the most important part of an entire sales campaign. Even if potential consumers have the awareness of, interest in, and desire for a product or brand, if there is no consumer behavior in the end, it can be a wild-goose chase for the manufacturer. How to make consumers really "act" is the ultimate goal to be pursued.

5. Satisfaction

Make customers satisfied. Although this cannot directly increase the conversion rate, the cost of acquiring a new user is 2 to 6 times the cost of maintaining an existing user. Gaining good word of mouth will allow a user to constantly return to buy a product, and the user will recommend the product to friends.

2.5 Herd Behavior

The Herd Behavior was first proposed by Solomon Asch in 1951, which stated that "when a group discusses a certain issue together, and the answer that most people choose is wrong, individuals may still obey the opinions of the vast majority of people". Herd behavior is used in the field of finance to explain the vast majority of potential financial phenomena: most investors do not make decisions based on the information they obtain, but are driven by the psychology of the masses. Social psychology emphasizes that the herd behavior is a manifestation of social influence, and its source of influence is that individuals are influenced by other members of the group, meaning that the individual's thinking will act according to the group's model (Tseng, 2014).

Economists define herd behavior as: people make decisions continuously, and when an individual observes that the behavior or decisions of others are different from his or her own, it is easy for him or her to refer to the decision information of others to follow the same behavior tendencies of most people in the decision-making process, and ignore his or her own information. The marketing field defines herd behavior, as follows: in order to obtain the identity of the group and meet the expectations of the group, consumers have adopted the same wishes, behaviors, or evaluations as those of related members in the group to meet the expectations of the reference group. Lascu and Zinkhan (1999) proposed a herd behavior model, and believed that the main cause of herd behavior is the establishment of group norms, which would make individual tends to adopt group norms. Therefore, the herd behavior of consumers is divided into three levels: obedience, identification, and internalization, and a model was

proposed that is suitable for explaining herd behavior in the field of business marketing to explore whether personal characteristics, group characteristics, brand characteristics, and work/context characteristics have significant impact on herd behavior and product purchase decision-making.

In another design experiment of Asch, subjects were asked to answer a series of cognitive-related questions, where insiders who knew the correct answers were arranged in the experiments to provide obviously wrong answers to some questions and claimed the answers before other subjects to confuse the subjects. The study found that individuals under the pressure of a group changed their minds and followed the opinions of the group. Even if the answer was obviously wrong, "uniformity" was the main cause of the herd behavior, which is also called the majority effect. If someone raised different or even opposite opinions, the herd behavior decreased. After this research was published, follow-up in-depth studies of herd behavior began in the field of social psychology, and spread throughout the fields of sociology, finance, marketing, and consumer behavior, and have been widely observed and applied in various disciplines.

2.6 Perceived Risk

Bauer (1960) proposed the concept that perceived risk affects consumer decision-making, but did not propose what elements are involved in perceived risk, thus, subsequent scholars have continued this research and discussion. From the initial two major influential factors of social psychological risk and financial risk, scholars have included additional risk factors for perceived risk, including functional performance risk, physical risk, time risk, convenience risk, privacy risk, etc. Jacoby and Kaplan (1972) pointed out that perceived risk includes the following five types of risks, which can explain 74% of the perceived risk variation.

1. Financial Risk: The value of the product does not meet the cost of consumer spending, and consumers may lose money.

2. Functional Performance Risk: After the product is purchased, it is discovered that the product performance does not meet the expected results.

3. Physical Risk: Using the product may cause physical injury to oneself or others.

4. Psychological Risk: Psychological burden caused by the incompatibility between purchased products and consumer self-image.

5. Social Risk: Using this product makes consumers unacceptable to their peers.

This article used Financial Risk, Functional Performance Risk, Physical Risk, and Psychological Risk to explore how perceived risks affect consumer decision-making. As the herd behavior is also a manifestation of social influence, its influence comes from individuals being influenced by other members of the group, meaning that their thinking will act in accordance with the group's model. The impact of herd behavior on the aspect of consumer decision-making is wider than the social risk, thus, this article replaced the social risk sub-aspect in the perceived risk aspect with the herd behavior aspect.

3. Research Design

After determining market segmentation, target market, market positioning, and 4P planning, this article's marketing strategy further planned the promotion strategy. The sales activities in the promotion strategy mainly include the planning of the consumers' purchase psychological program of AIDAS (Awareness-Interest-Desire-Action-Satisfaction). The marketing method of this study was to focus on the sales activities to stimulate consumers to purchase products, including the 5 methods of Exposure, Word of Mouth, Experience, Incentive, and Maintenance, and its tools marketing tools were media/PR/direct sales, PR/digital/event, channel/event/trial, promotion, and digital/event/customer relationship management, respectively.

In response to the suggestions of Kuo, Huang, and Hsu, in the promotion process, the effects of herd behavior were applied in the customer's psychological process stages, such as Interest, Desire, and Action, to exert peer influence and gradually make customers have interest, and thus, increase the purchase desire and purchase action; at the stage of customer psychological procedures, such as Desire, Action, and Satisfaction, the focus was on gradually eliminating the perceive risks of financial risk, time risk, functional risk, and psychological risk, to eliminate customer concerns about trial, use, and purchase.

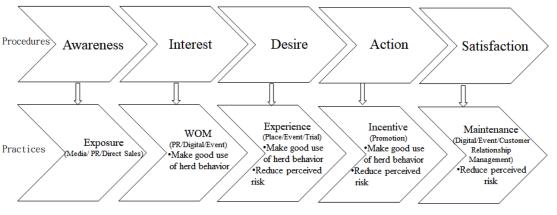


Figure 1: Marketing Campaign Design

Source: Compiled by this study

4. Design of Marketing Activities

According to the suggestions of existing medical device sales vendors, the technological living assistive devices mentioned in this article used long-term care services as a market segmentation factor; the target market focused on the residents of long-term care institutions; the product market was positioned to provide cost-effective, easy-to-use technological living assistive devices. The product design concept focused on functionality with easy to use as the goal; the price strategy aimed to make it affordable to ordinary people, and the penetrating pricing strategy was adopted; the place strategy was mainly based on the current medical equipment wholesalers to contact users to sell this product; the promotion strategy adopted the approach of regular product explanation, presentation, and demonstration by business exhibitors to the residents of the long-term institutions. The key points of the demonstration are presented with the practice tools according to the AIDAS process, as shown in Figure 1.

With the support of the product manufacturer Presine (2019), this research promoted the marketing activities of the technological living assistive devices-AFO to the residents of the long-term care institutions, and its purpose was to introduce the living assistive devices to the residents. The design tools for this marketing campaign are summarized, as follows:

1. Awareness Stage

This phase focused on attracting customer attention, and exposing product information to potential customers. The following methods can be used:

(1) Multimedia design of promotional materials can particularly attract attention.

(2) Advertise in long-term care magazines.

(3) Through the placement marketing of long-term caregivers, the site prompts suggestions that can increase exposure.

Disseminate through the Internet, hire bloggers to write information about the living assistive devices, and engage in placement marketing to residents' families. Let residents be attracted to placement marketing before they have access to real products.

2. Interest Stage

This stage gets potential customers interested in this product. When potential customers pay attention to this product, the mechanism of Word of Mouth is used to attract potential customers to further understand the characteristics of this product. The approaches that can be adopted include: inviting users or peers to share their experience, using appropriate spokespersons and audiovisual multimedia to introduce product usage, demonstrate methods and actions that can improve patients' situations, and offer life experiences and exchange of experiences, in order to deepen potential customers' understanding of product characteristics and create a positive impression. At this stage, additional positive usage of mutual positive influence among peers can be conducted to increase the residents' intention to use this product, and then, encourage the residents to use the living assistive devices.

3. Desire Stage

This phase allows potential customers to further strengthen their intentions to increase their purchasing desire. The experience method can be adopted, as follows:

(1) Peers share their trial experiences, which effectively uses the positive influence characteristics of the herd behavior and reduces the potential customers' expectations of physical risks.

(2) Emphasize that this product is very easy to use, has high plasticity and strong support for a variety of situations, and can greatly improve the autonomy of life, which can significantly reduce the performance risk of using this product and strengthen the intention to use.

(3) Emphasize that this product comes in multiple colors to make it appealing to the user.

(4) Emphasize that this product can also be covered by appropriate clothing to prevent it from being exposed, which can fully maintain the users' dignity, effectively reduce the expectations of customers' psychological and social risks, and effectively increase their willingness to use the product.

At this stage, the mutual influence between peers is used to encourage the residents to try the living assistive devices, which effectively reduces the customer's expectations of performance risk and psychological risk when using the product, that is, it reduces their risk perception, in order to induce customers to buy immediately after the trial.

4. Action Stage

To allow potential customers to take action to purchase this product and become real customers, incentive measures can be adopted at this stage to induce customers to purchase immediately. The method is, as follows:

(1) Provide promotional offers for a limited time and in limited quantities to reduce potential customers' expectations of financial risk, and increase their willingness to buy.

(2) Provide group purchase discount schemes to make good use of the herd behavior to effectively increase potential customers' action to purchase.

(3) Provide on-site technical support and guidance to effectively reduce potential customers' expectations of performance risk and physical risk.

The purpose of this stage is to make good use of the positive interaction between peers, and effectively reduce potential customers' financial risk, performance risk, and physical risk, meaning consumers' perceived risk, in order to enhance their purchase of the product, thereby, increasing the sales of the product.

5. Satisfaction Stage

At this stage, in order to make customers satisfied after purchase, maintenance measures can be adopted to make customers become loyal customers. The method is, as follows:

(1) This product provides a 7-day appreciation period for customers as after-sales service, thus, customers can return it if they are not satisfied.

- (2) This product provides after-sales technical support and guidance.
- (3) Provide referral bonuses for customers and encourage them to introduce new customers to purchase this product.
- (4) Adopt the customer relationship management system, establish customer files, and maintain close relationships with customers.

The purpose of this stage is to reduce the perceived risk of customers, in order to increase their willingness to use the product and improve overall customer satisfaction.

5. Conclusions

The design of promotion strategies and marketing activities make good use of the effects of the herd behavior to exert peer influence at the stage of customer psychological procedures, such as Interest, Desire, and Action. Observations of the on-site trial found that customers can gradually develop interest, increase their purchase desire, and take the purchase action. At the stage of customer psychological procedures, such as Desire, Action, and Satisfaction, if the perceived risks posed by financial risks, time risks, functional risks, and psychological risks are gradually eliminated, it can be used to eliminate customers' concerns over trial, usage, and purchase, as observed during the on-site trial. Therefore, in the AIDAS customer psychological process, if different promotional tools are employed at different stages to make good use of the herd behavior in a timely manner to exert positive peer influence and reduce customers' perceived risk at an appropriate time, it can increase customers' willingness to try, use, and buy.

References

1. Butler, R.A. (1960). Consumer Behavior as Risk Taking. In R. S. Hancock (Ed.), Dynamic Marketing for a Changing World. Chicago, American Marketing Association, 389-398.

2. Butler, P., & Peppard, J. (1998). Consumer purchasing on the Internet:

3. Chochinov, H. M. (2010). Dignity-Conserving Care-a New Model for Palliative Care. Journal of American Medical Association, 287(17), 2253-2260.

4. Engel, J. F., Kollat, D. T., & Blackwell, R. D. (1968). Consumer Behaviour. New York : Holt, Rinehart and Winston.

5. Fan, T.Y. (2013). High-tech innovative products marketing internationally. Industry Management Review, 6(1), 43-58.

6. Graff, R.V., and Delden, J.J. (2009). Clarifying Appeals to Dignity in Medical Ethics from an Historical Perspective. Bioethics, 23(3), 151-160.

7. Heijken skjöld, K. B., Ekstedt, M., and Lindwall, L. (2010). The Patient'S Dignity from the Nurse's Perspective. Nursing Ethics, 17(3), 313-324.

8. Howard J.A. (1989), Consumer Behavior in Marketing Strategy, Prentice-Hall.

9. Jacoby, j. and Kaplan, L.B. (1972). The components of Perceived Risk. The Third Annual Convention for Consumer Research, Chicago, ILL, Nov. 2-5, 1972.

10. Jameton, A. (1984). Nursing Practice: The ethical issues. Englewood Cliffs: Prentice-Hall.

11. Kuo, T.S., Huang, H.C., and Hsu, K.F. (2019). Acceptance for Applying Technological Living Assistive Devices in Dignity Care-Evidenced from central Taiwan. International Journal of Organizational Innovation (In Press).

12. Lascu, D. N., and Zinkhan, G. (1999). Consumer conformity: Review and applications for marketing theory and practice. Journal of Marketing Theory and Practice, 7 (3), 2-3.

13. Matiti, M. R. (2007). Promoting Patient Dignity in Healthcare Settings. Nursing Standard, 21(45), 46-52.

14. Matiti, M. R., and Trorey, G. M. (2008). Patients' Expectations of the Maintenance of Their Dignity. Journal of Clinical Nursing, 17(20), 2709-2717.

15. Presine Co. (2019). Low Temperature Phase Change Material Phase Changed at 60-70°C (140-158°F). 2019/9/1

16. Processes and prospects. European Management Journal, 16(5), 600-610.

17. Retrieved from http://www.presine.com.tw/ec99/ushop30597/Profile.asp

18. Schiffman, L. G. & Kanuk, L. L. (1983). "Consumer behavior," 2nd. Englewood Cliffs, NJ: Prentice Hall.

19. Seung, H.L., & Douglas, H.K. (2015). Learning the Sham Wow: Creating Infomercials to Teach the AIDA Model. Marketing Education Review, 25(1), 9-14. doi: 10.1080/10528008.2015.999586

20. Sheldon, A.F. (1911). The Art of Selling. Libertyville.

21. Strong, E. K. (1925). The psychology of selling. New York: McGraw-Hill.

22. The Influence of Media Type of Mobile Advertisement on Consumer Behavior Model

23. Tseng, Y.J. (2014). A Study on Utilizing Conformity Behavior to Explore College Students' Smartphone Purchase Intentions. Master Thesis in the Department of Business Management, National Kaohsiung Normal University.